Deal Old Peoples Housing Society Limited

St Albans House

Inspection report

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Date of inspection visit: 16 and 17 September 2015
Date of publication: 12/10/2015

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection was carried out on 16 and 17 September 2015 and was unannounced.

St Albans House provides accommodation for up to 19 older people who need support with their personal care. The service is a converted domestic property. Accommodation is arranged over three floors. A stair lift and a passenger lift are available to assist people to get to the upper floors. The service has 19 single bedrooms, including 2 with en-suite facilities. One bedroom is currently being used as a meeting/training room and a place for people to meet with visitors in private. There were 16 people living at the service at the time of our inspection.

The registered provider, Deal Old People's Housing Society Limited is a registered charity and a committee oversees the running of the service. A registered manager was not working at the service, a new manager had started work at the service on 4 September 2015 and intended to apply for registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The manager provided strong leadership to the staff and had oversight of all areas of the service. Staff were motivated and felt supported by the manager. The staff team had a clear vision of the aims of the service. Staff told us the manager was approachable and they were confident to raise any concerns they had with them. Plans were in place to continually improve the service.

There were enough staff, who knew people well, to meet peoples' needs at all times. The needs of people had been considered when deciding how many staff were required on each shift. Staff had the time and skills to provide the care and support people needed. Staff were clear about their roles.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. The manager had a plan in place to keep staff skills up to date. Most staff held recognised qualifications in care. Staff met regularly with the manager to discuss their role and practice and any concerns they had.

Staff knew the possible signs of abuse and were confident to raise concerns they had with the manager or the local authority safeguarding team. Plans were in place and staff knew how to keep people safe in an emergency.

People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to keep people safe and support them to be as independent as possible. Detailed guidance had not been provided to staff about how to provide all areas of the care and support people needed, however people received consistent care as staff knew them well. We have made a recommendation about care plan records.

People got the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were supported by staff to receive the care they needed to keep them as safe and well as possible.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Arrangements were in place to check if people were at risk of being deprived of their liberty. Systems were in operation to obtain consent from people and to make decisions in people's best interests were in place. People had capacity and were supported to make decisions and choices.

People were supported to participate in hobbies and activities they enjoyed. Plans were being made to increase the variety of activities offered to people at their request. Possible risks to people had been identified and were managed to keep people as safe as possible.

People were involved in choosing their own food and drinks and were supported to have a balanced diet. A variety of equipment was provided to support people to remain independent when eating and drinking. Choices were offered to people in ways they understood. Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained.

People were confident to raise concerns and complaints about the service. These were investigated and people had received a satisfactory response.

The manager and committee members completed regular checks of the quality of the service provided. When shortfalls were found action was taken quickly to address these and prevent them from occurring again. People, their relatives, staff and visiting professionals were asked about their experiences of the care. These were used to improve and develop the service.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place. Appropriate equipment was provided to support people to remain independent and keep them safe. Safety checks were completed regularly.

Accurate records were kept about the care and support people received and about the day to day running of the service and provided staff with the information they needed to provide safe and consistent care and support to people.

We last inspected St Albans House in July 2013. At that time we found that the registered provider and manager were complying with the regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff, who knew people well, to provide the support people needed at all times.

People were given the medicines they needed.

The service was clean and safe.

Good

Is the service effective?
The service was effective.

Staff followed the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards. People had capacity to make decisions and staff offered them choices in all areas of their life.

Staff were trained and supported to provide the care people needed.

People received food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Good

Is the service caring?
The service was caring.

People said the staff were kind and caring to them.

People were given privacy and were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Assessments were completed and reviewed regularly to identify changes in people's needs.

Requires improvement

Summary of findings

People and their families were involved in planning the care and received their care in the way they preferred. People's care plans did not contain detailed guidance to staff about how to provide people's care.

People were involved in the running of the service. Their request to take part in more activities was being acted on.

Action had been taken to resolve people's concerns to their satisfaction.

Is the service well-led?

Good 

The service was well-led.

There was a clear set of aims at the service including supporting people to remain as independent as possible.

Staff were motivated and led by the manager. They had clear roles and were being supported to be responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives, staff and visiting professionals shared their experiences of the service.

