Caritas Services Limited

Abbeyfield House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 unannounced inspection of Abbeyfield House on Friday 11 March 2016. At the previous inspection in January 2014, we found the service was meeting each of the standards assessed.

Abbeyfield House is based in Gatley, Stockport and is part of Caritas Services Limited. The home provides personal and nursing care for a maximum of seven people with both physical and learning disabilities. At the time of the inspection, the home was fully occupied.

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

People told us they felt safe living at the home. The staff we spoke with demonstrated a good understanding of safeguarding procedures and how they would report concerns.

Medication was given to people by nurses who worked at the home, who we found had received appropriate training and were assessed by management to ensure this was done safely.

We looked at how the service managed risk and looked at the risk assessments in place for four people who lived at the home. Although these provided a clear description about how individual risks were being managed, two people's risk assessments had not been reviewed since January 2015. The manager told us that these had fallen behind but would update them following our inspection. We were also unable to see any evidence of trends analysis following accidents and incidents, to help prevent future re-occurrences and promote learning. These issues meant there had been a breach of Regulation 12 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment because the service was not doing all that was reasonably practicable to mitigate any such risks.

We found the home had a robust recruitment procedure in place, with appropriate checks carried out before staff began working at the home, to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files which contained all appropriate documentation to show staff were recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe and reviewed the staff rotas. We found the home had sufficient skilled staff to meet people's needs, with staff and people who used the service telling us they had no concerns about the current staffing levels.

We found staff were given all of the training and support they needed to undertake their roles effectively. Two people who lived at the home had also given talks to staff about their experiences of living with

different health conditions, with such as Asperger's and Addison's Disease. This allowed staff to gain a better insight into living with these types of conditions and how best to support people.

We observed staff being kind, friendly and respectful of people's choices and opinions. The atmosphere in the home was relaxed and the staff spoken with had a good knowledge of the people they supported. People were supported by staff to undertake activities of their choice and saw staff were flexible, based what people wanted to do.

People living at the home were supported with certain aspects of daily living, in order for them to improve their skills in these areas and maintain independence. This included support with food preparation, laundry and cleaning their bedroom.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records, we found staff had received training about the MCA and DoLS and were aware of then people may need a DoLS to be in place.

People living in the home were involved in the planning of the menus and went shopping with staff to local shops and supermarkets, if this was something they wanted to do. People, who were able to, were given support by staff to prepare their own meals. We found staff often prepared an evening meal for people, who were encouraged to contribute where possible.

People told us they felt the staff were caring and looked after them well. People also told us they felt treated with dignity and respect by staff, who promoted their independence.

Each person living at the home had their own care plan, which provided guidance for staff to follow about how they could meet people's support needs. Each person also had a separate file, which contained lots of person centred information about what their likes and dislikes were and also their personal preferences.

We saw people had plenty of activities available to them and told us they had enough to keep them occupied. People were involved in discussions and decisions about the activities they would prefer, which would help make sure activities were tailored to each person. One person who lived at the home also attended college two days and week, whilst another person did voluntary work. Other people told us this might be something they would like to pursue in the future.

There was a complaints procedure in place. The procedure was available in an easy read format that could be understood by everyone who lived at the home. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

The staff we spoke with spoke positive about the management and leadership of the home. There were also various systems in place to monitor the quality of service within the home. This included regular audits, done by both the provider Caritas and also internally by the home manager. The home also sent out a satisfaction survey to people living at the home and analysed the feedback so they could respond to what people wanted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

The manager told us risk assessments were reviewed each month, however two people's risk assessments had not been reviewed since January 2015. There was also no trends analysis of accidents and incidents that had occurred.

People told us they felt safe. Staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

People's medicines were managed safely by staff who had received appropriate training. Regular checks were done to make sure staff were competent.

Is the service effective?

Good

The service was effective.

Staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people effectively.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People were involved in discussions and decisions about their health and lifestyles and were supported to attend appointments by staff.

Is the service caring?

Good

The service was caring.

People living in the home, were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate, activities, room décor, choice of key worker, and involvement in household chores.

