

Caretech Community Services (No.2) Limited

Orchard House

Inspection report

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Date of inspection visit:
26 February 2018

Date of publication:
27 March 2018

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

We carried out this inspection on 26 February 2018. Orchard House 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. The service is registered for 10 people with learning disabilities and autistic spectrum disorder, some of whom may also have physical disabilities. The service is divided into two units one for six people and one for four people; at the time of inspection both were full.

Orchard House has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as and citizen.

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

At our previous inspection in December 2017 the provider had failed to ensure that all checks on staff suitability were in place and the organisational systems for monitoring the service quality on behalf of the provider were not sufficiently robust. At this inspection improvements had been made and the service was now fully compliant with the regulations.

Staff were recruited safely and all checks on their suitability were in place prior to them starting work at the service. The organisational systems in place for monitoring the quality of service had improved, with timely maintenance work being carried out.

Staff were trained and knew how to recognise signs of abuse. They were confident that any concerns would be dealt with appropriately. People's finances were protected as there were systems in place to ensure their money was safeguarded.

Risk associated with people's care had been assessed and managed to enable people to take part in what they wanted to do. There was clear guidance in place for staff to support people in a way that suited them best.

Checks on the environment were completed regularly, including the fire alarm systems. All staff had attended regular fire drills which were checked to ensure that all members of staff were involved. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. The premises had been adapted to meet people's needs.

Accidents and incidents were recorded and monitored by the provider to look for any patterns or trends to

prevent future occurrences.

The service was clean and tidy. People were protected from infection with systems in place to check staff followed infection control procedures. Staff were observed wearing gloves and aprons as they went about their duties.

There were sufficient staff on duty and staff were not rushed and had time to spend with people.

People enjoyed a range of their preferred activities and accessed the community when they wanted to.

Staff received the training they needed and had their performance assessed through one to one supervision and observations. Staff told us they were confident to raise issues at their supervision or through staff meetings.

People were relaxed and comfortable with staff. Staff spent time with people and were attentive to their needs. Staff understood how and when they needed to support people with their behaviour should they become anxious or distressed.

People were supported to remain as independent as possible and their privacy and dignity was maintained. Staff spoke quietly and respectfully to people and supported them with their daily activities. They offered them choices and their preferences were upheld.

Although there were no vacancies in the service, there were systems in place to ensure people who may wish to move in received a care needs assessment in line with current guidance.

Care plans were personalised with detailed guidance to help staff support people with their individual needs and behaviour. These included their choices and preferences of how they liked their care to be provided.

People's health care needs were monitored and referrals made to health care professionals when further medical advice was needed. People were supported to go to their local GP, hospital out patient's appointments, dentist and optician.

Staff had received training to give people their medicines safely and people received their medicines on time and as prescribed. People were asked about their end of life wishes and this information had been recorded in their care plans.

People were encouraged to have control of their lives and staff clear guidelines were in place to ensure that people were able to communicate their needs and talk about the support they needed. Relatives were involved in supporting their loved ones with decisions about their care and regularly involved in reviews of care plans.

People were supported to eat a healthy diet be involved in preparing meals and choosing what they wanted to eat. People's individual dietary needs were catered for.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Referrals to the local authority had been made when needed and authorised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

There were systems in place to support people to complain. The complaints procedure was available in an easy read format suited to people's needs. Staff told us the service was well led. The registered manager and staff had worked hard to ensure compliance with the regulations and this was evidence at the time of the inspection.

Checks and audits from the organisation had improved and the service had been regularly checked to assess the quality of care being provided.

The registered manager worked in partnership with other professionals, such as those from the local authority safeguarding team, and people's care managers.

Staff understood the visions and values of the service. The provider's values of 'person-centred' 'friendly' 'innovative' 'empowering' and 'positive' were displayed on the wall in the service. Staff told us they supported people to have a fulfilled life, upholding their choices and preferences and ensuring they were part of the local community.

People, relatives and other stakeholders had been asked their views on the service. Feedback was positive and complimentary about the service being provided. Staff told us they were supported by the registered manager who was always available for additional support and guidance. They told us that the service was open and transparent and they were confident that any issues raised would be acted upon by the manager.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications in an appropriate and timely manner and in line with guidance.

The latest overall rating judgement of the service at the last inspection was displayed in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to keep people safe and systems were in place to protect people from the risk of abuse.

