

Potensial Limited

185 Watling St Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The service of 185 Watling Street Road is located in a residential area of Preston, close to the city centre. Care and support is provided for a maximum of nine adults with mental health conditions, learning disabilities or autistic spectrum disorder. Bedrooms are of single occupancy and all, with the exception of one, have en-suite facilities.

Pleasant communal areas are available, which are well decorated and well maintained. Public transport is available close by. On road parking is permitted and a variety of amenities are within easy reach, such as a post office, pubs, shops, supermarkets, churches, a leisure centre and newsagents.

The level of people's needs vary from those who are quite independent and are being supported to be self-sufficient to those who require a great amount of support and care intervention.

This was the first inspection of the service. It was a full comprehensive unannounced visit and was conducted on 26 April 2016.

The registered manager was on duty on the day of our inspection. 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.

We found recruitment practices to be robust. In-depth induction programmes were provided for all new employees and a wide range of training modules were available for the staff team. Staff members we spoke with were knowledgeable about the needs of those in their care.

Detailed assessments of people's needs had been completed before a placement was arranged at 185 Watling Street Road. The planning of people's care and support was person centred, providing staff with clear guidance about the needs of those who lived at the home and how these needs were to be best met. Records showed that individuals were empowered and fully involved in making decisions about how they wished to live. Risk assessments had been conducted, which were detailed and outlined the best course of action, in order to reduce the level of potential risk. This helped to protect people from harm.

We found that people's dignity was consistently promoted and their privacy was always respected. Staff members approached those who lived at 185 Watling Street Road in a kind, gentle and friendly manner. People were supported to maintain their independence as much as possible and were relaxed and comfortable.

People were supported to express their views and were able to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

The staff team were confident in reporting any concerns about a person's safety in relation to the Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been conducted for all those who lived at the home, which determined that no-one lacked the capacity to make any decisions and everyone was able to 'come and go' as they pleased, without any undue restrictions being placed on their freedom.

People told us they felt safe living at 185 Watling Street Road. Their human rights were properly recognised, respected and promoted. Accident records were appropriately maintained and these were kept in line with data protection guidelines. A contingency plan provided staff with guidance about what they needed to do in the event of an environmental emergency, such as power failure or severe weather conditions. Systems and equipment within the home had been serviced to ensure they were safe and fit for use.

People received their medicines in a safe manner, although we did discuss some minor issues with the registered manager, which were addressed immediately. Weekly checks and monthly audits were carried out on medicine records. This helped ensure that any errors would be picked up quickly and rectified immediately.

Clinical waste was being disposed of appropriately and infection control practices were good. The home was found to be safe. Food served was nutritious and plentiful. A range of individual activities were provided and outings to local places of interest were arranged.

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 ●

This service was safe.

Medicines were, in general managed well and those who lived at 185 Watling Street Road were protected from any medication mismanagement.

Detailed risk assessments had been conducted and infection control practices were good. This helped to ensure people who lived at the home were protected from harm.

At the time of this inspection, recruitment practices were robust, which helped to ensure only suitable staff were appointed to work with this vulnerable client group.

Staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at 185 Watling Street Road.

Is the service effective?

Good ●

This service was effective.

People were supported to enjoy a meaningful lifestyle, without any undue restrictions being placed on their freedom. People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not being unlawfully deprived of their liberty because legal requirements and best practice guidelines were followed.

New staff completed an in-depth induction programme when they started to work at the home. Records showed the staff team completed a range of mandatory training modules and this was confirmed by staff members we spoke with. Regular supervision sessions enabled members of the workforce to discuss their personal development and training needs with their line manager.

People were involved in preparing their individual menu choices. Systems were in place to support people to live a healthy lifestyle, including good nutrition, but people's dietary

preferences were also taken into consideration.

Is the service caring?

Good ●

This service was caring.

People's privacy and dignity was consistently respected and they were supported to remain as independent as possible, whilst living at the home. People spoke highly about staff and the management team. People were supported to express their views and were able to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

A service user led empowerment group had been introduced, which was chaired by a nominated service user and which met regularly to discuss any topics of interest to the group.

People felt the staff team were genuinely 'caring' in all aspects of their work.

Is the service responsive?