People told us they were treated with respect and staff listened to them.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in many interesting activities both inside and outside the home. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

The complaints procedure was available in an easy read format that could be understood by everyone who lived in the home. People said any complaints they made were handled appropriately.

Is the service well-led?

Good

The service was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

The quality of the service was effectively monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the home.

Abbeyfield 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 Friday 11 March 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

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 reviewed information we held about the home in the form of notifications received from the service. These included details of any deaths, police incidents, serious injuries or whistleblowing/safeguarding alerts. which had occurred.

In advance of our inspection, we liaised with external providers including the safeguarding, infection control and quality assurance teams, all based within Stockport Local Authority.

As part of our inspection we spoke with three people who lived at the home, two support workers, a nurse, the registered manager and two relatives. We were able to look around the home and look at various information, which included four care plans, four staff personnel files, four medication records and quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

We spoke with three people who lived at the home, who all told us they felt safe as a result of the support they received from staff. One person said to us; "Absolutely. I think its safe environment and everybody here keeps me safe". Another person said; "Simply living in this house really makes me feel safe". A third person added; "I definitely feel safe. There is CCTV on the outside of the building so we can easily see who is coming in and out". A relative also told us; "He is safe. No problems there".

We discussed safeguarding procedures with the staff that we spoke with. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff said; "I've raised issues in the past such as if there has been physical violence between people living here. The types of abuse that can occur include physical, sexual, financial and institutional. I'd go straight to the manager on duty, contact the police and social services". Another member of staff said; "It is important that we safeguard everybody and ensure people don't do the wrong things. Bruises and scratches may be an indication of physical abuse, whilst verbal abuse could involve shouting or speaking with people inappropriately".

We looked at how the service managed risk and looked at the risk assessments in place for four people who lived at the home. We found people had a range of risk assessments in place which covered areas such as physical aggression, verbal abuse, dealing with inappropriate sexual behaviours, use of transport, self-injury, use of the kitchen facilities and making false accusations about staff, or other people living at the home. The manager told us risk assessments were reviewed each month, and although provided a clear description about how individual risks were being managed, two people's risk assessments had not been reviewed since January 2015. The manager told us that these had fallen behind but would update them following our inspection.

There was also a system in place to record any accidents or incidents that had taken place within the service. We saw this captured what the incident involved, where it occurred and what action had been taken. Despite this, the manager was unable to demonstrate how they monitored any trends or patterns for accidents and incidents, or shared information about them with staff to prevent re-occurrence and to promote learning. These two issues meant there had been a breach of Regulation 12 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment, because the service was not doing all that was reasonably practicable to mitigate risks within the home.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. On the day of our inspection the staffing team consisted of the registered manager, a nurse and four support workers. This was to provide care and support to seven people, some of whom had one to one support needs at different points during the day. During the inspection, we saw this was provided for people. We saw staff supported people to access the community and undertake activities when they wanted to, however there was always a staff presence in the house to assist people where required. Additionally, we

saw there was always a nurse working at the home who could administer medication and provide clinical advice where needed. The staff we spoke with told us they felt staffing levels were sufficient, as did the people who lived at the home. One member of staff said; "Some days you can be running around like a headless chicken, whilst other days are quiet. There are four of us on today and that is enough for seven people". Another member of staff added; "Not too bad. There is sickness here and there but we manage. We have the rotas in place and that clearly shows who is providing one to one support to people". A person who lived at the home also told us; "I would say there are enough staff. There is always someone around".

During the inspection we looked at four medication administration records (MAR) and found medicines were stored, administered, recorded safely. We saw the medication trolley was stored in a locked room in the main office, which had a key coded lock on the door to prevent unauthorised access. Staff were trained in the safe administration of medicines and kept relevant records that were accurate and up to date. Peoples support plans identified the level of support people received with their medication and provided clear guidance for staff to follow when supporting people. Several people living at the home were able to administer their own medication, by presenting themselves at the office and doing this under nurse supervision. Each person also had their own photograph on their MAR sheet, which made it easier for staff to give the medication to the correct person. Where creams had been administered, we saw these were clearly recorded to show they had been applied. We saw regular checks of the medicines fridge were also maintained, to ensure medicines were stored safely and at the correct temperature.