Potential risks to people's health and safety had been consistently assessed and there was detailed guidance for staff to follow to keep people safe.

Accidents and incidents were recorded and analysed to reduce the risk of reoccurrence.

There was sufficient staff on duty to keep people safe and the recruitment processes ensured that people were protected from unsuitable staff.

Systems were in place to reduce the risk of infection.

People received their medicines when they needed them and these were managed safely.

Is the service effective?

Good ●

The service was effective.

Although no one had been admitted to the service for some time, systems were in place to assess people's needs using best practice guidance.

People received support from trained staff who had the skills and competencies to carry out their role.

People were supported to be involved in cooking their meals and to maintain a balanced diet.

The service worked with other agencies to ensure people received the care they needed.

When required, specialist advice was sought to ensure people's health care needs were met.

The premises had been adapted to meet people's needs.

Consent to care and treatment had been sought in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring.

People were supported to make decisions about their care and staff had clear guidelines about how people communicated to ensure they were able to express their views.

Staff treated people with respect and upheld their privacy and dignity.

Staff encouraged people to be as independent as possible.

People told us their relatives visited them and were always made welcome.

Advocacy services were available to support people to make decisions.

Is the service responsive?

Good ●

The service was responsive

People received personalised care in line with their choices and preferences.

People's care was personalised and regularly reviewed and updated in line with their changing needs.

People were able to choose activities of their choice and enjoyed a range of activities, with access to the local community.

Systems were in place to support people to complain. The complaints procedure was in an easy read format for people to understand.

People were asked about their end of life wishes.

Is the service well-led?

Good ●

The service was well led.

People and staff told us the service was well led.

Checks and audits from the organisation ensured the service had been regularly checked to assess the quality of care being provided.

Feedback from relatives and other stakeholders was positive and complimentary about the service being provided.

Staff understood the visions and values of the service and felt supported by the registered manager.

The registered manager had submitted notifications in line with guidance and the rating of the service was on display.

Orchard 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 the 26 February 2018. The inspection was unannounced. The inspection team consisted of two inspectors.

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. We also looked at all the other information we held about the service, including previous inspection reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met all the people that lived at the service. Some people were able to tell us about their experiences of the service. Others had more complex communication needs so we used other tools to help us understand their experiences for example the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Feedback from the providers surveys sent to relatives and a health and social care professionals was positive and their comments have been included in this report.

We looked at six people's care and health plans, risk assessments and medicine records. We also looked at operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits. We spoke with the registered and deputy managers and four care staff.

Is the service safe?

Our findings

People told us they felt safe living at the service. They said, "Yes I feel safe here, I trust the registered manager."

At the last inspection the recruitment process for new staff had not been conducted robustly. Staff files had limited information in place to evidence that staff had been recruited safely. There was a lack of references, application forms, health declarations and photographs. There was also no record of risk assessments in place to ensure staff were safe to work at the service if they had any convictions on their police records.

Improvements had been made and the staff files were in good order with all the relevant documentation in place. Application forms had been completed, interview notes recorded, two satisfactory references were on file together with health declarations and photographs of the staff. All files had a Disclosure and Barring Service (DBS) check (this checks whether the applicant has any previous criminal record). The registered manager told us they would carry out a risk assessment to discuss any issues raised on an individual DBS to ensure the new staff member was safe to work at the service. There had been no reason to do this since the last inspection.

There were enough staff to keep people safe and people regularly received their one to one support. People told us that staff were around when they needed them. Staff were not rushed and were able to spend time with people. Throughout the inspection people were supported to do different things and were able to go out, attend appointments and relax at home with staff, depending on what they wanted to do. Staff confirmed that staffing levels were consistent and any gaps in the rotas were usually covered by permanent staff to make sure people received care from staff that knew them well.

At the previous inspection a recommendation was made to ensure checks were made on the radiators on the top floor to ensure they were working properly. These checks had been carried out and the room in question was warm. Repairs to the service were processed through head office and the registered manager ensured these were carried out in a timely manner.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. Staff checked the water temperatures throughout the service to ensure it was a safe temperature, and reduce the risk of people being scalded.

Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. During these checks staff had identified that some equipment, such as door closers were not working as they should be. The registered manager had reported this through the provider's maintenance department and these issues had been sorted out promptly. People had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. People and staff were regularly involved in fire drills so they knew how to leave the service safely.