Good ●

This service was responsive.

People's needs were thoroughly assessed before a placement at the home was arranged. This helped to ensure the staff team were confident they could meet the needs of individuals before they moved in to 185 Watling Street Road.

Support plans we saw were well written, person centred documents. These provided staff with clear guidance about the needs of people and how these needs were to be best met. A system of 'Outcome Star Rating' was used, which enabled people to be fully involved in the development of their support plans.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good ●

This service was well-led.

Confidential records of people who used the service and of the staff team were kept securely.

Records showed that surveys had been returned from a variety of people involved with the service, including community

professionals. Everyone we received feedback from provided us with positive comments. A wide range of audits had been conducted.

Very detailed systems for assessing and monitoring the quality of service provided had been implemented and evidence was available to demonstrate the home worked in partnership with other relevant personnel, such as medical practitioners and community professionals.

185 Watling St Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 26 April 2016 by two Adult Social Care inspectors from the Care Quality Commission. At the time of our inspection of this location there were six people who lived at 185 Watling Street Road. We spoke with four of them and 'pathway tracked' their care and support. This enabled us to determine if people who lived at the home received the support they needed in a person centred way and if any risks to people's health and wellbeing were being appropriately managed. We were able to speak with five members of staff and the registered manager during our inspection.

We toured the premises, viewing with permission a randomly selected number of bedrooms and all communal areas. We looked at a wide range of records, including the care files of four people who used the service and the personnel records of three members of staff. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to this inspection we looked at the information we held about this service. We reviewed notifications of incidents that the provider had sent us and we asked local Commissioners for their views about the service provided. We also requested feedback from 12 community professionals, such as medical practitioners, community nurses, social workers and mental health teams. We received positive comments from all those who responded.

Is the service safe?

Our findings

At the time of our inspection we spoke at length with four people who lived at 185 Watling Street Road. They were all very clear in telling us that they felt safe whilst living at the home. One person said, "It is a great place this. I feel really safe living here."

Each person who lived at the home had a missing persons' profile, so that if anyone did not return as expected and it was necessary to report them missing to the police, then a profile of their appearance was quickly available.

We established that 'house rules' were in place, which helped to keep people safe from harm. For example, the front door was locked at midnight. This was to protect people from the possibility of intruders. However, if people who lived at the home wished to stay out beyond midnight then they just had to make staff aware that they would be returning later.

During our visit we were able to observe the daily routines of the home and gain an insight into how people's care and support was being managed. People showed no signs of being uncomfortable in the presence of staff members.

We looked at staff rotas and talked with people about staffing levels. Everyone we spoke with expressed satisfaction with the numbers of staff on duty at the home. People who used the service felt there were always enough staff on duty to provide them with the care and support they needed. People also told us they were able to enjoy individual activities outside the home with staff support. Care workers told us they were happy with the staffing levels. One care worker commented, "There are always plenty of staff on duty. That is what I like about working here. You have time to spend with people to do things, or just sit and chat." We identified that the staff team were well trained, confident and knowledgeable. This helped to ensure that those who lived at the home were protected from harm.

During our discussions with some of the people who lived at 185 Watling Street Road we established that they were kept 'safe', in the sense of knowing how to complain to independent advocates or their social worker, if they felt their safety was an issue.

Environmental risk assessments had been implemented and a very well detailed fire risk assessment had been carried out. The registered manager told us that the fire officer had had sight of this document.

During our tour of the premises we found the environment to be well maintained and pleasant smelling throughout. An infection control policy was in place and we noted that clinical waste was being disposed of in accordance with current legislation and good practice guidelines. A health and safety procedure was in place at the home and Personal Protective Equipment (PPE) was available, should it be needed.

Each person who used the service had a clear care plan in place which detailed the support they required to take their medicines safely. There was also a good level of information about any possible side effects of

medicines people took and the action staff should take if the person experienced any problems. People's care plans also included an agreed homely remedies list, which meant staff could support them to access over the counter remedies in a safe manner.

Several people who used the service were supported to manage their own medicines. Clear risk assessments and care plans were in place in these circumstances, which helped ensure people received the support they required to manage their medicines safely. For others, there were clear plans in place to support them towards independence. One person who used the service told us, "I do my own tablets. I get help when I need it."

