The Royal National Institute for Deaf People

# RNID Action on Hearing Loss 13 Wilbury Gardens

## Inspection report

13 Wilbury Gardens
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 3 November 2016 and was unannounced.

This is one of a number of services provided by The Royal National Institute for Deaf People (RNID), enabling flexible short and long term support for people of all ages. This includes residential care, supported housing accommodation, and community services for people who are deaf, deaf and blind, and who have a hearing loss and additional support needs.

RNID Action for Hearing Loss is registered for up to eight people. It provides care and personal support to people who have a hearing loss and who may have other additional needs such as a learning disability or where people are living with dementia. There were six people living at the service and five were present during the inspection. The service is in a large detached house, arranged over three floors accessed by a passenger lift. There was a communal dining and lounge area with an adjoining conservatory and garden for people to use. Long term care and respite care was provided.

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

People told us they felt safe. One person told us they felt safe because, "The staff walk around and check we are alright. There's also a buzzer I can press." Detailed risks assessments had been completed and been reviewed. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

People told us staff were kind and caring. One person told us, "It's great. It's a happy home and we have lots of fun. It's much better now in the last two years. It's the new manager." One member of staff told us, "It has a homely feel. It's not institutionalised; everyone is free to do what they want. It's really home." People were cared for by staff who had been recruited through safe procedures. Staffing levels were monitored to ensure there were enough staff to meet people's care and support needs. Recruitment checks such as a criminal records check and two written references had been received prior to new staff working in the service. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

Medicines were stored correctly and there were systems to manage medicine safely. Audits and stock checks were completed to ensure people received their medicines as prescribed. People were able to self-medicate through a risk management process.

There was a maintenance programme in place which ensured repairs were carried out in a timely way.

External contactors were used for service checks and repairs.  Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers.

People told us they had felt involved in making decisions about their care and treatment and felt listened to. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments were detailed and reviewed regularly to give clear guidance for care staff to follow. People's healthcare needs were monitored and people had been supported to access to health care professionals when they needed to. People had been supported to join in regular activities if they wished to.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They felt they knew people's care and support needs and were kept informed of any changes. One member of staff told us, "They are really good at communication, and providing one-to-one meetings. They are aware of people's needs and try to meet them." They confirmed that they felt valued and supported by the managers, who they described as very approachable. They told us the team worked well together. One member of staff told us, "It's a fantastic place to work." Another member of staff told us, "It's a great place. I would live here and let any of my relatives live here".

People's nutritional needs had been assessed and they had a selection of choices of dishes to select from at each meal. People said the food was good and plentiful. People's individual's dietary requirements had been considered and provided for, and people were regularly consulted about their food preferences.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns. They had regular opportunities to comment on the care and support provided.
People told us they felt the service was well led. One person told us, "It's great. It's a happy home and we have lots of fun. "One member of staff told us, "(Registered manager's name) is very enabling and promotes people's (staff) strengths. She is upbeat and positive. It's such a positive service. It's a nice place to work. It's got a good vibe." Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. Medicines were managed, stored and administered safely.

The building and equipment had been subject to regular maintenance checks.

People were cared for by staff recruited through safe recruitment procedures. Staffing levels were monitored to ensure there were enough staff to meet people's care and support needs.

### Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Where people lacked capacity to make decisions about their care and treatment this had been considered in their best interests.

Staff had a good understanding of people's care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals when they needed them.

### Is the service caring?

Good

The service was caring.

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

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

People told us care staff provided care that ensured their privacy and dignity was respected.

## Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. Care and support plans were in place to ensure people received care which was personalised to meet their needs and wishes.

People were supported to take part in a range of recreational activities. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

## Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

Quality assurance was used to monitor and to help improve standards of service delivery. There were regular opportunities for people to be able to comment on and be involved with the service provided to influence service delivery.

Systems were in place to ensure accidents and incidents were reported and acted upon.

# RNID Action on Hearing Loss 13 Wilbury Gardens

**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 3 November 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service. This included any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. This helped us to plan our inspection. We requested the provider to complete 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 spoke to the local authority commissioning team for feedback on the care provided. We received feedback from a relative and a social care professional about their experiences of the service provided.

