Scotts Project Trust

St Peters Row Delarue Close

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

Overall summary

This inspection was carried out on 08 and 09 June 2015 by one inspector and an Expert by Experience. It was an announced inspection. Forty-eight hours' notice of the inspection was given to ensure that the people who lived in the service were prepared to receive unfamiliar visitors.

Not all the people living at the service were able to express themselves verbally. Some people used specialised equipment to express themselves and others used body language.

The service is registered to provide accommodation and support for up to 15 people with learning disabilities who require nursing or personal care. There were 15 people living there at the time of our inspection. The accommodation was split into three separate units within the same building. One unit accommodated people who had higher dependency needs.

There was a manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Staff were trained in how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse or suspicion of abuse, whistle blowing and bullying.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of one to one support. Thorough recruitment practice was followed to ensure staff were suitable for their role.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines or the supervision of medicines were monitored. This ensured they were accurately kept and medicines were administered to people and taken by people safely according to their individual needs.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before care was provided and were continually reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had completed the training they needed to support people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions to ensure they were supported while they carried out their role. They received an annual appraisal of their performance and training needs.

All care staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation. People's mental capacity was assessed and meetings were held in their best interest when appropriate.

Staff sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected.

Staff supported people with their planning of menus, activities and holidays. They ensured people made informed choices that promoted their health. Staff knew about people's dietary preferences and restrictions.

People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered. Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of care, likes and dislikes and preferred activities.

The registered manager and the staff's approach promoted people's independence and encouraged them to do as much as possible for themselves and make their own decisions. Comments from relatives included, "This is an excellent place."

People's privacy was respected and people were assisted in a way that respected their dignity and individuality.

People's individual assessments and care plans were reviewed regularly with their participation or their representatives' involvement. A relative told us, "We are invited to participate in reviews". People's care plans were updated when their needs changed to make sure people received the support they needed.

The provider took account of people's complaints, comments and suggestions. People's views were sought and acted upon. The provider sent questionnaires regularly to people, their legal representatives and healthcare professionals. The results were analysed and action was taken in response to people's views.

Summary of findings

Staff told us they felt valued and supported under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance audits were carried out to identify how the service could improve and action was taken to implement improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Staff knew about and used policies and guidance to minimise the risks associated with people's support. Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely.

Good

Is the service effective?
The service was effective.

All staff had completed essential training to maintain their knowledge and skills. Additional training was provided so staff were knowledgeable about people's individual requirements.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required.

Good

Is the service caring?
The service was caring. There was emphasis in the staff and registered manager's approach about involving people in the planning of their care and activities.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, sensitivity and respect.

Information was provided to people about the service and how to complain. People were fully involved in the planning of their support and staff provided clear explanations to support people's decisions.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before they moved into the service. People's support was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted on.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was an open and positive culture which focussed on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's leadership and response when they had any concerns.

There was a system of quality assurance in place. The registered manager carried out audits of several aspects of the service to identify where improvements could be made.

St Peters Row Delarue Close

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 was carried out on 08 and 09 June 2015 and was announced. We gave notice of our inspection to ensure people were prepared by staff who explained the purpose of our visit. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience who took part in the inspection had specific knowledge of caring for people with learning disabilities.

The manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. Before our inspection we looked at records that were sent to us by the manager or the local authority to inform us of significant changes and events. We reviewed our previous inspection reports.

We spoke with seven people who lived in the service and two of their relatives to gather their feedback. We also spoke with the registered manager, the deputy manager and five members of care staff. We consulted two local authority case managers who oversaw people's care in the service. We spoke with a district nurse and a massage therapist who provided treatment for people. We obtained their feedback about their experience of the service

We looked at records which included those related to ten people's care, staff management, staff recruitment and quality of the service. We looked at people's assessments of needs and care plans and observed to check that the support provided was delivered consistently with these records. We looked at the satisfaction surveys that had been carried out. We sampled six of the services' policies and procedures.

At our last inspection on 16 August 2013 no concerns were found.

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. They said, "Nothing bad happens here", and when asked, "Do you feel safe here?" they replied, "Yes", and "The staff care". A relative told us, "I am positive my daughter feels totally safe here, I would know if she didn't feel that way".

There were sufficient staff on duty to meet people's needs. People's individual needs were assessed and this information was used to calculate how many staff were needed on shift at any time. Before people moved into the service, the registered manager completed an assessment to ensure the service could provide staffing that was sufficient to meet their needs. This ensured staff were available to respond promptly to people's needs and ensure their safety.