People living at the home told us they had no concerns about how their medication was given to them. One person said; "The nurse on duty always gives me my medication. I absolutely get it at the times I need it". Another person said; "The staff are responsible for my medication. They either bring it to my room, or I come down to the office".

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file contained job application forms, interview notes and questions, two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. By undertaking these checks, this evidenced to us staff had been recruited safely.

Each person who lived at the home had their own personal emergency evacuation plan (PEEP) in place. These clearly explained how people could safely evacuate from different areas of the home, such as from communal areas, or from the second floor of the building. We also saw that the service also undertook regular checks of the building maintenance to ensure it was safe. This included regular checks of legionella, gas safety, emergency lighting, fire extinguishers, fire alarms and personal appliance testing (PAT). These systems helped ensure the environment was safe to live and could leave the building safely during an emergency.

Good

Is the service effective?

Our findings

We looked at the staff induction programme which all staff completed when they first commenced employment at the home. Records showed there was an in depth induction programme for new staff, which would help make sure they were confident, safe and competent to undertake their role effectively. This included an introduction to the workplace, working systems, policies and procedures, training and development requirements and liaising with any external agencies. The staff we spoke with also told us they undertook a period of 'shadowing', where they were able to observe existing members of staff and see how they worked. One member of staff said; "My induction covered health and safety, moving and handling, safeguarding, infection control and fire safety. It was a bit overwhelming as it was my first care job, but it was definitely sufficient". Another member of staff added; "I was able to shadow and meet the people I would be supporting. Everything was explained really well to me, which I really appreciated".

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people effectively. We looked at the training matrix, which showed staff had access to range of mandatory training such as safeguarding, health and safety, food safety, MCA/DoLS, medication, equality and diversity, fire awareness and person centred planning. The training matrix identified that some moving and handling was due to be renewed, however there was nobody living at the home who had moving and handling requirements. Additional training was also provided by the home. This covered autism, dysphagia, managing risk, managing conflict, self-harm and nutrition. Many of these additional training courses related to people who currently lived at the home and this ensured staff had the correct skills to provide effective care and support.

Two people who lived at the home had also given talks to staff about their experiences of living with different health conditions, with such as Asperger's, Addison's disease and APCED syndrome. This allowed staff to gain a better insight into living with these types of condition and how best to support them.

The staff we spoke with told us they felt they had enough training available to them and felt support systems were sufficient. One member of staff said; "I've done my citrus training which taught us all about dealing with challenging behaviour. There's lots of different courses to do and sometimes it can be a bit too much. The support has been really good. I've had a tough time in the past and they have been great with me". Another member of staff added; "There is a lot available and I do feel supported. If you've got any problems or are unsure about things, management are always available". In addition to this, staff told us they were provided with regular supervision and had an annual appraisal of their work performance and we saw records to support this. This should help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner.

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. From looking at training records, we saw staff had completed training in this area and could provide examples of when a DoLS may be required for somebody living at the home. One member of staff said; "It's all about ensuring that people have the capacity to make safe decisions that are right for them and in their best interests". Another member of staff added; "If a person does not have the capacity to understand things that are being done, then we would need to have a best interest meeting to explore the best way forward".

People living at the home told us staff asked them for their consent before providing care or support. One person said; "Staff ask me I would like to take my medication and check if it's ok to come into my room". Staff were also able to describe how they sought consent in advance of any care interventions. One member of staff said; "If I'm supporting people to have a shower and they say no, I will simply come back later. I do it when they are ready". Another member of staff said; "I'll often ask if it's ok for me to do peoples' hair or assist them with any kind of personal care. I check people are comfortable with it first".

We saw there were signed consent forms within people's care plans. This asked people to provide written consent for the use of care plans, risk assessments, handling of medication, accessing the community independently, opening of personal mail and having photographs taken. This meant people could give their agreement to these systems being in place.