People and staff ensured that the service was clean and tidy. People were protected from infection with

systems in place to check staff followed infection control procedures. Cleaning schedules were also in place and people were supported by staff to help with domestic duties. Staff were observed wearing gloves and aprons as they went about their duties.

The registered manager had assessed risks relating to people's care and support, such as mobility, eating and drinking and health care conditions such as epilepsy. Each care plan explained how to manage these risks and ensured that people received the care they needed to minimise the risks from occurring. Some people used a wheelchair and there was individual guidance regarding how to respond if they choked whilst sitting in their wheelchair. Mobility risk assessments were clear, with step by step guidance of how to move people safely. Activities, such as swimming, were also risk assessed to ensure that people were not restricted from enjoying their favourite pastimes.

Some people displayed behaviour that could be challenging. When people required additional support staff had sought advice from relevant health care professionals and the provider's positive behaviour support consultant. People had been assessed and their behaviours monitored and specific guidance had been written for staff to follow when people became distressed and how to minimise the risk of this occurring. Staff told us how they would respond if people became distressed, and their responses were all in line with people's guidance. Since the introduction of the guidance instances of people displaying behaviours that challenged had reduced. As a result people were going out more and staff told us there had been a positive impact on people's lives.

Staff recorded when any accidents or incidents that occurred. These were reviewed by the registered manager and any immediate action that needed to be taken occurred. In the summer months one person had been sun burnt and immediate action was taken to remind all staff that people needed to wear sun cream when out for the day. The registered manager collated incidents and analysed them monthly. Any patterns or trends were identified, and steps were taken to reduce the risk of them happening again.

People were protected from the risks of abuse. The registered manager was aware of their responsibilities to follow safeguarding protocols and report any allegations of abuse to the local authority. All staff had received training on how to keep people safe and understood the importance of reporting any concerns to the management team. They said, "I would go to the team leader and then the registered manager. I know I could telephone our out of hour's number too." "If people told me something confidential I would tell them I would have to raise it, if it was a safeguarding concern and reassure them that they have done the right thing by telling us." Staff were knowledgeable about the signs of abuse and were confident action would be taken to protect people and keep them safe. Staff understood their responsibilities to report any bad practice by staff through the whistle blowing policy. They were confident they would be listened to and their concerns acted on.

Systems were in place to ensure that people's finances were protected. Records were kept of all transactions together with receipts for purchases. People told us they could access their money when they wanted. Staff were observed supporting people with their money when accessing the community, discreetly making sure it was safe and the person knew exactly where it was. Records of all finances were checked to ensure they were accurate.

People told us they received their medicine when they needed it. Trained senior staff gave people their medicines in the privacy of their own rooms. We observed people receiving their medicines safely. Records were clear and showed medicines had been administered to people at the right times and as prescribed. Medicines were stored appropriately and staff checked they were being stored at the right temperature. Clear guidance, together with body maps, was in place to administer creams. When people needed 'as

required' medicines, clear protocols were in place to give staff the guidance to do this safely. Systems were in place to order the medicines and a returns book was used to return unwanted medicines to the pharmacy.

Is the service effective?

Our findings

People received effective care from trained staff. People told us they went to see their GP when needed and the staff looked after them well. They told us they enjoyed the food and said, "The staff help me with my food so I am eating well." "The staff always ask me what I like." "I like the food here and have lots of choices."

There had been no admissions to the service for over three years. However, the registered manager told us that a thorough detailed assessment of a person's care and support needs would be carried out to ensure that the service could provide the care they need. This assessment was in line with current good practice guidelines covering all aspects of the person's care and this information was then used to develop a person centred care plan.

People told us the staff were good at their jobs and knew what they were doing. Staff received the training they needed to have the skills and competencies to perform their roles. There was an ongoing programme of training which staff completed online and in addition there was also face to face training and distance learning.

Systems were in place to ensure all staff training was up to date. Any gaps were identified and further training courses booked. In addition to the required training such as, health and safety, food hygiene, medicines, moving and handling and infection control, staff had received training in people's specific needs such as, epilepsy, and autism. Staff described what they would do to support a person if they had a seizure and were confident the training had given them the skills to do this effectively.