There was a clear medicines policy and related procedures in place which were well detailed and covered a variety of areas such as safe storage, administering and disposal. In addition, areas such as capacity and consent and administering medicines by specialist technique were also covered. At the time of the inspection the registered manager was in the process of reviewing the procedures to ensure they were in line with current NICE guidance.

We looked at medicines stock and medication administration records (MARs). We found that medicines were well organised and securely stored within people's own rooms. This helped staff to manage people's medicines in a person centred way. We were able to confirm there were suitable arrangements in place for the storage of medicines requiring refrigeration and controlled drugs, although the service did not have any of these sorts of medicines in use at the time of the inspection.

MARs were completed to a satisfactory standard and included the necessary information. However, we did note that some hand written entries had not been countersigned or witnessed. This was pointed out to the registered manager to look into.

There was clear guidance for staff about any medicines prescribed to people on an 'as and when required' basis. This helped ensure people received their medicines when they needed them.

The care records of one person contained an extremely detailed account of his medication regime, which was pleasing to see. Weekly checks and monthly audits were carried out on medicine records. This helped ensure that any errors would be picked up quickly and rectified immediately.

We noted there were a wide range of detailed risk assessments within people's care plans, which had been regularly reviewed. These covered personal risks to people in areas such as mobility and medication. In addition assessments and guidance was in place for staff in relation to any measures that may need to be taken to maintain people's safety when carrying out specific activities, such as trips out in the community.

All staff we spoke with were fully aware of any risks associated with people's care and the action they needed to take to maintain their safety. At the time of the inspection the registered manager was in the process of reviewing people's personal smoking risk assessments.

We saw that support plans followed on from a risk management framework and potential risks were incorporated into the support planning process, with clear strategies of action being evident to reduce the possibility of harm.

Policies and procedures were in place in relation to safeguarding vulnerable adults and whistle-blowing. Records showed staff had completed training in this area. A system was in place for recording and monitoring any safeguarding concerns, so that the manager could easily identify any themes or recurring

patterns. All staff we spoke with were able to describe the service's safeguarding procedures and were clearly aware of the measures to take in the event they were concerned that someone who used the service was at risk of abuse or had experienced abuse.

Care workers were able to describe different sorts of abuse and tell us the warning signs they looked out for when supporting people. All the staff we spoke with expressed confidence in the registered manager to deal with any allegations of abuse in the correct manner. Staff were also aware of the roles of other agencies and other organisations they could contact, if they felt this necessary.

During our inspection we looked at the personnel record of three staff members. Prospective employees had completed detailed application forms, including health questionnaires and had provided acceptable forms of identification. We found that recruitment practices were robust. The background assessments undertaken included the receipt of two written references and Disclosure and Barring Service (DBS) checks, which would identify if the individual had any criminal convictions or had ever been barred from working with vulnerable people. The recruitment procedures adopted by the home helped to ensure prospective employees were suitable to work with people who lived at 185 Watling Street Road. Staff personnel records showed that interviews were conducted for prospective employees and a record of the activity was retained in staff files.

Accidents were appropriately recorded and these were kept in line with data protection guidelines. This helped to ensure people's personal details were maintained in a confidential manner. Records were available to demonstrate that systems and equipment had been serviced in accordance with manufacturers' recommendations and a wide range of internal checks had been conducted, to ensure they were continuously fit for use. This helped to protect people from harm.

A contingency plan had been implemented, which provided staff with guidance about action they needed to take in the event of an environmental emergency, such as a flood, power failure or severe weather conditions. We noted that an emergency box was readily available in the reception area of the home.

A detailed risk assessment and clear written procedure was in place outlining the action staff needed to take in the event of fire. Individual Personal Emergency Evacuation Plans (PEEPs) had been developed, which showed how people should be assisted from the building in the case of evacuation being necessary. This information was located in a position for easy access by the emergency services, who would not be familiar with those who lived at 185 Watling Street Road.

A monthly health and safety audit was carried out by a designated member of staff. We viewed records of the audits and saw they were very thorough and clearly done with care. Any necessary actions identified through the audit had been clearly listed and followed through.

Is the service effective?