Records about the care people received were accurate and up to date.

St Albans 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 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.

This inspection took place on 16 and 17 September 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 looked at notifications we had received from the registered provider and the manager. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with thirteen people living at St Albans House, the manager, 6 staff, and one person's relatives. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people. We looked at people's medicines records and observed people receiving their medicines.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at St Albans House. One person told us, "It's like living at home living here". Another person told us, "Staff do the best they can with the time they've got. They are always there if I need them". Another person told us, "Living here is like being on holiday. I get that holiday feeling every day, I don't have to worry about anything".

People received consistent care, when they needed it, from staff who knew them very well. The manager had considered people's needs, the layout of the building, and people's preferred routines when deciding how many staff to deploy at different times of the day. An additional split shift had been introduced recently to support people in the mornings as this was a busy time of day when people preferred to have a bath. Day shifts started at 7am every morning to assist people who liked to get up early and ended at 9 pm to support people to go to bed when they wanted. Staff were not required to work long shifts, to make sure they did not become tired. Plans were in place to review the timing of shifts to make sure staff were available when people needed them. Staff told us the additional member of staff meant that they were able to spend more time with people and were not rushed.

Staffing levels were consistent across the week and people received support from staff who had the skills to meet their needs, including the manager. Staff shifts were planned in advance and rotas were available to support people and staff know who would provide the service when. Cover for staff sickness and holidays was provided by other staff members in the team. An on call system, including an on call phone, was in place and management cover was provided at the weekends and in the evenings by the manager and deputy manager. The staff team was consistent and staff turnover was low, only two staff had left the service in the past eighteen months. There were no staff vacancies at the time of our inspection.

There were policies and processes were in place to keep people safe, these were known and understood by staff. Staff had completed safeguarding training and knew the signs of possible abuse, such as bruising or changes in a person's behaviour. They were confident to raise safeguarding concerns or whistle-blow to relevant people, such as the manager or the local authority safeguarding team. Staff told us they were confident that the manager would deal with any concerns they raised.

Systems were in operation to ensure people had money when they wanted it and to keep people's money safe. Records of how people had chosen to spend their money were maintained along with the balance of cash held at the service. Transactions were counter signed as an additional check. The balances recorded matched the amount of money held for each person. Money and records were stored securely and access to them was limited to a small number of staff. Some people chose to hold small amounts of money themselves and everyone had a lockable space in their bedroom to keep their money and valuables safe.

Risks to people had been assessed and care had been planned to keep people safe while maintaining their independence. For example, risks to people's skin had been assessed and equipment provided to keep people's skin healthy. Guidance was provided to staff about how to use the equipment and it was regularly checked to make sure that it was operating correctly. People were supported by staff to use the equipment correctly, such as sitting on special cushions and lying on special mattresses. During the inspection the manager added mattress setting information to people's turn records. Staff were required staff check the settings each time they changed a person's position. People who required regular changes in their position to keep their skin healthy were moved often as required by their risk assessments.

Accidents and incidents involving people were recorded. The manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to keep them safe. For example, one person had fallen a few times and had been referred to their doctor. Action had been taken and the person had not fallen again. Staff were informed of changes in the way risks to people were managed during the handover at the beginning of each shift. Changes in the support people were offered were also recorded in the diary so staff could catch up on changes following leave or days off.

Plans were in place to safely evacuate each person from the building in the event of an emergency. Special equipment was available to support people to evacuate safely. Staff had practiced using the equipment on each

Good

Is the service safe?

other during fire safety training and knew how it felt to be moved using it. They told us this had given them an understanding of how anxious people may feel using the equipment and plans included support to reduce people's anxieties or fears. Staff were confident to contact the manager or deputy manager for support in an emergency. Contractors, such as an electrician, were available to respond quickly in the event of an emergency.

People told us that the service was clean and odour free. One person told us, "The home is beautiful and clean". Our observations during the inspection confirmed this. Cleaning schedules were in place and included the weekly cleaning of equipment such as hoists and wheelchairs, as well as the daily cleaning of areas of the building, such as bathrooms and toilets. The kitchen was cleaned daily with weekly deep cleans. The local district council environmental health department had awarded the service a 5 star rating for food hygiene and safety in February 2015.