All staff had regular supervision and their performance was appraised annually to discuss any further training and development needs. Staff told us they had regular supervision and felt supported by the management team.

New staff completed an induction and completed the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The Care Certificate is a set of standards that health and social care workers are expected to adhere to. Staff were monitored through their induction and completed competency tests to make sure they understood the training. Staff told us the induction training was thorough and also included shadowing experienced staff before they started working on their own. Staff were observed supporting people with their mobility safely and in line with good practice.

People were supported to maintain a healthy diet. Menu choices were flexible so that everyone was able to have the food they preferred each day. There were a variety of picture cards available in the dining room showing different foods. They were themed depending on the meal and included items such as sandwich fillings. Staff used these to help people who needed assistance to communicate and decide and show staff what they wanted to eat.

Staff understood people's special dietary needs and supported people to understand their restrictions explaining what they needed to look for when they went shopping. Staff knew people well and talked about

how they encouraged people to look at the labels in the supermarkets to ensure the food was in line with the person's dietary needs. Records showed that people received a varied choice of meals. Staff monitored people's weight and food charts were in place to make sure people were eating enough and had sufficient fluids to make sure they remained as healthy as possible.

There was a calm and relaxed atmosphere at lunch. Staff sat with people and gave them the support they needed to eat and drink safely. Some people used specialist equipment, such as specific cups to assist them to eat and drink, and these were readily available and used throughout the inspection.

People received the support they needed to remain healthy and well. Some people were living with epilepsy and there was clear guidance in place regarding how they may present if they had a seizure and what action staff should take to keep them safe. Staff recorded each time a person had a seizure and regularly liaised with people's doctors and other health care professionals if there were any changes noticed.

The service worked in partnership with other professionals, such as the local safeguarding team and case managers. They sought advice from a range of healthcare professionals, such as physiotherapists and occupational therapists and their advice was clearly documented. Staff ensured people regularly completed their prescribed exercise programme to help strengthen their muscles, and had downloaded a range of apps for a person's electronic tablet to help improve their communication, as advised.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed. Some people needed assistance to communicate and there was detailed information regarding how they may present if they were unwell.

The premises had been adapted to meet individual needs, such as plenty of space for wheelchairs to move around and wet rooms to support people with their personal care. People were encouraged to be involved in the maintenance of the service such as picking colours for the communal rooms or their own bedroom. One person had recently been supported to re-decorate their bedroom. Staff had bought samples of wallpaper and the person had chosen between them, to decide how to decorate their room. A health care professional commented, "Fantastic that [person] is able to decorate their room as they want it."

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 so that they can 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 staff had a good understanding of supporting people in line with the legislation. Staff said, "I would involve them [people] in everything."

Some people were constantly supervised by staff to keep them safe. The registered manager had applied to local authorities to grant DoLS authorisations. These have been authorised and staff were aware of these restrictors and were supporting people in line with the recommendations to keep people safe.

Staff were observed seeking consent from people when they were supporting them. They paused when speaking with people to give them time to make their own decisions. People were asked where they wanted to be or what they wanted to do. Staff accepted people's decision if they changed their minds, for example one person wanted to go out to the town and then decided they preferred to go to the local supermarket. This was openly discussed until they decided where they wanted to go.

People were encouraged to make decisions for themselves. One person was telling staff they wanted more control over their finances. Staff patiently explained what needed to be arranged for this to happen and the person was satisfied action would be taken to resolve their issues. Where people lacked the capacity to make some more important decisions for themselves, meetings were held with family, health care professionals and advocates so that decisions would be made in the person's best interest.

Is the service caring?

Our findings

People and relatives told us that the staff were kind and caring. People said, "The staff are good." "I like the staff they are kind."

Staff treated people with mutual respect and were attentive and caring. They took time to speak with people as they went about their tasks and gave people their full attention when supporting them on a one to one basis. The atmosphere of the service was calm and very comfortable. Staff and people chatted and choose where they wanted to be, either in their rooms or communal lounges.

Relatives said, "We have always enjoyed visiting Orchard House. Staff are always friendly and polite. A nice warm atmosphere and a happy place." "Very helpful, friendly and welcoming atmosphere." "We are always met at the door with a smiling face. We are treated respectfully, as is [our loved one.]" "We feel comfortable in this place and can have a joke and natter with staff."