Our findings

One person who used the service said, "The food is really good. You can have whatever you want. They have a menu, but if you don't want anything on there you can just have whatever you want. There is always plenty in to choose from." Another commented, "They are really good the staff here."

During the course of our inspection we toured the premises, viewing all communal areas and a randomly selected number of bedrooms, which we viewed with permission. The home was warm and comfortable throughout. It had a domestic feel to it and therefore provided a homely environment for people to live in. We found the building to be well designed to meet the needs of those who lived at the home.

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 service was working within the principles of the MCA.

Records showed that a detailed DoLS (Deprivation of Liberty Safeguard) indicator tool was used for all those who lived at the home. However, at the time of our inspection there was no-one who lived at 185 Watling Street Road, who lacked the capacity to make decisions about daily activities and how they wished to live their lives. The registered manager told us that DoLS applications had not been necessary because no-one lacked the capacity to make decisions and people who lived at the home were able to 'come and go' as they pleased, without any undue restrictions being placed upon their freedom. This we observed during the course of our inspection.

Records demonstrated that people's choices had been respected. An initial assessment had been conducted in line with decision making processes. Following this a DoLS checklist was completed with the people who used the service to ensure no unethical or restrictive practices had crept in without due process.

Consent in various areas had been obtained, such as agreements for the taking of photographs, administration of medications, emergency first aid, medical treatment, life saving measures, finances, sharing information, staff entering bedrooms and resuscitation. People who lived at the home had been involved in the development of their plans of care. This helped to ensure they had been supported to make decisions about how they wished their care and treatment to be delivered. Written policies and procedures were in place in relation to consent, choice, empowerment and risk.

A wide range of community professionals were involved in the care and treatment of those who lived at 185

Watling Street Road, such as community nurses, psychiatrists, GPs, dentists, opticians, and psychologists. This helped people to receive the health care they needed. Hospital passports had been developed for each individual. These contained important information, which medical staff would need to know in the event of a medical emergency, such as personal details about the person, prescribed medication, next of kin contact details and any known allergies. Having this information readily available for hospital staff and ambulance crews, could expedite any necessary medical treatment. Evidence was available to demonstrate that one person who lived at the home had attended a hospital appointment on the morning of our inspection, accompanied by a member of staff.

Much evidence was available within the care plans of very effective joint working with a range of health care specialists, including mental health specialists, consultants, GPs and community nurses and this was demonstrated through the positive responses we received from all community professionals who provided us with their views about 185 Watling Street Road.

People thought that staff had the skills needed to support them. Records showed that staff members completed competence assessments and a twelve week in-depth training programme at the start of their employment. This was in line with the nationally recognised care certificate and which included modules, such as the company overview, confidentiality, discipline and grievance procedures, the code of practice, roles and responsibilities, line management support, fire safety, complaints, health and safety, infection control, moving and handling and safeguarding adults.

New staff were provided with job descriptions relevant to their specific role and terms and conditions of employment. Together, these documents provided staff with clear guidance about their roles and what was expected of them whilst working at 185 Watling Street Road. All new staff were also issued with an employee handbook, which included topics such as, equal opportunities, dignity at work, learning and development, health and safety, discipline and grievance procedures and the reporting of accidents. This supported new employees to receive all relevant information about their role and what was expected of them whilst working at 185 Watling Street Road.

A staff training matrix was in place, which showed learning modules had been completed in areas, such as safeguarding adults, management of medications, moving and handling, emergency first aid, fire awareness, infection control, health and safety and food safety. Certificates of training were held on staff personnel files, which supported the information available on the training matrix. Staff had also received a MAPPA (Multi-Agency Public Protection Arrangements) foundation training programme, which was around the management of risk. Staff informed us they had completed some areas of training, which had not been entered on to the matrix. We discussed this with the registered manager, who was aware that the matrix needed to be updated with recent training dates and subsequently she confirmed this had been done. A good percentage of the workforce had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff members we spoke with told us, "The induction was really good. It covered everything I needed, but what was important was getting to know the residents"; "Lots of support from everyone when I started and ever since. I'm only new but I want to be here for years" and "I did safeguarding, the recovery star, first aid, meds training and I did the care certificate. I'm having monthly supervisions throughout my probation, but there is always someone there to talk to if I need it."