Our observations indicated that sufficient staff were deployed in the service to meet people's needs. Twenty-four permanent members of care staff, four bank staff, the registered manager and deputy manager were included in the staffing rotas. We saw that staff shift pattern ensured continuous cover to respond to people's needs. Additional staff were deployed to meet people's individual requirement when necessary, for example for one-to-one support, activities in the community and medical appointments. The registered manager determined the number of staff deployed according to people's dependency levels. They had introduced an additional staff shift to assist people getting up in the mornings as people needed more staff at that time. Staff rotas were planned in advance to ensure sufficient staff were deployed. The registered manager told us, "We have a stable team with staff members who have been with us for many years; the bank staff are used to supplement holiday or sickness cover, they also have been with us for years and we do not employ agency staff". The provider was currently advertising for more bank staff.

The registered manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. For example, a person who was at risk of wandering had been accompanied by two members of staff for an activity. This ensured there were enough staff to meet people's needs.

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training in the recording, handling, safe keeping, administration and disposal of medicines. People's needs and their wishes relevant to their medicines were assessed and reviewed. People were able to self-medicate when they had the mental capacity to do so. We observed the steps that staff took to medicate a person who needed catheter care and noted that all steps were appropriately taken and recorded. Medicines were kept at the recommended temperature to ensure they remained safe to use. The medicines administration records (MARs) were checked daily at the end of each staff shift and weekly to ensure no omissions or errors had occurred. Monthly audits of medicines were carried out to ensure stocks matched people's requirements. This system ensured that people received their medicines safely.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "No member of staff would hesitate to speak out". The registered manager told us, "We encourage all the staff to voice any concerns they may have, individually during supervision and at our monthly meetings". This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

We checked staff files to ensure safe recruitment procedures were followed. Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with adults. Gaps in employment history were explained. All staff received a four weeks induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New recruits were subject to a six months' probation period before they became permanent members of staff. They worked towards acquiring the 'Care Certificate' that was introduced in April 2015. This care certificate is designed for new and existing staff and sets out the learning outcomes,

Is the service safe?

competences and standard of care that care homes are expected to uphold. Disciplinary procedures were in place if any staff behaved outside their code of conduct and these procedures had been followed appropriately. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks and appropriate guidance for staff. For example, a risk assessment had been carried out for the use of specialised suction equipment. Control measures included staff training on how to use this piece of equipment safely. A risk assessment for a person who was at risk of choking included instructions for the staff about food texture and the need to remain vigilant at mealtimes. Another risk assessment outlined the risks of a person getting out of bed by themselves and of using kitchen equipment. Other risk assessments about people's activities, such as going fishing, using a hydro pool and attending church service were carried out and included guidance for staff about how to manage the risks safely. Staff followed the relevant guidance that was provided in the risk assessments and the control measures were followed in practice to keep people safe.

Accidents and incidents were recorded and monitored daily by the registered manager. They were reported and discussed at monthly service management meetings attended by the providers and managers. Action was taken to reduce the risks of recurrence. For example when an incident that had involved two people had occurred, this had been reported to their local authority case managers and their care plans had been reviewed to ensure any hazards that had been identified were reduced. There were health and safety meetings held every six weeks, attended by the provider and the registered manager to discuss each person's welfare and safety. This system ensured that incidents and accidents were monitored to keep people safe.

Fire drills were practised every three weeks and all fire protection equipment was checked weekly. This included a fire alarm, fire doors, fire extinguishers, heat, smoke and fire detectors throughout the premises. The fire protection equipment was regularly serviced and maintained. The last service was carried out in May 2015. Window restrictors were in place to ensure people's safety. All staff were trained in first aid and fire awareness. First aid kits were checked regularly and replenished when necessary. A system of flashing lights in a hallway, lounge and a person's bedroom had been installed to take account of their hearing impairment in case of a fire alarm being activated. People had personal evacuation plans and individual risk assessments about possible emergencies. Staff were aware of their location and were knowledgeable about each person's needs in case of emergencies.

The premises were locked at night and secured with an automatic approach lighting system. People were able to lock themselves in and out of their bedrooms and some of the people held a set of keys to the front door. The registered manager and the deputy manager operated an out of hours call system which meant a manager could be called in should any emergencies arose. This system also ensured that people were able to access advice or guidance without delay.