Health care professionals were positive about the staff at the service and how they supported people to maintain their independence, they said, "Friendly staff who made me feel welcome." "People's independence and integrity always maintained." Staff were observed supported people to help themselves; one person was being encouraged to put their shoes on and staff waited in the background to see if the person required any further help. Care plans clearly showed what people could do for themselves and noted that people should encouraged to remain as independent as possible, such as carrying out some of their personal care.

People were supported to participate in the running and upkeep of the service. In people's care plans staff had identified a specific day to support people to clean their rooms. Daily notes confirmed that this regularly occurred. During the inspection one person was supported to make cheese and bacon pastries for lunch, which everyone enjoyed eating.

Staff were kind and compassionate towards people. One person came into the lounge wearing a hat and carrying a guitar. Staff clapped and encouraged the person to sing. The person was smiling and visibly enjoying the attention. After the person had performed staff told us the person loved music, and they enjoyed singing for new people.

During the inspection staff sat with one person who was gently rocking from side to side. Staff sat opposite them, keeping eye contact and mimicking their movements, a type of 'intensive interaction' which aids communication. The person smiled throughout, clearly engaged and enjoying the interaction.

People were treated with privacy and dignity. Staff knocked on doors, called out who they were before entering and asked people if they could go into their room. People told us they liked their rooms and they were personalised to their tastes with pictures of their loved ones and personal possessions.

People talked about choosing and buying new furniture and how staff had supported them to do this. They

were very happy talking about where they would put their personal possessions and where in the room they wanted to place their new items.

People described how they were given choice in everything they did, such as, when they went to bed or decided to get up, what they wanted to eat and where they wanted to go. Staff were observed asking people what music they would like and checking what television channel they wanted to watch.

Care plans clearly stated who was important to people and staff ensured that people kept in touch with their family and friends. Some people used their electronic tablets to email their relatives or download games or videos. One person used their electronic tablet to take pictures and was really enjoying making video's. There were pictures of celebrations with people, family and staff enjoying these special occasions. Visitors were made welcome in the service and some people told us that they saw their relatives regularly.

People were supported to attend church if they wished to and some people had been involved in charity events raising money for the local church.

People who needed support to make decisions about their care were supported by their relatives however advocacy services were available if needed. (An advocate helps people to make informed choices.) Records such as care plans and associated risk assessments were stored securely to ensure that information was kept confidentially.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The service had varied easy read information to support people to understand all aspects of their care, using pictures and symbols in the care plans, and other relevant documents.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People told us that staff were there when they needed them.

Staff took time to talk with people about their day and what support they needed. They knew people well and were able to respond positively to their needs.

Relatives said, 'Thank you for all of your brilliant work with, [my loved one.] They are in the nicest and best place they have ever been in...I am so grateful and happy to know this.'

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routines were documented in their care plan. The plans were clear and included guidance about how to support people with their, mobility, eating and drinking and their medical conditions.

Some people were unable to tell staff how they wanted to be supported, but staff that knew them well had noted what they liked and disliked. Staff had step by step guidance on what people did each morning and how to support people to choose their own clothes and when they would like to get up. Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. Staff described how they supported people with their care by following these guidelines.

Care plans were personalised with people's life histories together with information about people who were important to them such as family and friends. People who had difficulty in communicating using speech had detailed communication plans, which explained to staff how the best way to communicate with the person.

There was also information about what 'little things' made people happy such as staff praising people's achievements and giving them 'high fives' to say they had done well. It was also noted that this made them smile and they were happy.

Each person had a keyworker who got to know them well. A key worker is a member of staff allocated to take a lead in coordinating someone's care. The key worker completed a monthly report of the care to ensure all staff would be aware of their progress or changes in care. The care plans were regularly reviewed with people and their relatives.

Staff had worked with people to identify goals to aim for. Each person's goals were different, depending on their level of need and what they wanted to achieve. One person's goal was to go out to a restaurant with their family. Staff had worked with the person to ease their anxieties and reduce the incidents when they displayed behaviour that challenged, and progress was being made towards the goal.

People took part in weekly 'talk time' with staff where they discussed how they were feeling and had

monthly keyworker meetings to track the progress of their goals. Some people did not like to meet formally, so staff recorded their informal discussions but continued to offer them the opportunity to meet regularly.

