The Lantern Community

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Inspection report

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Date of inspection visit:
25 April 2016
26 April 2016
29 April 2016

Date of publication:
21 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 April and was announced. The inspection continued on 26 and 29 April 2016. It was carried out by a single inspector.

The Lantern Community provides personal care to 31 people with learning disabilities. The service was spread across a large area of land which had 10 houses, therapeutic workshops such as wood work, pottery, weaving and art. There was also an onsite bakery, café and shop where people who used the service worked in. The houses varied in size from two to eight people living in shared supported living environments. The accommodation ranges from a two hundred year old cottage to modern houses.

The Lantern Community embedded holistic Camphill values and practices which were to work and create communities in which people with additional needs can live, learn, and work with others in healthy social relationships based on mutual care and respect. A person told us, "I really like the Camphill ethos and festivals".

The manager had ensured that the service was meeting its regulatory requirements and there were systems and processes in place to ensure the smooth running of the community.

Goal sheets and care and support plans were not made accessible for people in ways that other information was. For example, there were a number of policies and information documents made available in pictorial easy read formats whereas goals and care and support plans were not. This meant that some people may not fully understand their goals and plans. The registered manager told us they will review this and make them more accessible for people.

We reviewed the services quality audits which covered areas such as incident/accident, infection control, health and safety, medication and stakeholder feedback. Quality monitoring systems used covered key areas, identified areas of improvement and recorded actions to be taken. We found that the systems used were dated and had not been reviewed regularly. The registered manager acknowledged this and said that this was an area they were looking at developing with the new proposed management structure.

Whilst reviewing care files we noted that records in current files dated back to 2010. This made files very lengthy and could cause confusion to new staff on induction about what people's current goals and care and support needs were. We discussed this with the registered manager who said that old records will be archived and files will only contain the most recent up to date information.

There were detailed care and support plans in place based on individual preferences, likes dislikes and people's needs. Goals were set by people who received weekly support meetings with staff which ensured they met their needs and preferences. The registered manager had a "hands on" approach which meant they were in frequent contact with people, their families and health and social care professionals.

There were enough staff in place to meet peoples care and support needs who had received appropriate pre-employment checks prior to them starting work at The Lantern Community.

Weekly and monthly medication checks were carried out which ensured that medicines were stored and recorded safely. Only staff who had received appropriate medicines training were able to administer medicines. We noted that medicines were dispensed into small glass dispensing pots. This posed a small risk to people if they were dropped and smashed. We discussed this with the registered manager who told us that these would be replaced with disposable dispensing pots.

People had access to healthcare when they needed it. The manager told us they had developed good communication with a range of health and social care professionals and contacted them directly when required. People's care records demonstrated contact with a variety of health and social care professionals.

People were supported to maintain contact with people who were important to them and there were no restrictions on visiting times. People had different interests and liked to spend the day in ways which suited them. Each person had their own timetable which had been put together with people and reflected their preference with activities such as wood work, art, pottery or work in the bakery or café.

There were good relationships between the management and the care workers who worked closely together. The management team provided formal supervision as well as day to day supervision. All new staff had completed or were working towards completing the care certificate.

Staff received appropriate training to ensure they had the right skills to support people to live at The Lantern Community.

People, relatives, staff and professionals we spoke to told us they felt the service was well led and that the registered manager was very approachable and open to suggestion and learning. Regular quality checks took place. These ensured that The Lantern Community's practices and delivery of care and support was monitored and improvements made as and when appropriate.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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. There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments and emergency contingency plans were in place and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good

The service was effective. Staff received training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Capacity assessments were completed and best interest meetings took place as and when appropriate.

People were supported to access health care services.

Is the service caring?

Good

The service was caring. People were supported by staff who knew them well and spent time with them.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity at all times.

People were supported by staff who used person centred approaches to deliver the care and support they provide.

Is the service responsive?

Good

The service was responsive. People were supported by staff who recognised and responded to their changing needs.

People were supported to access the wider community as well as the various activities available on site.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff and management.