The building and equipment were well maintained and regular checks, such as hoist safety and electrical checks had been completed. Maintenance plans were in place and bedrooms were redecorated each time they became vacant. Plans were in place to upgrade the fire system. Baths were fitted with hoists and people told us they used these with the support of staff to get in and out of the bath safely. The temperature of bath water was checked before people used them and staff knew what a safe temperature was. The garden was safe and secure so people could use it on their own, where they were able. The building was secure and the identity of people was checked before they entered. Risks to people from the building, such as falls from windows had been assessed and action taken to keep people safe, while ensuring they had fresh air.

A call bell system was fitted in people's bedrooms. People who chose to spend time in their bedroom had the call bell within their reach and were able to call staff if they needed them. People told us that staff responded quickly when they used their call bell, observations during the inspection confirmed this. One person told us, "Staff always come quickly when I ring the bell".

People moved freely around the service and were not restricted. There was enough space and furniture to allow people to spend time with each other or alone when they wanted to. People spent time in their bedrooms when they wanted to. Chairs had been placed in hallways and at the bottom of the stairs to give people places to sit and rest as they moved around the building. Furniture was of a domestic nature and the service was comfortable and homely. People were able to bring small items of furniture and personal items with them into the service and these were on display in their bedrooms.

Staff recruitment systems protected people from staff who were not safe to work in a care service. Interviews had been completed by the previous registered manager. Candidates spent time in the company of people using the service. The candidates interactions with and responses to people had not been used as part of the selection process but the manager planned to involve people more in future recruitment processes. Information about staff's conduct in previous employment had been obtained. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed. The new manager had been appointed to the role following a robust selection process including an interview by three members of the committee. Processes were in place to dismiss staff whose practice did not reach the required level.

Processes were in operation to protect people from the risks of unsafe management of medicines, including systems for ordering, checking, disposal and administration of prescribed medicines. Medicines were stored securely and the storage room was clean and well organised. People received their medicines at the time advised by their doctor. Staff gave people their medicines and reminded them how to take them safely. Staff's medicines administration skills were assessed annually by the manager to make sure they remained safe. The manager arranged for people to have their medicines reviewed by their doctor approximately every 6 months or more often if needed.

Some people were prescribed medicines 'when required', such as pain relief. Staff asked people if they wanted pain relief regularly and only gave it when they wanted it. We observed one person being offered pain relief at lunchtime, they said they would like to take it then but had not needed

Good

Is the service safe?

it when they were offered it at breakfast time. Staff had a good understanding of safe medicine management. They were knowledgeable and able to explain the action they would take to manage medicines safely.

Good

Is the service effective?

Our findings

People told us they were able to make choices about all areas of their lives, such as when they got up and when they went to bed. Several people told us they liked to get up early, staff supported them to do this and gave them a cup of tea which they enjoyed. Another person told us, "Staff ask me what I want to wear from my wardrobe each day". People choose how they spent their time and who they spent it with. We observed people being offered choices and staff responded consistently to the choices people made. Staff knew people well and understood what people were telling them.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training in relation to the MCA. The manager had recognised that they needed to develop their knowledge and skills further to make sure that they continued to comply with the Mental Capacity Act and was looking for additional training.

Most people were able to make complex decisions about the care and treatment they received; other people needed other people to make complex decisions on their behalf, in their best interests. Decisions made in people's best interests had been made by friends and relatives who knew them well, with health and social care professionals. Everyone was able to make simple decisions, such as what they wanted to eat or drink. Most people were able to chat to staff and tell them what they wanted. Staff demonstrated that they understood how to communicate effectively with people. They understood what people were telling them and supported people to make decisions.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The service was meeting the requirements of DoLS. The risks of people being deprived of their liberty had been checked. People had capacity and were free to leave when they wanted. Therefore, their liberty was not restricted. We observed that people moved freely about the building and opened the window to let the house cat in and out.

People told us that staff were well trained and knew what they were doing. Staff had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. The manager knew about the new Care Certificate, which is an identified set of standards that social care workers adhere to in their daily working life, and was looking to include the certificate as part of the induction process. New staff shadowed experienced staff to help them provide care consistently.