The provider had an appropriate business contingency plan specific to the service that addressed possible emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

When people have expressed their wishes regarding resuscitation, staff were aware of where to locate the relevant document in case of emergency.

Is the service effective?

Our findings

Staff provided support effectively to people and followed specific instructions in their care plans to meet their individual needs. People told us, "My key worker makes me happy", "They help me with 'lots of stuff' like help me to wash my hair or wash my back", "Sometimes they come with me to the doctor", "I do lots with the staff because they know what I like to do." A relative told us, "My family member has formed a good relationship with staff because they are matched with the one they get on with".

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own.

Records showed that all essential training was provided annually and was current. This included training in the principles of the Mental Capacity Act 2005 (MCA), infection control, manual handling, and the safeguarding of adults. Staff had the opportunity to receive further training specific to the needs of the people they supported. This included training about specialised care when people had a tube surgically inserted through their stomach, the use of specialised suction equipment, dementia awareness and epilepsy awareness. Staff told us that due to their training they felt confident to deliver the support people needed. One member of staff told us, "I have been very impressed with the training so far, it is very effective". We observed staff putting their training into practice by the way they supported people and communicated with them.

Staff were supported to gain qualifications in health and social care while working in the service and had gained diplomas in health and social care at level two and three. All members of care staff received monthly one to one supervision sessions to support them in their role. One member of staff said, "We can talk about anything during these sessions and get the support we need". All staff were scheduled for an annual appraisal to evaluate and discuss their performance. This ensured that staff were supported to carry out their roles effectively.

We discussed the requirements of the MCA with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. All staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. People's mental capacity had been assessed appropriately, for example when bed rails were needed to keep them safe in bed, and when people needed to have their blood taken and analysed for their health. When people had been assessed as not having relevant mental capacity, meetings were held in their best interest to decide the way forward using the least restrictive option. Independent mental capacity advocates had been called to attend these meetings to represent people's views when appropriate. In people's care plans, people's decisions were recorded under headings 'Decisions I can make myself' and 'Decisions I need support with', such as the management of finances, medical appointments and appropriate clothing for the weather. A local authority case manager who oversaw a person's care in the service told us, "The residents' rights to make their own decisions are emphasised by the staff, they are encouraged to take responsibility but in a safe way."

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no one living in the service was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff sought and obtained people's consent before they helped them. One person told us, "They always ask if we want the help." People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. A person had changed their mind about attending a concert and the staff had re-arranged their plans to accommodate this wish. A member of staff told us, "The residents' consent is paramount; nothing happens without it, they are totally involved with any actions we take". People's care plans included a statement, 'This is my care plan and everything in it has been discussed with me'. This meant that people were in control of their care and treatment.

We observed food being prepared and provided. People told us they liked the meals. They said, "Good food" and "I like sausages, scampi, chips and eggs, they do my favourite." People who were able to prepare food for themselves were encouraged to do so. A person buttered

Is the service effective?

bread for everyone. Fresh soup was prepared by a person with the help of staff. Food was served in generous portions, was hot and appeared well presented. Packed lunches were prepared for people to take on their activities. Staff promoted the eating of fresh fruit and vegetables. A relative told us, "The staff encourage healthy eating." Cold and hot drinks were available throughout the day and upon request. This meant that people's nutritional needs were met effectively.

People's needs were assessed, recorded and communicated to staff effectively. There were handovers and a staff communication book to ensure information about people's support was communicated effectively between shifts. We observed handover taking place. Concerns about a wheelchair needing repairing, people's enjoyment at certain activities and a reminder for a person's medical appointment were shared and recorded. This system ensured that updates about individual needs were effectively communicated and discussed to ensure continuity of care.

All the staff we spoke with were knowledgeable of the specific needs of people and communicated well with them. They told us, "We know each resident as if they were part of our family". People knew each member of staff by name and were able to recall several interactions which indicated good two-way communication. They told us, "We get on well, we talk and we do things and we laugh together."

Specific communication methods were used by staff. For example, a person who did not talk communicated with shaking hands or waving their hand in front of their chest. This was recorded in their communication care plan and staff were aware of what each gesture meant to say. They were able to interpret people's body language and conversed at times with people without words, using eye contact, pointing, nodding, and mirroring their body language. People were given time to express themselves. A person used a computerised communication aid to express themselves and the staff were familiar with this piece of equipment. Encouragement was provided and we observed staff and people laughing together in mutual comprehension when people were unable to talk. People had 'communication passports' when needed. These passports contained information to explain the most effective methods to communicate with people. This meant people's voice could be heard effectively.