People's feedback was used to make improvements to the service that benefited people.

Is the service well-led?

Good

The service was well led. The registered manager promoted and encouraged an open working environment.

The registered manager showed a real commitment to both people and staff and in turn they respected them for this. This demonstrated good leadership.

Regular quality audits were carried out to make sure the service was safe.

The Lantern Community

Detailed findings

Background to this inspection

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

The inspection took place on 25 April and was announced. The inspection continued on 26 and 29 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by a single inspector.

Before the inspection we looked at notifications we had received about the service. We spoke with the local authority contract monitoring team to get information on their experience of the service.

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 spoke with six people who use the service and five relatives. Two health and social care professionals who all had experience of the service and provided feedback.

We spoke with the registered manager and eight staff in a variety of roles. We reviewed four people's care files, policies, risk assessments, tenancy agreements, quality audits and the 2015 complaints report. We visited people in their own home and observed staff interactions. We looked at four staff files, the recruitment process, staff meeting notes, house meeting notes, training, supervision and appraisal records. We observed a house coordinators meeting and people working in the pottery, art and weaving workshops. We also visited the woodwork area, bakery and café.

Good

Is the service safe?

Our findings

People told us they felt safe at The Lantern Community. One person said, "I live in a nice house. I feel safe. There is four of us. We look after each other". Another person told us, "I like this house; it's quieter than my old one. I feel safe and free". Another person said, "I feel really safe and can be free to go where I want. I'm so lucky to be here".

A relative told us, "My family member is safe here, we feel comfortable that they are safe. It's a community setting and people are looked after but supported with freedom and life skills". Another relative said, "It's a very safe service, people care about what they are doing". Another relative told us, "I know my family member is very happy there, they know lots of people and I can see they are a real part of the community". A health professional said, "On my last visit I was asked by a staff member who didn't know me for my identification, I was impressed by this".

Staff told us they thought people were safe. One staff member told us, People are safe here. There's a community feel. People know each other and look out for one another". Another staff member said, "It's safe here because our ethos is that each person is important and their safety is fundamental".

Staff were able to tell us how they would recognise if someone was being abused. For example, they told us that they would look for changes in behaviour or sleep pattern, unexplained marks or money not adding up. Staff told us they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local authority safeguarding team and the Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. There was a comprehensive local safeguarding policy in place and an accessible easy read version for people.

A health professional said, "It's a very safe open community setting and people have risk assessments in place".

Risk assessments in place showed that people were kept safe. Risks and hazards had been identified and there were clear control measures in place which staff followed to make sure that people lived a full and meaningful life. For example, one identified hazard was encounters with strangers and the risk was harm. Some of the control measures in place were for the person to receive keep safe training day which raised their awareness and knowledge about staying safe and being free from harm. Another control was for the person to be independent within the Lantern Community but be supported when accessing the wider community.

People with capacity were supported safely to come and go from the Lantern Community because they had completed a road safety training programme. This involved people attending road safety training. Staff then accompanied people and observed them independently accessing the wider community assessing their competence in activities such as crossing roads, catching buses, paying for items and counting change. A person proudly showed us there check sheet which had these competency steps listed and space for staff

and people to sign off. One person told us, "I have completed my road safety training to go to town and be independent now. Staff helped me achieve this". A staff member said, "XX can go to town on their own. He's had an assessment completed which covers health and safety and road safety".

There was an emergency action plan in place which covered various scenarios from fire to accidents and maintenance to safeguarding. There was clear step by step guidance for staff to follow. This meant that staff had the information they needed to keep people and themselves safe should an emergency situation take place.

People's homes were kept safe. Each house completed weekly health and safety checks which covered different key areas. These included infection control, slips and trips, outside environment and an external care line personal alarm. Careline Personal Alarm allows people who might be vulnerable, isolated, or who suffer from medical conditions to live independently and secure in the knowledge that help is at hand if they need it. The alarm line is monitored 24 hours a day, seven days a week. Staff completed these and submitted them to the registered manager for review and analysis. We saw that actions were identified and responded to in a timely manner.