We used a number of different methods to help us understand the views of people as not everyone was able to tell us about their experiences. We spoke with two people living in the service. We spoke with the registered manager, the deputy manager, the senior care worker and three care staff. We observed the care and support provided in the communal areas.

We looked around the service in general including the communal areas, and a person's bedroom. We observed a staff handover. As part of our inspection we looked in detail at the care provided to two people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting

minutes, staff training records and two staff personnel records. We also looked at the provider's own improvement plan and quality assurance audits.

The last inspection was carried out 18 November 2013 when no concerns were found.

Good

# Is the service safe?

## Our findings

People told us they felt people were safe, happy and were well treated in RNID Action for Hearing Loss. One person told us they felt safe because, "The staff walk around and check we are alright. There's also a buzzer I can press." One member of staff when asked if people were safe in the service told us, "She (Registered manager) knows what needs to be done and the legal side of the job. I feel safe coming to work, and people who use the service are safe."

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Where risks were identified, staff were given clear guidance about how these should be managed. For example, when people were on holiday, and during a heatwave. Staff also told us if they noticed changes in people's care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed. Records we looked at confirmed this.

Staff confirmed that any faults were repaired promptly. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. The registered manager told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records we looked at confirmed this. There was an emergency on call rota of senior staff available for help and support. Contingency plans were in place to respond to any emergencies such as flood or fire. PEEP's (Personal Emergency Evacuation Plan) were in place for people in the event of a fire. The The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Medicines were managed safely. One person told us, "Staff give me my tablets and watch me take them." We looked at the management of medicines and spoke with the member of staff who took the lead in medicines management. There were appropriate arrangements in place to protect people against the risks associated with the unsafe use and management of medicines. Medicines were kept securely and within their recommended temperature ranges. The care staff were trained in the administration of medicines and had their competency regularly checked. Staff told us the system for medicines administration worked well in the service. Systems were in place to ensure repeat medicines were ordered in a timely way. A member of staff described how they completed the medicines administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting and we found these had been fully completed. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Where people had topical creams applied recording had been completed to evidence it had been applied and inform other care staff of its application. People could also be supported to self-administer their medicines through a risk management process. Where one person was being supported to self-administered their medicines this process was clearly documented with pictorial guidance and a comprehensive risk assessment and monitoring tools in place

The provider had a number of policies and procedures to ensure care staff had guidance about how to

respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. One member of staff told us, "I would report it straight away." They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

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

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future.

People told us there were enough staff on duty to meet people's needs. On the day of the inspection there were adequate staff on duty to meet people's care and support needs. The registered manager was on duty with the deputy manager, a senior care worker who was on a 'paperwork day' and five care staff. The staff demonstrated they knew the people well. Staff told us that at times it could be busy, but there was adequate staff on duty to meet people's care needs. They told us minimum staffing levels were maintained. They also spoke of good team spirit. A sample of the records we looked at showed that the minimum staffing level was adhered to.

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at RNID Action for Hearing Loss they had completed an application form and attended an interview. People were supported to take an active role in the recruitment of any new staff working in the service. Each member of staff had undergone a criminal records check and had two written references requested. This meant that all the information required had been available for a decision to be made as to the suitability of a person to work with adults. A new member of staff was able to confirm the process followed.

Good

# Is the service effective?

## Our findings

People told us they felt the care was good and people's health care needs had been met. They spoke very well of the food provided. People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the staff were working within the principles of the MCA. Staff understood the principles of the MCA. They were aware that any decisions made for people who lacked capacity had to be in their best interests. They gave us examples of how they would follow appropriate procedures in practice. One member of staff told us about a best interest meeting for one person who needed a medical procedure completed. Another member of staff told us how a best interest meeting had been considered to discuss the support provided to one person with their finances. There were clear policies around the MCA. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. There were records on people's care plans that, where possible, people had been asked to consent to their care and treatment. Care staff confirmed they always asked for people's consent before they undertook any care or treatment. One member of staff told us, "We would ask them first and go back later. We use positive encouragement." Another member of staff told us, "We are not here to stop people going out but to be safe." Another member of staff said, "We assume people can consent. For example, how do they want to manage their medication. It's all about what they want."