Staff received the training they needed to perform their duties, including first aid, fire safety and dementia care. Staff were paid to attend training. A training plan was in place and the manager knew what training staff had been completed and when it needed to be refreshed. Staff had completed further qualifications and most of the staff team had acquired level 2 or 3 qualifications in social care. Staff completing recognised qualifications received a one off payment from the provider in recognition of the time and effort they had put into achieving the qualification.

Staff told us they felt supported by the manager to deliver safe and effective care. Staff met with the manager and deputy manager regularly to talk about their role and the people they provided care and support to. Development opportunities were also discussed. Steps were being taken by the manager, through supervision, training and leading by example, to support staff to develop the attitudes and behaviours they needed to complete their role, such as treating each person as an individual and empowering them to be as independent as they could be. An annual appraisal process was in operation.

People were supported to maintain good health. They told us they were supported to see their doctor if they felt unwell. One person told us, "Staff ask if I want a doctor and if I say I want one, they get one". Another person told us, "The staff have got a doctor when I needed one. I'm very pleased with everything they have done for me". People told us they had been offered an annual flu vaccination and a chiropodist visited regularly. Care was provided to meet people's health care needs. One person told us that their legs had been very swollen when they began using the service. They told us that staff had applied cream to their legs every day and they had healed and were, "Lovely now". They were very pleased with the care the staff have provided to them

Good

Is the service effective?

People were supported by staff or people who knew them well to attend health care appointments, including emergency appointments or visits to hospital. This was to support people to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service.

People told us they had enough to eat and drink at St Albans House. One person told us, “Staff give us drinks when we want them and they are always topping up our glasses”. People were offered adapted cups and straws to help them drink independently. Sherry and other alcoholic drinks were available for people who liked the occasional drink with their meal. Staff told us people liked to have a bucks fizz to celebrate special occasions.

People told us they liked the food at the service. One person said, “The food is always very nice, I get enough and if I want more I can always ask for it”. Another person told us, “I have no complaints about the food, I am offered a choice and get as much as I want”. People’s nutrition and hydration needs were regularly assessed and reviewed and action was taken to meet people’s needs. For example, one person had lost some weight and was referred to their doctor for support and advice. Their advice had been put into action and the person had gained some weight.

People were supported to remain independent at mealtimes. A selection of adapted cutlery and other equipment, such as plate guards, were used by people to eat without the support of staff. Staff knew how people preferred their food to be presented, for example, some people required their food to be pureed. Staff had pureed and presented each food to people separately but had found that people did not eat it. These people had their meals pureed into a thick soup and we observed that they ate them. People told us they preferred their food presented in this way. People who required support to eat their meal were helped by staff.

People were offered a choice of foods from the menu each day and this was provided. Staff knew the foods that people liked and offered these to people as alternatives if they did not want what was on the menu that day. People told us their likes and preferences were catered for and they were never given anything that they did not like. People’s suggestions about foods they would like to see on the menu were listened to and provided. Menus were balanced and included fruit and fresh vegetables. All meals were homemade, including homemade cakes, pies and puddings.

Good

Is the service caring?

Our findings

People told us that of the staff were kind and caring their comments included, “The staff are very good, they are excellent”, “They help me to dress, they do everything, I have no complaints” and “The staff are never rude to me”. One person told us, “We have got to know the staff and they have got to know us. They know what we like and how we like it”. Another person said, “I find it lovely here, I’m happy. The staff are lovely, I get on with them very well”.

People’s care plan’s contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know them and provide their care in the way they preferred.

People told us they always had someone to talk to and we observed people chatting to each other in a relaxed way. Staff showed genuine affection for people and people responded in a similar way. Staff knew people well, including their likes and dislikes and how they liked things done. People were called by their preferred names. Staff spoke with people individually and in a respectful way. People responded to staff positively and asked the staff questions such as, “when are you having a day off?”. Staff responded quickly to people’s requests, for example support to go to the toilet. Staff chatted with people about things that they enjoyed and people responded.

There was some flexibility in the routines of the service to respond to changes in people’s needs and to their requests. Staff knew people’s preferred routines, such as where they liked to spend their time and who with. Staff responded to people’s requests, such as to stay in their bedroom or eat in a private room; this gave people control over their lives and reduced the risk of them becoming anxious or worried. Staff treated people with kindness and people appeared relaxed in their company.