There were suitable numbers of staff to meet people's individual care and support needs. People's individual support hours were assessed during the admission process and appropriate funding sought by reflecting these in people's individual care packages. People's one to one personal care hours were clearly identified in their care plans and timetables. A person said, "There are always staff around. There's a nice mix of staff and people of different ages and needs". A staff member told us, "There is enough staff here, we are never short staffed". Another staff member said, "There are enough staff here to meet people's needs, we are well staffed". A relative told us, "On the whole there are enough staff; bank staff can cover vacant shifts. I have seen that as more people are admitted more staff are recruited". Another relative said, "We feel there are enough staff around who are caring, kind and understand our family member's needs". The registered manager told us that people's needs and risks are regularly assessed and appropriate numbers of staff deployed as required.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS

Medicines were managed safely. Medicines were securely stored and only given by staff that was trained to give medicines. A staff member said, "I received Boots and online medicine training before I could administer medicines. My manager completed a competency assessment too". Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed. A Boots medicines audit took place during the same week as this inspection. We found the report to be positive and reflect good safe practice. We noticed that glass shot glasses were used to dispense people's medicines which could pose a risk if they were dropped and shattered. We discussed this with the registered manager who said that these will be replaced with disposable pots. Medication audits took place weekly by house co-ordinators and monthly by team leaders. These audits looked at storage, stock and gaps in recording or missed doses.

Good

Is the service effective?

Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which showed that staff had received training in topics such as safeguarding, fire safety and first aid. We saw that staff had also received training in topics which were specific to the people they were supporting such as autism, down syndrome and challenging behaviour. During the review of the matrix we identified that volunteers had received epilepsy training however contracted staff hadn't. We discussed this with the registered manager who assured us that they will look into this. In addition to regular training we saw that 14 staff had achieved or were working towards their diplomas in health and social care from levels two to five. A staff member told us, "Training needs are identified in supervisions and then discussed with the registered manager and training manager".

A relative told us, "I am confident that staff looking after my family member are well trained and competent". Another relative said, "The carers are outstanding". A health professional told us, "Staff are very professional at what they do".

New staff complete an intense four week induction programme which involves training and shadow working followed by competency tests. We saw that relevant staff were working towards or had completed the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training or experience.

A staff member told us, "I received training for two weeks when I started and also did shadow work with staff. I did training in first aid, safeguarding and completed the care certificate". Another staff member told us, "I receive enough training. At the start I did shadow shifts for three to four weeks".

The registered manager told us staff receive four to six weekly supervisions but appraisals had not been consistent. This however did not have a negative impact on either people or staff. The registered manager said that this process was being reviewed and will be rolled out again once it was signed off. A staff member said, "I receive supervision with my manager six weekly. They are useful. I know if I have any concerns, questions or issues that I can request one sooner". Another staff member told us, "I revieve supervision four to six weekly. It's a time to give and receive feedback, set personal goals and look at learning and development gaps. They are really useful to me".

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.

Staff were aware of the Mental Capacity Act and worked within the principles of this. People with capacity signed their care plans and those who lacked capacity had capacity assessments completed and best interest decisions recorded. There were some people who had family members as their lasting power of

attorney for care and welfare and or capital and finance.

A health professional told us, "One person was unsettled in a house they were living in and wished to move to another on site. A capacity assessment was completed which showed that the person had full capacity to make the decision. The person was supported with this move and arranged a lot of it themselves. They are now happy in their new home".

We saw people had visual menus displayed on notice boards within each house. Menus we reviewed were made up of healthy balanced meals. People took it in turns to cook meals for each other. Some people received dedicated one to one support hours with cooking skills. We observed a staff member cooking a soup with a person which was shared with everyone at lunch time. People and staff sat together around tables. We observed people sat around the table in one house. There were positive interactions between people and staff which added to a relaxed atmosphere. A person told us, "I cook. I like it. I cook chicken". Another person said, "I can cook small meals on my own like cheese and beans on toast and I am learning how to cook bigger meals".