We found that the staff team were very knowledgeable about the medical and psychological conditions of those who lived at 185 Watling Street Road and were able to anticipate people's needs well. Records showed that supervision for staff allowed employees to discuss their work performance and training needs

with their line managers at structured and regular intervals. These meetings covered areas, such as training needs, concerns, goals and expected outcomes.

We saw that people who used the service were involved in developing menus and their choices and requests were reflected within them. However, people we spoke with were keen to stress that although there were menus in place, people were able to help themselves to anything they wanted at any time.

Food regimes had been developed, which were personalised and effective in terms of meeting people's choices and expectations, but it was also designed to support social inclusion.

People were encouraged to develop skills, such as food shopping, meal preparation and cooking, but at the same time, they had plenty of opportunity to follow their own personal likes and dislikes, because not all meals were taken on a group basis, due to people's daily activities and preferences.

People's nutritional needs had been assessed and nutritional risks had been addressed. We saw that any nutritional needs or special dietary requirements were included in care plans. We viewed the care plan of one person who had Diabetes. This was addressed in his care plan and there was guidance for staff about how to support him in this area. Where no specific nutritional needs were identified, there was action recorded to encourage general healthy options and regular weight monitoring.

Is the service caring?

Our findings

Comments we received from those who lived at the home included, "It is really, really good here"; "They (the staff) are all really good to me"; "There is always someone there when you need them"; "They took me shopping for bedding before I moved in"; "The care staff are all lovely" and "I am so chuffed with this place."

All relevant information about 185 Watling Street Road was provided to those who wished to live at the home, in the form of a Service User's Guide and Statement of Purpose. Together these documents told people of the services and facilities available to them, so they could make an informed choice about living at the home. For example, the house rules were available; principles of support; expected outcomes and how to make a complaint. The guide also contained useful information about the local area such as, phone numbers for take-away food services, taxi firms and leisure centres, which was considered to be good practice.

It was apparent throughout the inspection that care workers and people who used the service shared very positive relationships. There was a very relaxed and comfortable atmosphere with everyone getting along very well.

Care workers were seen to interact with people who used the service in a pleasant and kind manner and they spoke about the people they supported in a caring and respectful way. They treated people with dignity and addressed them in a warm and friendly manner. Care workers demonstrated a very good understanding of people's needs and the importance of supporting them in a manner that promoted their independence and autonomy.

People who lived at 185 Watling Street Road were supported to maintain meaningful relationships and any diverse needs were being appropriately met, by an understanding and caring staff team. We noted that privacy, dignity and independence were integral parts of the care planning process, particularly during the provision of intimate personal care and the promotion of people's abilities. We saw the staff team treating people who lived at the home in a respectful manner and ensuring that their privacy and dignity was consistently promoted.

People were well presented and looked comfortable in the presence of staff members. Interactions we observed between staff members and those who lived at the home were all pleasant, polite, friendly and unhurried. Staff expressed their genuine concern about individual people when talking with us.

People were able to access local advocacy services, should they wish to do so and information was readily available for those who lived at the home. An advocate is an independent person, who will act on behalf of those needing support to make decisions. Staff spoke in a respectful and caring manner about people they supported.

There was a warm and friendly atmosphere evident during the course of our inspection and we felt that a

family approach to care and support was provided. Everyone was working together to try to make sure that all those who lived at the home achieved a 'good life'. All the people we spoke with told us they received good staff support and felt that the staff team were genuinely 'caring' in all aspects of their work.

One community professional, who we spoke with said, "I have only positive things to say about this service. They provide excellent support for people with very complex mental health needs. They are extremely nurturing for our patients and the staff who work there are fabulous. They provide a great service and we will continue to use this very caring service."

Is the service responsive?

Our findings

Comments from those who lived at the home included: "I like going out with my keyworker. We usually get something to eat"; "I really like it here. I hope I can stay here"; "I have no problems, everything is right here"; "I've got my CPA (Care Programme Approach) today"; "I love this house" and "I've got the best view ever."

It was evident that care and support was focused on individual need and people's requirements were responded to in an effective way. A dedicated work force strived to attain the best results for each person who lived at the home, on an individual basis. It was evident from our observations that people were eager to access community activities and were encouraged to do so either independently or with a staff member for additional support, if more appropriate.