All information that was provided to people included a pictorial format This information was personalised and included support plans, reviews, activities, satisfaction questionnaires and menus. This ensured people were informed in a way that was clear and easy to understand.

Two spacious vehicles that accommodated wheelchairs had been provided for the sole purpose of transporting people to their activities or appointments. One member of staff told us, "The residents never miss an appointment, we support to be where they need to be and in plenty of time so they don't get anxious". This meant there was a system to ensure people's anxiety levels about timeliness were effectively reduced.

People were involved in the regular monitoring of their health. People were registered with their own G.P., dentist and optician. People were reminded by staff about appointments with health care professionals and were accompanied. When staff had concerns about people's health this was reported to the registered manager, documented and acted upon. A person who felt unwell had been referred to a G.P. with their consent for a review of their medicines. All the people living in the service had annual 'well-being check ups'. Another person who was at risk of choking had been referred to a speech and language therapist. Outcomes following visits from healthcare professionals were recorded and discussed amongst staff that were aware of changes in people's health. This ensured the delivery of people's care and support responded to their health needs and wishes.

Is the service caring?

Our findings

All the people we spoke with told us they were consistently satisfied with the way staff supported them. When asked whether staff were kind, they replied, "Beautiful", "They are more than kind", "They are extremely good". Relatives told us staff were "Extremely patient and kind". They said, "I sleep peacefully knowing [family member] is well looked after", and "Care workers go way beyond what they have to do".

Positive caring relationships were developed with people. We observed staff interacting with people with kindness, respect and sensitivity. Staff told us they valued the people and spent time talking with them while they provided support. One member of staff said, "We respect each resident as an individual, include them in everything and accommodate their needs as much as possible". A massage therapist who visited the service regularly told us, "You can see how close the residents are to the care workers, they have a good relationship."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People's files included information about their history, childhood, schooling, family, friends and religion. This information was provided by people or their relatives. Staff consulted these files and were aware of people's individual likes and dislikes. For example, staff knew about one person's dislike of noise when eating and of fast things going past on the pavement. They knew about a person's preference for staying up late at night. Staff were aware of each person's likes and dislikes and respected these in practice.

Clear information was provided to people about the service, in a format that was suitable for people's needs. This included information about support plans, responsibilities, timetable and activities, staffing, transport, and how to complain. Menus and individual timetables were displayed. All information that was provided, including satisfaction questionnaires, people's support plans and risk assessments, was available in pictorial format. There was an updated website about the service that was informative, up to date and easy to use. Staff photographs and their titles were displayed so that people and visitors knew who they communicated with. We observed how staff explained and presented several options to a person about the activity they had chosen for that day. This meant that people were appropriately informed by staff.

People were involved in the initial planning of their support before they used the service. They actively participated in the monthly and annual reviews of their support plan which were also updated whenever they wished. For example, when they chose to start a new activity or had changed their mind about the support they wished to have. Relatives were invited to take part in the reviews when people consented to this. This involvement ensured that the support provided remained appropriate to people's needs and requirements.

The service had information about advocacy services that they could share with people and followed guidance that was provided by the local authority. An independent mental health advocate had been used appropriately during a meeting where risks and a person's best interest had been discussed. An advocate can help people express their views when no one else is available to assist them. A local authority case manager who oversaw several people's care in the service told us, "The residents are listened to."

People's privacy was respected and people were supported in a way that respected their dignity. The staff had received training in respecting people's privacy, dignity and confidentiality. Staff knocked on bedroom doors and waited for people's authorisation to come in. The registered manager had set up a system to minimise traffic between units and had promoted the use of a 'magic door' that was located outside the premises and that gave access between units. They told us, "That way there is less intrusion and people can relax in their own unit without too many people coming and going through."

The service held updated policies on confidentiality, privacy and dignity, sexuality, social media, data protection and photographic images. Staff were reminded of the importance of protecting people's information at team meetings.

People were at the heart of the service and their independence was actively promoted. The registered manager told us, "We provide options, transport and as much support as is needed although the residents are the ones in charge and decide what to do and where to go." One member of staff said, "We encourage residents to do

Is the service caring?

as much as possible for themselves." A person told us that they used a chair lift autonomously to access their bedroom. A person was going to visit their hairdresser to have "The highlights I like to have before my holiday."