A staff member told us, "People are supported to maintain healthy balanced diets. People are able to make decisions and choices with food. People use cook books, share ideas and offer suggestions. We follow dietician's advice when appropriate". Another staff member said, "Meals are home cooked. People have healthy balanced diets. People can choose menu's by looking at recipe books. There is one person in this house that doesn't eat pork and this is respected". A person told us, "I'm a pescatarian and am supported to only eat vegetables and fish. My favourite fish is prawns". In each house we saw community approach to healthy eating posters being displayed. These were visual with some simple facts about the benefits of eating healthy food.

People were supported to access health care services both within their home and out in the wider community. We reviewed records and saw that people had recently been supported to see a GP, district nurse, dentist and learning disability teams. The registered manager said that they work closely with the local learning disability mental health team and that a chiropodist regularly visits people at their houses. A staff member told us, "People access health care appointments; I have supported them to the GP and dentist as well as to a hospital appointment".

People who needed an independent representative to speak on their behalf had access to an advocacy service. We were introduced to the local advocate who was currently supporting five people at the service. The advocate told us they felt the service was good.

Good

Is the service caring?

Our findings

It was clear that people were priority in everything the Lantern Community offered. The community was built around people with activities, therapeutic workshops, opportunities and support that met their needs. It was very apparent that people and staff all cared for and supported each other by talking time to listen to one another and offering advice. A health professional told us, "There is a caring culture; the focus is always on the duty of care to individuals".

Staff demonstrated positive person centred approaches which empowered people to learn life skills in a caring environment. For example we observed one person making soup with a staff member as part of their one to one support hours. The staff member used information and prompts to enable the person to make decisions and learn what ingredients were needed. We also observed a staff member encouraging a person to cut bread ready for lunch.

A staff member told us, "I'm caring; it's part of my DNA. Helping, supporting and making a difference is so rewarding". Another staff member said, "I'm caring. I care about people's wellbeing and support them to live a meaningful life. My colleagues are caring too, there's always good team work here".

A person said, "Staff are really good and help us. They ask what we want to do and promote choice". A staff member told us, "I build trust and respect with people to build a working relationship with them. I provide them with information to make decisions". Another staff member said, "I take time to identify what's important to people and not assume. It's important to get to know them and continue to". Another staff member told us, "I observed colleagues working with people which helped me learn what people liked". They went on to say, "I give people choices to choose from and never force decisions upon them, I believe I am caring and empathetic".

We observed people regularly approaching staff and the registered manager for general conversation and often heard laughter between people and people and staff. A person told us, "Staff are kind and helpful". Another person said, "I feel I can talk to staff if I feel sad. They listen to me, reassure me and raise my confidence". Another person told us, "I feel listened to and have built relations with staff here". A relative said, "There isn't a regimented approach, the service promotes choices and looks at what our family members likes and dislikes are". This demonstrated that staff had developed positive working relationships with people at the Lantern Community.

Some information was made easy to understand by providing visual prompts and choices along with text for example people's time tables, meeting agenda's and notes. This enabled people to understand information and be able to make informed decisions and choices about their care and support. We found that people's goals were set with them but not made visual or created in an easy to read format. We discussed this with the registered manager who said that they will take note of this and work towards making these more accessible to people by using visual aids.

Families and friends were able to visit at whatever times they wished. People were supported to spend time

with family outside of the community. Staff had a good knowledge of family and friends that were important to people. A relative told us, "We are always invited to meetings and always made to feel welcome when we visit our family member".

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. Communal toilets and bathrooms had locks on them. People's individual records were kept securely in locked cabinets within the different houses and people's main care files were locked in the registered manager's office to ensure sensitive information was kept confidential. A staff member told us, "There is a lot of respect for people's privacy. They have their own rooms which are important to them. There is space for private conversations and in the newer houses people have their own bathrooms". Another staff member said, "I always respect people's privacy and dignity. I treat them like I would want to be treated myself". A relative told us, "Our family member is definitely respected as an individual and has gained a lot of confidence since living there".