Care records we looked at showed there was a long transition period and a structured introductory phase before people moved permanently in to 185 Watling Street Road. People were invited to visit the home initially, so they could meet residents and the staff team. One person, whose care and support we looked at lived in the community, but visited the home most days and stayed overnight once every week. This was planned for 28 overnight stays before a permanent placement was to be discussed and this would be dependent on the outcome of the transitional period and the decision of the person involved. A detailed needs assessment and care plan were in place, which helped staff to provide the support needed by this individual. Staff spoken with were able to discuss the needs of this person well and the additional support he required.

Records showed that detailed assessments of people's needs had been conducted before a placement at 185 Watling Street Road was considered. We noted information was sought from a variety of sources during the assessment process including relatives, health and social care professionals. This provided staff with a clear picture of the care and support people required and therefore enabled the staff team to be confident they could meet their individual needs. The registered manager also made sure a new person's needs could be met within the home's staffing resources. This approach ensured there were effective systems in place to maintain the safety and well-being of people considering using the service.

During the course of our inspection we 'pathway tracked' the care of four people who lived at 185 Watling Street Road. This enabled us to ensure that people were receiving the care and support they needed. The care records we saw were well detailed, focused on the whole life of people and contained a lot of detailed information, such as important relationships, valued pastimes and goals and aspirations, which created a comprehensive picture of the person and the things that were important to them.

There was extremely well detailed information about people's mental health needs and the support they required to maintain well-being. Clear guidance was in place advising staff of potential issues people may face and how to support them in these circumstances. There was clear guidance about possible triggers for distress or anxiety and also about the warning signs a person was becoming unwell.

A one page profile was available in all the care files we saw. These contained good person centred

information, such as what people enjoyed doing, what was important to them, what people liked about them, what they would like to do in the future and how best to support those who lived at the home. This helped the staff team to get to know those in their care. The records of one person we saw demonstrated that he had been supported to re-establish contact with family, who lived some distance from the Preston area. However, he was supported to arrange visits and the long term plans were to enable him to make the train journey independently.

Staff profiles were also available for those who lived at the home about their key workers, such as their names, photographs, what they liked about their jobs, what their favourite colour was, their favourite music, band or singer, what they liked about people and what they didn't like. This was considered to be good practice.

The plans of care we saw were very detailed, well written, person centred documents. They included people's personal history, important relationships and wellbeing. They had been written in a way that promoted independence and choice with the full involvement of those who used the service, allowing them autonomy and empowering them to live the life they chose.

When viewing people's care plans we noted there was an emphasis on supporting people's independence. Records of reviews demonstrated that people were encouraged to express their views about their care and what they felt was working well or not so well. One person we spoke with commented, "We have meetings often, with our keyworkers and others as well. We go through everything and see if anything needs changing."

We saw residents' meetings (known as Empowerment Meetings) took place on a regular basis. We saw a number of examples of people's comments and views being taken into account and acted upon by the manager and staff. For example, in one meeting a resident had requested a DAB radio be purchased and this was immediately actioned by the registered manager of the home.

People we spoke with, who lived at 185 Watling Street Road advised us that staff interviews were to take place and that they were offered the opportunity to put any questions to prospective employees, if they wanted to do so.

Minutes of regular Care Programme Approach (CPA) meetings were seen, which showed that decisions were made using a multi-disciplinary approach to care, which included those who used the service and all the relevant people involved in supporting the individuals.

A system, known as the 'Recovery Star Model' had been introduced, which was all about people with mental health conditions working towards their individual goals and having hope for the future. The tool was used to support people to create their own wellness recovery action plan, to set out their goals and to identify what help they needed to achieve them, what helped keep them well and what put their mental health at risk. The tool helped people to take control of their lives, to prioritise their goals and to make decisions about their care and treatment. For example, the recovery star for one person outlined his goal to visit relatives by public transport unaccompanied. Clear actions were in place to support this individual to achieve his desired goal. One member of staff had been assigned the role of 'Recovery Champion', whose responsibilities included overseeing the recovery star projects.

Those who lived at the home were supported to develop action plans which focused on their identified goals and which were incorporated in to the care planning system. Specific training for staff had been provided to help them understand the recovery star model of care.