People living at the home told us they had enough to eat and drink whilst living at the home. We saw that people had specific care plans in place in relation to their nutritional intake and also about eating a healthier diet, what their food preferences were and the types of exercise they undertook. For example, in one person's care plan it described how it was important for one person to eat breakfast, lunch and dinner rather than skipping meals and compromising their nutritional intake. Staff also needed to encourage this person to eat foods that were lower in salt and sodium. Another person had gotten into the routine of walking four miles to their band practice sessions each week and also played badminton. This meant staff had access to relevant guidance about people's nutritional intake and how they encourage people to lead healthier lifestyles.

The staff we spoke with were clear about how to support people to have good nutritional intake and how to provide support at meal times. One member of staff said; "The majority of people living here can cook their own meals. If staff are preparing the meals then we encourage people to become involved. Sometimes, there might be four or five different meals on the go, but that is because people want to eat different things based on their choices". Another member of staff said; "We encourage people to be involved as much as possible and ensure everyone has a role. A few people do struggle swallowing and we always make sure we cut their food up into very small pieces for them".

People living in the home told us they were involved in the planning of the menus and would go shopping with staff to local shops and supermarkets if this was what they wanted to do. People, who needed to, were given support by staff to prepare their own meals, whilst some were independent in this area. One person said to us; "I cook my own meals and there are lots of different things to make. If staff make food and I don't like it, they make me something else and don't get offended". Another person added; "The food is very nice here. There is always something else to have if I don't like it".

We looked at how people were supported with their health. People's healthcare needs were considered and as part of on-going support plan reviews. Each person had a Health Action Plan, which showed people living in the home or their relatives were involved in discussions and decisions about their health and lifestyles. In addition, each person had a 'hospital passport'. This provided a brief overview of people current heath

needs, which could be presented in the event of them going to hospital or the doctors and could be easily understood by the staff.

Good

Is the service caring?

Our findings

During the inspection we spoke with three people who lived at the home. They told us they were happy and spoke positively about the care and support they received. Of the remaining people who lived at the home, two people did not wish to speak with us, whist another person was out at work during the day and was not back before we concluded the inspection. Another person wasn't able to fully communicate their views with us. One person told us; "I think it's great and is one of the best things that has happened to me. It suits me a lot better here. I'm allowed to go out and the staff support is great". A second person told us; "It's very nice here I must admit". A third person added; "I find it ok here. I like shopping and going to Southport".

The relatives we spoke with were also complimentary about the care and support provided at the home. One relative said; "I don't think there is anywhere better. The atmosphere is great and I give them top marks. We have nothing to say that isn't complimentary. In terms of treating our son with dignity and respect, absolutely no problems with that".

Throughout the inspection, we observed staff interacting with people in a kind, pleasant and friendly manner and were respectful of people's choices and opinions. There was a relaxed atmosphere in the home and the staff spoken with had a good knowledge of the people they supported. We saw both staff and people who lived at the home congregated in the kitchen area, which seemed to be the main hub of activity during the day. At various intervals we heard laughter and banter and it was clear that caring relationships had been developed between both parties. Also on the day of the inspection, it was the birthday of a person who lived at the home. During the day we heard staff singing happy birthday to this person and present them with a card and gift. This person had also chosen their own special birthday meal to have, which was a mixed grill consisting of eggs, sausages, bacon and other different meats.

People who lived at the home described staff as caring and spoke positively about them. On several occasions we saw staff displayed a caring approach towards people who lived at the home. On one occasion, we saw a person who lived at the home tell a member of staff that they were going out. In response, the staff member checked they had taken their medication first, asked what time they would be back and if they had enough money with them for something to eat and drink and also for the bus. One person said to us; "The staff are brilliant. They are all good people with a good heart".

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores. The staff we spoke with were able to describe how they offered people different choices whilst living at the home. One member of staff said; "One person is pretty much non-verbal so when offering them a drink I will show two different bottles of cordial so they can choose". Another member of staff said; "We always ask people what they want to do that day. If people don't communicate particularly well then hand gestures work so we can see what people want".

People said their independence was promoted by staff. Staff could also describe how they did this when

supporting people. One person said; "If I want to go into Stockport on my own then the staff allow me so I can gain more confidence. I also do cleaning and tidy my own room". Another person said; "People are encouraged to do their own shopping if they can which gives them independence". A member of staff also told us; "I always let people help with tasks around the house. I'll let people make food and drinks themselves and let people get things from the cupboards or fridge on their own".