Good

Is the service responsive?

Our findings

Care and support needs were regularly reviewed with people who had capacity or for those who lacked capacity this was done by staff and the person's circle of support. Circles of support were made up of family members, staff and health professionals. The registered manager told us that people have weekly support meetings. We reviewed a sample of these meetings and saw that they offered people the opportunity to feedback on progress made against goals and objectives set in their support plans. People were supported to feedback on how they found their timetables and if they wanted any changes to be made. One person told us, "I have support meetings every week, I am always asked if I am happy and if I want to change my timetable. I have real freedom". The person went onto say, "I review my care plan and risk assessments with house coordinators".

People's care files evidenced that annual reviews took place. A relative told us, "We have annual reviews with the service and they include our family member. Families can be as involved as much as they wish to be". Another relative said, "We have annual reviews with the local authority and the service about our family members care and support". The registered manager took us through a review document which people were supported to complete prior to their reviews. This was an accessible easy read document which covered areas such as people's likes and dislikes, what was working in their lives and what wasn't. This demonstrated that people were empowered to have real involvement in their review meetings and that the care and support they received was personalised to meet their current needs.

There was an effective comprehensive admissions process in place for people who were thinking about becoming part of the community. New people were supported to stay at the Lantern Community for two weeks whilst their needs, preferences and skills were assessed. Findings enabled the service to reflect their care, support and staffing needs in care packages which were discussed with the person's social worker and taken to a commissioning panel.

The service readily identified people's changing needs and actively addressed them. A relative told us, "Our family member was putting on weight so the service responded positively by raising their awareness in healthy eating". A staff member said, "One person has raised wishes to access the community independently and requires road safety training. We listened to them and have arranged for an occupational therapist to come out and complete an initial assessment". Another staff member told us, "A person was showing signs of aging and required more personal care support. Their needs were reassessed so that additional support could be given to them whilst maintaining as much independence as possible for example bathing". We were told that a staff member had approached a team leader with concerns about a person's health. The team leader had arranged for a sample to be taken to the local GP surgery.

People had their own individual timetables which included one to one hours with staff and therapeutic activities such as; art, woodwork, pottery and weaving which took place on site in different workshops. We saw that these timetables were flexible and people chose the activities they wished to take part in. A person told us, "I have a timetable, I like doing my activities. I choose them". Another person said, "I love doing weaving once a week". Another person told us, "I like making these birds' nests and working in the bakery".

Another person said, "I really like working in the shop, I like meeting new people and talking to them".

We saw that people were also supported to access the wider community and attend activities and holidays away from the service. We were shown a photo book which evidenced a group of peoples recent holiday to Paris which we were told was enjoyed by all. We noted that a person who had an interest in bell ringing had been supported to London and had walked up Big Bens tower to see the bells. A relative told us, "Our family member goes out to the cinema, local clubs and the theatre a lot which they really like".

Staff, house coordinator and team leader meetings took place on a regular basis which ensured that people's needs were discussed and concerns passed on. We observed a house coordinator meeting which was chaired by the registered manager. The meeting was structured with a set agenda and everyone participated in discussions. The diary was reviewed for each house which covered health appointments, activities, gatherings, meetings and a chiropodist visit. Each coordinator then gave an update from their house on people's needs, developments and any changes. We heard that one person was improving with their own personal care skills and becoming more independent.

People were regularly given the opportunity to feedback their views and opinions through house meetings which took place every week and were led by house coordinators. The registered manager told us, "These are a really important part of people's lives. It gives people a real opportunity to feedback, discuss events and raise concerns". The service used a set format which was creatively developed using a pictorial format. We saw that in the last house meeting people had fed back that they had enjoyed a trip to Southampton and dinner out. In addition actions were identified during these meetings. It was noted that a person had fed back that their tap was loose. This person was not at the home when we visited however the team leader assured us that this had been fixed. A relative told us, "If our family member raises any issues, I am confident that they will be listened to". A staff member said, "People are given the opportunity to be open about how they feel. That's a really important thing here".