The care plans had been reviewed regularly and any changes in circumstances had been recorded well. They contained a good level of detail about people's preferences, wishes and social history, providing the staff team with clear guidance about people's needs and how these needs were to be best met.

We saw some good examples of people being supported towards independent living, through learning new skills, such as cooking, laundry and budgeting. There was evidence of some good outcomes for people through good care delivery. For example, one person who lived at the home we noted had made significant progress. He had been supported to take up part time employment and was able to go in to the city centre unescorted, plus attend college courses in IT and woodwork. Social inclusion was seen as an important part of people's lives at 185 Watling Street Road and this was covered well in people's plans of care.

Information was incorporated into people's care plans about preferred activities and pastimes, as well as preferred daily routines. Weekly activity planners outlined how staff needed to support people with preferred meaningful activities, which they enjoyed. There was much evidence available to show that people were supported to engage in their preferred activities and pastimes of their own choosing.

Evidence was available to demonstrate that when someone moved into the home, they were actively supported to consider all aspects of community living, which included leisure, educational and work related activities. The home demonstrated a clear balance of risk management and confidence building through the graded steps of staff support.

We viewed a number of bedrooms during our inspection. We found these to be personalised with objects and pictures displayed that were clearly personal and important to those who lived in these rooms. This promoted individuality and maintained people's interests.

A comments, compliments, suggestions and complaints policy was in place, which was easily accessible for anyone who needed it and systems had been introduced for recording and monitoring any feedback in these areas, so that a clear audit trail could be followed. The policy could be obtained in several different formats if needed, such as picture illustrations, formats for people with hearing or visual difficulties and various languages. This provided everyone with the same opportunities to make a complaint, should they wish to do so.

Although the home had not received any complaints since it opened, there was a system in place for the recording of any complaints received. The ethos of the home demonstrated a team effort in providing everyone with an open and transparent approach to the overall delivery of the service, which enabled people to talk about any areas of concern without any fear of reprisal. We observed one person request that the heating in his room be turned up. This request was addressed immediately by a staff member.

Each step of the compliments and complaints process was clear, which enabled a distinct audit trail to be followed. People we spoke with told us they would not hesitate to make a complaint, should they need to do so. Staff members we spoke with told us they would know how to handle a complaint, if the situation arose. Policies and procedures were also in place, which highlighted the importance of equality and diversity. This helped to ensure that everyone who lived at 185 Watling Street Road had the same opportunities irrespective of their diverse needs

Everyone we spoke with told us they knew how to make a complaint. However, all were keen to stress they had not needed to do this and all felt it would be unlikely in the future. One person said, "I don't think it would get to that, because if you ask for something it's done."

One community professional wrote on their feedback, 'I am delighted to report that 185 Watling Street Road provide an excellent service. From the initial referral, where particular care is taken to ensure compatibility with the existing residents through to the moving in day, the team are supportive of the transition. They work closely with the forensic community mental health team to ensure the risks are fully understood and that they are able to respond immediately to any concerns. Their support is holistic. It encompasses physical health needs with appointments to the GP and hospital. A range of activities are supported to promote social inclusion through leisure, healthy lifestyles, education and vocation. People are offered a plan of care that is very individual to their needs with those more able and independent encouraged to be so. Watling Street Road is considered to be a high quality service that can be trusted. Management are visible and available both to visitors and to support staff working with service users.'

Is the service well-led?

Our findings

Everyone we spoke with who lived at 185 Watling Street Road had nothing but praise for their home, the services provided, the staff group and the management team.

The registered manager assisted us throughout the day of our inspection. We were made very welcome by everyone involved in the inspection process. We asked for a range of records and documents to be provided. These were produced quickly. Records were retained in an organised manner and were kept securely, which maintained confidentiality in line with data protection guidelines and the policies and procedures available at the home.

We found the registered manager of the home to be very enthusiastic. She had a good work related attitude and demonstrated sound leadership qualities. We saw the staff team anticipated people's needs very well. A business plan had been developed for the current year, which highlighted how the service planned to move forward and how continuous improvements were to be maintained. For example, the organisation was committed to staff training and ensuring people received the care and support they needed through positive person centred support planning. A quality management system had been introduced by the organisation. A structured approach was adopted for the assessing and monitoring of the service provided. Regular internal audits covered areas, such as health and safety, staff personnel records, medications, care planning and infection control. Action plans had been developed to address any shortfalls identified.