People's privacy was respected. Each person had a single room, which was fitted with appropriate locks and people could have a key to their room if they wished and were able. Bedroom doors had been personalised with personal belongings and things of importance to them. On the ground floor there were comfortable lounge areas, a kitchen and a dining room. Bathrooms and toilets were located on both floors and were fitted with appropriate locks and suitable equipment for the people living in the home.

People who lived at the home told us they felt treated with dignity and respect, with staff also displaying a good understanding in this area when delivering care. One member of staff said; "I aim to treat people exactly how I would like to be treated. Knocking on doors before entry is an obvious thing to do". Another member of staff said; "I cover people up once they have got out of the shower as some people walk around naked. I respect people's likes and wishes". One person who lived at the home also added; "I do feel treated with dignity and respect. The staff have all got good hearts". Another person commented; "I'm given private space and time if I need to speak with anyone".

There was an advocacy services and corporate appointee ship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointee ship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

Good

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs and what they wanted. We found people who lived at the home were supported to live as independent lives as possible, with people having access to a range of services within the local community. This included accessing public transport, college/training facilities and employment/voluntary work, if this was something they were able, or wanted to do. Most people living at the home were able to cook their own meals and carry out domestic tasks as required. One person told us; "I'm currently being supported with aspects of everyday living such as preparing meals, undertaking activities and doing laundry. I've also been at college today. I'm doing a course titled 'Myself and the Wider World and also 'Exploring the Arts'". These were courses at a local college.

People told us they were able to go on holidays and trips away with staff support. We also saw this was a topic of discussion whenever house meetings took place. One person said to us; "In the past we've been to Skegness and to North Yorkshire. I really enjoy getting away and having a break". Another person said; "I really enjoyed it when we went to the Norfolk Broads. That's where people said they wanted to go so we went".

During the inspection we saw staff were responsive in relation to what people wanted to do. On one occasion a person who lived at the home approached a member of staff and told them they wanted to go into Stockport. The member of staff immediately got things organised and then they went off together in the car. On another occasion, another person approached a member of staff and said they wanted to go to the cinema. The member of staff quickly checked what time the showing was and took this person out. Another person wanted to go the pub and was taken by staff. A member of staff said; "The people who live here lead the day and we do what they want to do".

Several people who lived at the home were fans of the music group 'The Beatles' and had requested a Yellow Submarine, which was the title of one of their most popular songs, be placed in the back garden. Although this had proven difficult to source, staff had created a make shift zebra crossing from the car park to the rear of the building, which resembled another famous landmark from the album Abbey Road. Several of the people had their photograph taken making their way across the zebra crossing, which was identical to what the Beatles had done in 1969, when the album was released.

Each person who lived at the home had a care plan that was personal to them. The support plans were easy to follow and contained information about people's likes and dislikes as well as their care and support needs. We saw people had care plans in place for areas such as personal care, managing challenging behaviour, nutrition/healthy eating, medication and supporting people with activities of daily living. We saw there was clear guidance to follow about how best to support people. The care plans were reviewed on a regular basis, with people being able to make comment about how things were progressing. For instance in one review, a person living at the home had commented how they would like to get a job. The care plans also provided person centred information such as what people liked doing, things of importance, what a good/bad day looked like, food preferences, personal care preferences and how best to communicate with

them. This meant staff had up to date information about how to provide person centred care.

People told us they had enough to do both in and outside the home. We saw people had their own individual activity schedules in place, which contained activities such as gardening, playing badminton, undertaking voluntary work, attending social clubs, pottery, going to the cinema, manicures, baking and going for walks. There were also several onsite facilities such as table football, pool and air hockey. One person also escorted us around the home and showed us the attic area where there was an exercise bike and weights they enjoyed using. They also showed us various impressive pieces of art work, which they had done and were on show in the dining room of the home. This person said to us; "There is plenty to do. I enjoy going to the gym, seeing my girlfriend, listening to music and drawing".