In addition to house meetings people also attended quarterly Lantern Community Meetings. The last meeting took place in April and covered shared evening activities for people to join in with if they chose to, the community gardens and future developments on site. We saw that some people had fed back that they were keen on singing, music and dancing and others would like to share film nights, go cycling and play badminton. We noted that house coordinators had responsibilities to help make these ideas happen within the next few months. This demonstrated that people's feedback was both important to the service and listened to.

The service produced The Lantern Weekly which was a newsletter reflecting on the past week's events and upcoming weeks activities. These newsletters were available to people and families and published on their website. We saw that the last edition captured a trip to an art university where people saw an exhibition of interactive theatre puppets. We read that people 'loved' the trip and that there were many happy memories to discuss on the journey home.

There was an open reflective learning culture embedded within the Lantern Community. There was a comprehensive complaints policy in place with an easy read version available for people. There was a register of complaints which captured concerns raised and steps taken to address them. Complaints were analysed and an annual report was then created. We reviewed the annual complaints report for 2015. One concern raised involved personal care delivery and hygiene around a house. We read that an action plan had been implemented which included a review of people's personal care needs and quality checks being put in place within houses and workshops. We noted that the person who had raised these concerns had been thanked. This demonstrated that feedback was taken positively and that staff and people were

encouraged to raise them as a way of continuous improvement.

Good

Is the service well-led?

Our findings

The Lantern Community had a clear vision which focused on life enhancing opportunities for adults with learning disabilities who value and support each other to achieve full potential by living, learning and working together. We observed on several occasions people reflecting this vision by valuing each other's contributions, respecting and supporting one another.

We reviewed the services quality audits which covered areas such as incident/accident, infection control, health and safety, medication and stakeholder feedback. Quality monitoring systems used covered key areas, identified areas of improvement and recorded actions to be taken. We found that the systems used were dated and had not been reviewed regularly. The registered manager acknowledged this and said that this was an area they were looking at developing with the new proposed management structure.

Whilst reviewing care files we noted that records in current files dated back to 2010. This made files very lengthy and could cause confusion to new staff on induction about what people's current goals and care and support needs were. We discussed this with the registered manager who said that old records will be archived and files will only contain the most recent up to date information.

The registered manager showed a real commitment to both people and staff and in turn they respected them for this. We observed on several occasions people and staff approaching the registered manager for general discussions, updates, advice and catch ups, people and staff appeared relaxed and happy. This was shown through laughter and sharing of jokes. The registered manager told us that they have an open door policy and that they regularly visit people in their homes and at workshops. We were told that people also invite them for lunch. A person told us, "The registered manager is amazing. They are really helpful and friendly, if I have a problem I know I can go and speak to them". Another person said, "I like the manager, they work very hard".

A staff member told us, "The registered manager knows everyone here; they make you feel very welcome and are always open". Another staff member said, "The registered manager always has time or will make time to discuss things with us and people alike". Another staff member told us, "This place is very well led. I've never known anywhere like this. I love it here". Another staff member said, "The registered manager is a good leader. There's been a lot of changes; building work and trust changes. The low staff turnover during this shows that it is well led". A relative told us, "the registered manager makes an effort to meet and chat to people and staff. They promote an open environment". A health professional said, The registered manager is very focused on what they need to do and has a real understanding of the people and their needs".

A relative told us, "The service is now well led, there was once a lack of leadership but current registered manager has brought it all together". Another relative said, "We know the registered manager well, they are always welcoming, open and has managed the changes well".

A relative told us, "The registered manager is a good leader and has built a strong management team however; I feel the model of this could be looked at". The registered manager shared the proposed ideas for

a management restructure which would involve them becoming the nominated individual and four team leaders becoming registered managers of separate locations. The registered manager felt that this would enable the service to develop further and free them up to be able to be more strategic and have a better overview of the community as a whole.

The organisation sent out annual surveys to people, relatives and professionals. Results were analysed and reports created. We reviewed the 2014/15 results and saw that the majority of feedback had been positive and encouraging.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.