Records showed that regular visits were conducted by a company representative, following which a report was generated with the findings. Monthly audits conducted by the area manager covered topics, such as the experiences of service users, record keeping, capacity and consent, nutrition, health and safety, medication and complaints. We found that any areas in need of improvement had been identified and appropriately addressed.

Prior to our inspection we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries. We noted we had been told about things we needed to know in accordance with The Care Quality Commission (Registration) Regulations 2009.

A positive culture was reported by all staff we spoke with, who felt they were able to express their views and opinions, which created an open and responsive way of life at the home. Staff members felt any concerns raised would be listened to and were confident that they would be dealt with in a timely manner. This helped to ensure concerns were dealt with promptly and prevented them from escalating out of control. One member of staff said, "I love it here. It's the best place I have ever worked."

Records showed that empowerment meetings for those who lived at the home were arranged regularly. These were service user led, attended by service users only and enabled people to get together and discuss any topics of interest or concern.

It was evident that the visions and values of 185 Watling Street Road were based around empowerment.

This was confirmed by people telling us that they were listened to and were able to make decisions about the operation of the home. We received consistently positive feedback from everyone we spoke with.

A wide range of regular meetings were held for those who lived at the home, the staff team and community professionals, who provided external support. This enabled any relevant information to be disseminated to all relevant people and allowed open discussions about any areas of concern or any scopes of good practice. Health professionals had been asked to complete surveys. Some of their responses included: "A very holistic caring environment, calm and lovely" and "Fantastic service. Made to feel very welcome. Service users very happy."

It was evident the home had established a variety of links with the local community through meetings, voluntary work, employment and leisure activities, which people who lived at 185 Watling Street Road were involved in. We established that people were encouraged to submit their views about the service and facilities provided and systems were in place so that any negative feedback could be analysed and shortfalls addressed in a timely manner.

A wide range of written policies and procedures provided staff with clear guidance about current legislation and up to date good practice guidelines. These covered areas, such as safeguarding adults, whistle-blowing, privacy and dignity, health and safety, fire, discipline and grievance, complaints, the MCA, DoLS, infection control and advocacy.

People we spoke with all thought the registered manager had a very visible presence in the home and everyone felt comfortable and happy to approach her with any concerns they may have had. We observed this at the time of our inspection.

Comments we received from community professionals, who we spoke with and who responded to our request for their views about the service provided included, "An absolutely fantastic service. I would have every one of my patients here if I could"; "We have a lot of places in the community, but this one shines out"; "Communication is fantastic" and "I can't rate it enough. Everything about it is fantastic."

When asked for their feedback one community professional wrote, 'Whilst a relatively new resource locally, I feel the team are providing an outstanding service to their residents.

The management, directed by [name removed] appears to be consistent, effective and efficient. This is absolutely crucial to the success of the placement for the particular service user I have care co-ordination responsibility for. The house is clearly a home to those who reside there. It is relaxed and of a homely nature. The residents are encouraged (and expected) to take a collective responsibility within the home via a rota of daily chores and weekly shopping and meal preparation. The house is always clean, is finished to an excellent standard, appears to be in good repair and is usually bustling with activity throughout the day. The Multi-Disciplinary Team (MDT) in collaboration with the staff team have been able to employ a level of carefully managed positive risk taking to work towards the potential of each individual. They follow a 'recovery star' approach to individual progress and independence. Each resident has involvement in the process of care planning and realistic goal setting, which improves self-esteem, confidence and motivation. Residents are encouraged (and expected) to have a weekly structure of meaningful and purposeful occupation suited to need and potential. Staff support is creative, flexible and responsive, continually encouraging participation and progress. Staff members have a relaxed whilst respectful approach. They appear to be involved in on-going training and development to address the needs of both the individual and the organisation. The team are encouraged to collaborate within the MDT to plan and facilitate creative, sensitive and effective management approaches and techniques to address individual residents who

present with complex needs and a history of risk issues.'