We looked at the most recent surveys, which were sent to people who lived at the home, relatives and stakeholders. The information received was then analysed so that staff could use it to improve the quality of service provided at the home. People who lived at the home were asked if they liked the staff, could they go out when they wanted, being offered choices, happy with bedroom/environment, food choices, maintaining family contact, activities and support with appointments. Once responses had been given, an action plan was then formulated. For example, a person who lived at the home had stated they didn't see their family enough due to them living in Scotland, however this person had been supported by staff to use a skype account to maintain contact with them, with a visit to see them also being arranged in the near future.

The service held regular house meetings, with the most recent one taking place in February 2016. Some of the topics for discussion included health and safety, ensuring first aid boxes were well stocked, the purchase of a new computer for the home and activities/trips out. Any comments put into the suggestion box were also discussed at this meeting. We saw that based on feedback from these meetings, the service was responsive to what people had raised. For example, at a previous meeting, one person had pointed out that a fire door was broken and that the alarm didn't work. This was then replaced based on this feedback. A comment into the suggestion box was for a new microwave and this had since been purchased.

The complaints procedure was displayed in the entrance of the home and was also held on file. The procedure was available in an easy read format that could be understood by everyone who lived at the home. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

The registered manager told us that friendships and relationships were encouraged both in and outside the service. People who lived at the home often attended a 'Friday night fever' disco and 'Gateway' social club, which are social functions where people living with a disability's could socialise. One person told us they enjoyed having their girlfriend coming to visit them and described how they liked cooking tea for each other.

Good

Is the service well-led?

Our findings

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

From our discussions and observations we found the manager had a good knowledge of the people who used the service and of the staff team. We saw people appeared to be relaxed with the management team and were able to come into the office and have conversations and discussions about their support needs, or related to their personal life.

People who lived at the home said they liked the manager and thought the home was well run. One person said; "The manager is very good and treats the residents very well". Another person said; "Absolutely. The best manager in Caritas. The manager puts us first and asks what we want".

The staff we spoke with told us they felt the service was well managed and felt supported to undertake their work. One member of staff said; "I think there is a very person centred approach here. The manager cares a lot and does a lot of hours and is always there for the people". Another member of staff added; "Management always get involved with what is going on here. They don't just spend time in the office". A relative also said to us; "We always tell the manager she runs a good ship. The staff all seem very happy".

Staff told they felt there was a positive culture within the organisation and that staff worked well together. One member of staff said; "Yes definitely. It's very homely and both people and staff seem to enjoy being here". Another member of staff said; "There certainly seems to be. People aren't scared of hard work and everybody is willing to learn".

Staff members spoken with told us communication throughout the team, including with the manager, was good and they felt supported to raise any concerns or discuss people's care at any time. The staff told us they had a stable team who worked well together. All staff were made aware of their role and responsibility within the organisation and received regular feedback on their work performance through the supervision and appraisal systems. They had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and encouraged to share their views, opinions and ideas for improvement.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication systems, food hygiene, supports plans, money, fire safety, infection control and the environment. There was evidence these systems identified any shortfalls and that improvements had been made. This would help to protect people from poor care standards.

We looked at the minutes from various team meetings which had taken place. We saw topics of discussion included comments made within the suggestion book, updating care plans accordingly, activities, use of

mobile phones on the premises and a discussion about different people who lived at the home. One member of staff said; "They seem to be about once a month and are useful sessions to say what we want". Another member of staff added; "It's a good chance to catch up about any changes and how we can move forward as a team".

We evidence of partnership working and links within the community. This included 'Stockport Wheelers', a cycling group for people with disabilities. The home also had connections with local gyms, art groups, churches and choirs, which had all been attended by people from the home at some point. The home had a weekly phone consultation with various GP's (General Practitioners) in order to discuss people's health needs, as well as diabetic nurses. The home was also linked with Salford University, due to being a placement for student nurses. Two people who lived at the home had been involved in a session at a local university, where they did a presentation explaining what they wanted from health professionals who supported people with learning disabilities, autism, or challenging behaviour and were known as 'The Caritas Crew' during the event.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure the service was doing all that reasonably practicable to mitigate risk within the service