Support plans and observations showed that staff encouraged people to do as much as possible for themselves and reach their chosen goals. One person had expressed the wish to go to Disneyland and they had been accompanied by a member of staff to ensure their safety and continuity of support. Another person had achieved their goal about conquering their fear of swimming pools.

People had access to the internet if they wished and had full access to a phone landline. People who were able to process their laundry, wash up their dishes and tidy up their bedrooms carried out these tasks to maintain their environment. People held keys to their bedrooms when they had wished it. People followed a wide range of activities programme which they had devised and were encouraged to do as much as possible for themselves. They went on outings of their choice and socialised in local and neighbouring communities. A small chalet was in place in the gardens to enable people to entertain friends or relatives separately from the premises. Wheelchair access to the patio and gardens was promoted with the use of simple pressure pad system that opened and closed doors. A member of staff told us, "The residents need as much autonomy as possible and a sense of achievement in everything they do." This meant that people's independence was actively promoted in the way care was delivered.

People's wishes regarding end of life care were discussed sensitively when this was appropriate and were recorded.

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. People appeared enthusiastic about all the activities they had chosen to take part in. They told us, "We go to Butlins soon, can't wait, so much fun", "I go cinema, swimming, I do lots", and "I like the cooking sessions and cleaning my room and go clubbing." A relative told us, "The residents are always out and about, they are kept occupied and stimulated."

The registered manager carried out people's needs and risk assessments before they came to live in the service. This included needs relevant to their health, communication, likes and dislikes and social activities. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they provided care and support. These assessments were developed into individualised care plans with people's participation.

People's care was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Care plans were developed with people's full involvement and included their specific requests about how they wished to have their care and support provided. The care plans included clear details of the help people required to keep them safe, to communicate, to eat well and take care of themselves, to become more independent and to make them 'happy'. A person had expressed the wish to start an 'at home library club' and they had set this as a goal to achieve by a particular date. Another person wanted to return to Euro Disney next year and was saving to achieve this. Staff helped them calculate their finances each month to that effect.

People's individual assessments and care plans were reviewed routinely to ensure they remained appropriate in meeting people's individual needs. People or their legal representatives were involved with these reviews and were informed in advance when the reviews were scheduled. This ensured people were able to think in advance about any changes they may wish to implement.

People's care was updated following reviews or when changes occurred in their needs. For example, a person's support plan and risk assessment had been reviewed and updated following an increase of their anxiety levels.

Updates concerning people's welfare were appropriately and promptly communicated to staff at staff handovers and team meetings. A case manager who oversaw a person's care told us, "We are kept well informed of any events or any changes that affect residents' care." This showed that people's care plans were updated and people's health needs were met in practice responding to their changing needs.

People followed an activities programme that was extensive and tailored to their individual requirements. People's hobbies and interests were accommodated and people went out swimming, gardening and farming, dancing and socialising with friends. One person liked to listen to a particular music band, drama, karaoke and football. Their activities programme reflected these interests. Staff had accompanied a person who wished to attend a performance of their favourite artist. People described some of the activities they took part in. There were clubs such as flower clubs, social and disco clubs, drama clubs, Christian groups and day centres people could join.

The service promoted people's engagement and social inclusion with their community. People were encouraged to participate in an annual 'shoe box scheme' that assisted a charity in Africa. Some people were involved in jewellery making to support a British charity for war heroes. People who participated in a journalism club contributed to a newsletter published by the provider. People participated in numerous outings throughout the year, individually or in a group when they wished to do so. People had socialised at a 'May ball' where other people in the community had been invited. Annual holidays were planned and three people were enthusiastically looking forward to their trip to Spain, supported by staff.

People's views were sought and acted upon. Staff enquired about people's satisfaction about their care and support at each review of their support plan. People attended monthly residents meeting and house meetings where they discussed and shared their views freely about any aspect of the service. One person who lived in the service had been elected health and safety representative and participated actively in health and safety meetings with the management team. People's request to have 'a swimming pool at the back' had led to the registered manager explaining to them why this could not be achieved. One person had requested a change of bedroom and this had

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been accommodated. Another person had expressed the wish to have more allocated days to spend on a one to one basis with their preferred care worker and this was looked into by the registered manager. A barbeque for the three units had been implemented at people's request. This meant that people's voices were heard and responded to appropriately.