The registered manager told us they were aware of how to make an application and about the DoLS applications that had already been made and had been agreed. They were monitoring and ensuring these were being followed and updated as required. Care staff told us they had completed this training and had a good understanding of what this meant for people to have a DoLS application agreed, and they were clear who had been put forward for a DoLS application. People's records also highlighted to care staff who had a DoLS in place, or if there were any actions they had to follow to support people where an application had been agreed.

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

review of their performance. One new member of care staff confirmed they had received an induction when they started in the service and they told us they felt their induction had been good.

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. One member of staff told us, "The training is really good. When (Person's name) came we had a refresher on dementia training." The training completed was given through a mixture of E learning packages or practical sessions. Care staff told us their training was up-to-date and had helped them understand and support people. One member of staff told us, "You are supported in the role. I have learnt lots of things and she (Registered manager) sends you on courses. Their training is brilliant." Another member of staff told us, "The training is really good." Another member of staff said, "I have received lots of training this year and have two training courses coming up this month."

Staff told us that the team worked well together and that communication was good. One member of staff told us, "They are really good at communication and providing one-to-one meeting. They are aware of people's needs and try to meet them." They told us they were involved with any review of the care and support plans. They used shift handovers, to share and update themselves of any changes in people's care. One member of staff told us, "I am managed and know what to do to support people who live in this house. I feel confident to work in this home. I feel well supported and positive about working at Wilbury Gardens." Care staff received supervision from the registered manager or deputy manager. They told us they provided individual supervision and appraisal for staff. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance to identify any further training or support they required. Additionally there were staff meetings to keep staff up-to-date and discuss any issues within the service.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. Records were accurately maintained to detail what people ate to inform staff if people had had adequate food and fluid during the day. This was to ensure care staff had a clear and full picture of if people had received adequate fluids during the day to maintain their wellbeing.

People spoke well of the food provided and that their dietary needs had been met. One person told us,"Yes I like the food. There's plenty. I don't have sugar or sugary puddings. I have sweeteners. I can choose between one or two choices." People's care plans detailed their food likes and dislikes. For example, for one person it was detailed, 'I don't like white rice it gives me tummy ache.' The menu was based on people's likes and dislikes. Two options were always available, and we found that people could also make additional requests if there was nothing on the menu that they liked. This showed us that staff were aware of individual's preferences, needs and nutritional requirements.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. Care and support plans contained multi-disciplinary notes which recorded when healthcare professionals visited such as GPs, and when referrals had been made. Care staff told us that they knew the people well and if they found a person was unwell they should report this to a manager. People had a comprehensive individual Health Action Plan and hospital passport which were reviewed and updated as needs changed. People were supported to maintain good health and received ongoing healthcare support, for example to attend an annual healthcare check. One member of staff told us when asked what the service did well, "We make sure we support them to go to appointments for the GP, dentist

etc., as it's very important their health lifestyle. They have a right to equal treatment and person centred planning."

People were supported to all have 'End of Life' plans in place. The plan detailed people's individual wishes, such as funeral arrangements, preferred denomination, how they would like their end of life care to be and where. The document was created in pictorial format to assist with communication needs and family were involved in this process

Good

# Is the service caring?

## Our findings

People told us they were treated with kindness and compassion in their day to-day care. One person told us, "Staff are really lovely here." They were satisfied with the care and support people received. They were happy and they liked the staff. One person told us, "I love my life here. I am happy. I love my bedroom. The staff encourage me to go out. I get to do lots of things." One member of staff told us when asked what the service did well, "Supports people, makes sure they have what they need and their choice and respect them." Another member of staff told us, "It's really homely. It does not feel like a care home. It's really friendly." Another member of staff told us, "Everyone tries to help people to achieve what they want from life, enabling and giving people back control."

During the inspection we spent time in the communal areas with people and staff. People were seen to be comfortable with staff and frequently engaged in friendly conversation. People were enabled to make choices about their care and treatment. Staff ensured they asked people if they were happy to have any care or support provided. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people, and there was a close and supportive relationship between them.

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. Care provided was personal and met people's individual needs. People were addressed according to their preference and this was mostly their first name. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care and support plans to help care staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service.