Pictures of activities were used to support people to choose what they wanted to take part in. Other people decided what they wanted to do each day, such as going out into the community or bike riding. Care and support plans had details of what people enjoyed such as anything involved with animals, going to the local pub or coffee shops. People went bowling, to the cinema or visited places of interest regularly. People talked about their trips to the shops to buy their favourite things, such as their individual collections of calculators or CD's. Last year people were supported to go on holiday and plans were in place to discuss further trips for this year.

When the registered manager received any complaints these were documented and responded to in line with the provider's policy. Staff met with people individually during their weekly 'talk time' meetings to discuss any concerns they may have. When people required assistance to communicate staff interpreted their non-verbal communication, and helped them make their needs known using pictures. There were complaint and compliment cards available in the entrance hall, by the signing in book which allowed visitors and relatives to feedback on the service.

Staff had discussed with people and their relatives what they wanted to happen at the end of their lives. Some people's relatives had found these conversations upsetting and staff had documented that they did not want to discuss it at this time. Other people had full details in their care plans which included what songs they wanted and the order of service.

Is the service well-led?

Our findings

People told us the registered manager was 'really good' at their job. They said, "I like the registered manager, they are really good to me, they help me with lots of things." "The manager does a really good job; they are one of the best."

Staff told us the service was well led and they were supported very well. They said the registered manager's door was always open and they were available for help or guidance. They said that the registered manager did not hesitate to support the staff providing direct care and support in staff absence or sickness.

Relatives were complementary about the management of the service. They said, "I think this home is doing a brilliant job."

At the last inspection there were shortfalls in the quality monitoring of the service and in recruitment procedures. Recommendations were made on areas of the premises, such as repairing toilet seats and the temperature in one person's bedroom.

At this inspection the registered manager had worked hard to ensure that improvements had been made to the service and the breaches of regulations had been met. Senior managers from the organisation had carried out quality monitoring visits to the service and staff had been recruited safely. The repairs and maintenance of the premises had improved and radiator temperatures had been monitored to ensure the room remained at the correct temperature.

The registered manager completed regular checks and audits on the environment, infection control and health and safety matters. Staff checked people's care plans were up to date each month, and the registered manager regularly sampled them to ensure they were accurate and fully represented people's needs.

An area manager for the provider completed a 'service development plan' with the registered manager each quarter, and this identified 'what good looks like' for the service. When actions and areas for improvement had been identified, such as placing feedback cards by the signing in book at the entrance to the service, this action had been completed. Any incidents that occurred were used to drive improvement and the registered manager looked at ways of preventing them from happening again.

Everyone involved in the service had been asked for their feedback on the service being provided. Staff met with each person weekly and monthly to give them an opportunity to give their opinion of the service. Relatives and health care professionals had completed surveys which were complimentary about the service being provided. Their comments have been included in the report.

The registered manager had been named 'employee of the month' by the provider. They had received the award for assisting with recruiting new staff, which had reduced the use of agency staff in other services.

The registered manager worked in partnership with other professionals, such as those from the local

authority safeguarding team, and people's care managers. People's care managers had given positive feedback to the registered manager, including, "The service has a good knowledge of my client's needs."

The provider's values of 'person-centred' 'friendly' 'innovative' 'empowering' and 'positive' were displayed on the wall in different parts of the service. The registered manager told us that their vision for the service was, "To ensure the people we support lead a fulfilling life. To make sure they do lots of activities and they mix with the community." Staff shared these views and said, "I want them [people] to be happy and to make their own decisions. If they want to go out, then go out. If they want to stay in bed, that is fine too." People were involved in all aspects of the service and helped to keep their home clean and tidy.

People were involved in their local community. During the inspection people went out for coffee and shopping in the local supermarket. Staff told us that people were well known in the local area and were always made to feel welcome in local shops and cafes.

Monthly house meetings were held with people, where they came together to discuss events that everyone could participate in. At a recent meeting people had chosen the different toppings they wanted to try on Pancake Day.

The registered manager held regular staff meetings and minutes were available so that all staff would be aware of the discussions. Staff told us they were confident to raise any issue as they were listened to and if required appropriate action was taken by the management team. Staff were aware of their responsibilities and told us communication was good and they were made aware of people's needs through detailed handover meetings and by use of a communication book.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had submitted notifications when important events had happened within the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall of the service and on their website.