Additional annual questionnaires were provided to people, that sought their views on nutrition, leisure, staff, privacy and living with other people. They were provided in a pictorial form and people completed the forms themselves, or they dictated their answers to staff and signed them. The last survey was carried out a year ago and the service was in the process of a new survey. Comments we saw indicated people's high level of overall satisfaction, and included, "I just like absolutely everything", I talk about food at the house meeting and I am going to do a food hygiene course", "I like knitting and going on my laptop doing my shopping list and printing address labels on my floppy discs" and, "I am so happy!" Annual satisfaction questionnaires were sent to people's relatives and healthcare professionals who were involved with the service. The last survey was sent in April 2015 and the response had not yet been audited. However comments that had been provided were positive and included, "This is a great place", "No complaints at all."

A district nurse who provided treatment to a person living in the service told us, "The staff respond well to residents' needs, they are tuned in."

Staff were consulted at regular team meetings and house meetings and were encouraged to suggest improvements about any aspect of the service. A member of staff had suggested changes in a person's risk assessment to reflect their progress with swimming. This had been responded to and implemented. Records of team meetings indicated that staff's voice was heard. For example, staff had discussed their wish to become more accustomed with catheter care. Additional training had been provided as a result. This meant that staff's requests and suggestions were responded to.

The provider had a complaints policy and procedure that had been updated in January 2015. People were aware of the complaint procedures to follow. One person had been supported by staff to lodge a complaint that had been appropriately addressed, documented and resolved satisfactorily.

Is the service well-led?

Our findings

Our discussions with people, their relatives, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People we spoke with knew the registered manager and the staff by name. They told us, "She is nice", and "She is the boss but really nice." Staff told us, "The manager is 'on the ball'" and "The manager puts the residents first". A local authority case manager who oversaw people's care in the service told us, "This is a caring and well organised service".

There was an 'open door' policy where people and members of staff were welcome to come into the office to speak with the registered manager at any time and we saw that they did this several times during the day. Members of staff confirmed that they had confidence in the management. They told us, "This is a fantastic environment, it has a great ethos about empowering people, and this ethos is led by the trustees and the managers and followed by everyone who works here." Staff were encouraged to make suggestions about how to improve the service and these were acted on. Staff told us, "The registered manager and the deputy manager are easy to talk to and they listen to what we have to say." The management team had developed a good working relationship between themselves and with the staff. The deputy manager told us, "The registered manager hears and takes notice of everything in the service; She does things properly".

Staff had easy access to the provider's policies and procedures that had been reviewed and updated in December 2014 and April 2015. There were policies that were specific to the service, such as policies on advocacy, autonomy, social inclusion, and communication between staff and people's relatives. The provider had commissioned a service that ensured all policies were updated according to new legislation that could affect the service. All staff had been informed when updates had taken place and were made aware of the updates. This ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The registered manager attended a policy meeting every six weeks with the provider and other managers where quality assurance checks were discussed. They told us, "We can share ideas with the manager of sister services, this is useful in gaining different perspectives". Residents meetings, team meetings, forums, and house meetings were organised regularly and recorded.

A system of quality assurance checks was in place and implemented. The registered manager checked and analysed incidents and accidents logs, staff rotas, a staff communication book, complaints and MARs on a daily basis. Weekly audits of people's finances, MARs, repairs and maintenance were carried out. Annual audits included checks of the service's policies, satisfaction surveys, staff training, residents and staff meetings, staff supervision, health and safety and all documentation contained in people's files. There was an ongoing checking system that ensured all support plans and reviews were appropriately updated and documented.

When shortfalls were identified as a result of these audit checks, lessons had been learned and the registered manager had implemented changes in the service. For example, When checks of MARs highlighted omissions of the administration of a medicine, a new system of monitoring medicines had been introduced. Consultation with staff had highlighted a need for better lighting in a person's bedroom to prevent errors during the administration of their medicines. This had been carried out without delay.

The registered manager spoke to us about their philosophy of care for the service. They showed us two mantras that were displayed in the office that said, "Nothing about us without us", and "Only just enough support". This reminded management and staff to continuously involve people to make their own decisions about every aspect of their care, and promote their independence through empowerment. The registered manager told us, "We want to do our best and allow our residents to make their own choices and be as free as they can be; We strive to enable them to have as interesting a life as possible."

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare.

Is the service well-led?

People's records and staff records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.