Throughout the inspection, people were observed moving around the service and spending time in the lounge or dining area. People were supported in a homely and personalised environment. They had their own bedroom for comfort and privacy. People were encouraged and supported to have their rooms decorated with their choice of décor, and with items specific to their individual interests and likes and dislikes. They were supported to dress in the clothes they preferred and in the way they wanted. People were supported to have pets. A cat lived in the service an one person was supported to take a special interest in Its daily care and feeding and to attend the vets when needed. People had been supported to keep in contact with their family and friends. Family told us there was flexible visiting. The registered manager was able to confirm they knew how to support people and had information on how to access an advocacy service should people require this service. They told us the advocacy service was being looked at for one person to support them with the processes following a recent bereavement.

Observations and feedback from people told us people were respected and their privacy and dignity

considered when providing support. People told us care staff ensured their privacy and dignity was considered when personal care was provided. People had their own front door to their room with a door bell, which care staff we observed to ring to request entrance into a person's room. One person told us, "They press the buzzer. I see who it is and decide if they can come in or not." Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected this. One member of staff told us when providing care and support, "I would treat someone how I would like to be treated. I would ask lots of questions and take the lead from them. You have to explain why it's needed."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

# Is the service responsive?

## Our findings

People felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. A relative told us, "The residence offers a far less institutionalised environment and approach than other facilities that my relative has been placed in over the years. Under the new management, the staff are focussed at providing care and support to meet the personal interests and goals of the residents."

Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. This identified the person's family history, interests, hobbies and employment history and provided staff with an insight into people's lives. The care and support plans were detailed and contained clear instructions about the needs of the individual. They included information about the needs of each person for example, their communication, nutrition, and mobility needs. Individual risk assessments including falls, nutrition, and manual handling had been completed. There were instructions for care staff on how to provide support that was tailored and specific to the needs of each person. Care staff told us the care plans gave them the information they needed to support people. One member of staff told us, "I know what to do on every shift how to support people who live in this house." Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, records confirmed that advice and support had been sought from the speech and language team (SALT). During our discussions with care staff we found that they knew people and their individual needs and it was evident that they knew them well. People and their representatives were able to comment on the care provided through regular reviews of people's care and support plans. Each person had a dedicated link worker. This is where a nominated member of staff worked with an individual taking a special interest and ensuring their care and support needs were reviewed. Link workers met monthly with the people they were key working. One member of staff told us for the person they were link worker for, "We discuss how his life is going. We get to spend some quality time with him for bowling, going out for a meal. It helps with the bonding. In staff meetings we always go through the support plan to update everyone."

Special adaptations had been made in the service to support people with their sensory needs. The service had flashing door bells in place to alert people of visitors to their rooms to maintain privacy and dignity, the fire alarms had the facility of strobe lighting and vibrating pads to assist people to be alerted in the event of a fire, and a Minicom system was available to assist people in making telephone calls via text relay, where people did not have a mobile phone to text with.

People told us there were regular activities provided which they could join in with if they wished to. One member of staff told us, "People we support have activities, they play games, go out during the day, and have special events, for example, Halloween, Christmas, which makes them very happy and joyful." There was an activities board with information on local community events and groups so people were kept informed of what is accessible. This was regularly updated by the senior staff to reflect any changes and seasonal events. People were in and out during the day of the inspection and were involved in a range of activities. For example, one person had the support of one of the provider's community workers and was deciding with them what they activity they wanted to do that day. Afterwards they then went out shopping

for clothes. They brought their purchases back and tried them on and showed the staff what they had bought. Another person went out to their local shops for breakfast and to do some shopping. People were seen to be relaxed in the service watching television and participating in activities of interest such as craft work. People spoke about activities arranged in the service to celebrate events such as how they had enjoyed a recent Halloween party. One person said they had dressed up, "I looked like a pumpkin." They told us they had been supported to go to a local funfair, "I love going to the funfair. That makes me happy. I get to talk to people and meet people." People had been accompanied to go on holiday and choose which staff they would like to go with to support them. One person went to Devon, another to Barcelona and another preferred to have individual days out. One member of staff told us," People were always consulted." People were actively encouraged and supported to take part in daily activities around the service such as cleaning their own bedroom. One person liked to help with the hoovering of the communal areas. Another made hot drinks for people during the day. For one person their care and support plan detailed, 'I am independent preparing simple meals and like to help staff in the kitchen and preparing dinner."

Care staff told us how information was provided to people in a way they could understand. A forum of people using the provider's services had looked at key policies and procedures to develop these into accessible formats for people's use. Information was provided in different formats for example, the complaints procedure in a pictorial format. The provider had developed the, 'My Review' plan which was used to assist people and their link worker to prepare for their reviews. Care staff had received training in British Sign Language to be able to converse with people. Detailed in people's care and support plans was the best way to communicate with people to meet their individual needs in 'Things that help me when I communicate.' For example in one person's care and support plan detailed, 'If I want to tell the staff something or want their attention I will follow the staff and stand next to them.' Staff had completed work with the local shops and facilities so people could access them and were able to communicate effectively in the community.

People, relatives and stakeholders were able to comment on the care provided through quality assurance surveys and the regular reviews of people's care and support needs. The last quality assurance survey was completed in 2016 and the feedback from this was positive in relation to the areas feedback was requested on for the environment, safety, staff support, relationships with others food and nutrition, activities and people's own bedrooms. As well as the weekly meetings people had with their keyworker there was a monthly 'residents meeting.' Minutes from these detailed people had been able to discuss activities planned and had been looking at Christmas arrangements including a possible trip to the pantomime. The registered manager also met with people monthly individually, which was an opportunity to look at any complaints, food, environment, staffing and relationships. There was a 'comments book' and a 'suggestions' box which people could use to put forward any suggestions they wished to share.

There were systems in place to record any compliments, concerns or complaints. People were encouraged to raise any concerns and knew who to speck to if they had any concerns. People were made aware of the complaints, suggestions and feedback system which detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain to. Pictorial posters were also used with photos of the senior team and contact information and were displayed throughout the service. Care staff were aware that if people or their visitors had any concerns these should be discussed with the registered manager. In addition to the compliments and complaints procedure, the registered manager told us they operated an 'open door' policy and people, their relatives and any other visitors were able to raise any issues or concerns.

Good

# Is the service well-led?

## Our findings

People, a relative, care staff and the visiting social care professional told us they felt the service was well led. One person told us, "It's great. It's a happy home and we have lots of fun. It's much better now in the last two years. It's due to the new manager." One member of staff told us, "(Registered manager's name) is very enabling and promotes people's (staff) strengths. She is upbeat and positive. It's such a positive service. It's a nice place to work. It's got a good vibe." Another member of staff told us, "All the team work together and always share and help each other. There's lots of support for each other, understanding and respect. If there's a problem we always make sure the problem is solved and we support each other." A relative told us there had been many improvements in the running of the service following the new managers appointment. This related to the focussed level of care and attention. Also the staff were also more focussed in their roles and attention to people.

There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and a senior member of care staff. The senior staff promoted an open and inclusive culture by ensuring people, their representatives, and staff were able to comment on the standard of care and influence the care provided. Staff members told us they felt the registered manager was accessible, the service was well led and that they were well supported at work. One member of staff told us, "Because of (Registered manager's name) she is so open and you can talk to her about everything. She has changed everything. It's much more relaxed." They told us the managers were approachable, knew the service well and would act on any issues raised with them. Another member of staff told us, "Everyone supports you. Everything works well."

Policies and procedures were in place for staff to follow. Staff supervision and staff meetings had provided the opportunity to both discuss any problems arising within the service, as well as to reflect on any incidents. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service. Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. The provider had sought and achieved accreditation from external organisations to help them continually evolve and improve the service provided.

Feedback from the social care professional was of good interactions with staff who contacted them appropriately and followed guidance given. They spoke of good relationships with people's keyworkers who had a good understanding of people's needs Appointments were easy to arrange and kept to, staff were responsive to requests for information. A good professional relationship had been developed.

The aim of staff working in the service was to, 'Live life your way, we're here for you.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and understood the importance of respecting people's privacy and dignity.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. The registered manager had regularly sent statistical information to the provider to keep them up-to-date with the service delivery. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. For example, a 'Provider Forum,' within the organisation had used information received to measure themselves each quarter against their four areas of 'Involvement Standards,' in choice, communication, decision and learn to improve their learning and development. The registered manager was able to attend regular management meeting with other registered managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.