People told us staff treated them with respect. They received the individual support and attention they needed. Staff told us, they treated people as they would like their family members to be treated. One staff member told us, I always remember that the person could be my mother or grandmother and treat them as I would like my family to be treated”. We observed staff discretely asked people if they needed assistance to go to the toilet.

Systems were in place to make sure that people’s laundry, including underwear, did not get mixed up and items were returned to the correct person. People told us they got their laundry back quickly and it was rare that items went missing but if they did they were usually found. One person told us, “My laundry comes back spotless and beautifully ironed, it’s better than I could do myself”.

People were treated with dignity at all times. For example, staff explained to people about care they would receive before it was provided and asked them what they would like to do and when.

People had privacy. People told us staff knocked on their bedroom door before entering. They told us they had privacy when they washed and dressed and staff only stayed with them whilst they bathed at their request. People also told us that when staff supported them to use the toilet or commode they left them in private and returned when they were called.

People had spoken to staff about the care and treatment they wanted at the end of their life. Some people had ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions in place which staff knew about. The manager had plans in place to review these to make sure they remained relevant and were what the person wanted. People’s preferred place to be at the end of their life had been discussed and many people had requested to stay at St Albans House if they were able to. Staff knew people’s spiritual preferences, such as if they wanted a priest. Other things that were important to people, including people, possessions and funeral wishes were recorded. People’s wishes were regularly reviewed with them to make sure that staff had up to date information.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people’s confidentiality. Staff told us at the time of the inspection that people who needed support were supported by their families, solicitor or their care manager, and no one had needed to access any advocacy services.

Requires improvement

Is the service responsive?

Our findings

People told us they had been involved in planning their care, with their relatives when necessary. People using the service were able to tell staff how they liked their care provided and told us that staff did as they requested. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. One person told us, "Staff give me the help I need, they wash my back for me and I can do the rest myself".

Before people were offered a service their needs were assessed to make sure the staff could provide all the care they required. People were also invited to visit the service before deciding if they wanted to move in. Further assessments of people's needs, along with discussions about how they liked their care and support provided were completed to find out what people could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify changes in people's needs. This information was used to plan people's care and support.

People's care plans had been developed with them and their families when they moved into the service. They had been regularly reviewed to make sure they remained up to date. Some people told us they had seen their care plan and had been involved in writing it. One person told us, "I have seen my care plan and it is accurate". Other people said they could not remember if they had been involved in developing their care plan or not.

Staff knew about all areas of people's life and the care and support they required. They described to us in detail the way that each person preferred their care to be provided, including the support they required. Staff knew the equipment people used to move safely around the service and when they may need extra support. For example, one person chose to walk to the dining room for lunch and return to their bedroom after lunch in a wheelchair as they were tired at this time.

People told us they were supported to go to the toilet when they wanted to. One person told us that they were being assessed for continence products to help them and the service was providing these whilst the assessment was being completed. Staff were completing all the records the community nurses had asked them to complete as part of the assessment. A process was in place to make sure that people had the continence products they needed when they needed them.

People's care plans contained information about what people were able to do for themselves and how they preferred their care to be provided. Plans contained some specific information about people's choices and preferences, such as wearing jewellery all the time or preferring to eat their breakfast before getting washed and dressed in the morning. Detailed guidance had not been provided to staff about how to provide some areas of the care people needed, such as how to meet people's continence needs and any products they used. This did not impact on the care people received and they received consistent care, in the way they preferred, to meet their needs. We recommend that the manager seek advice and guidance from a reputable source, about writing care plans.

Some people told us they had enough to do during the day and spent their days doing activities including reading, knitting and watching the television. Other people told us they did not want to take part in activities or 'jobs' at the service. Some people told us they would like more to do during the day. They had told the manager and staff this at the 'residents' meeting the week before our inspection and activities people would like to take part in had been discussed. Since the meeting two people had been involved in a baking session at the service and had made jam tarts for everyone to have at teatime. 'Star baker' certificates had been given to people in recognition of their baking skills, which they were proud of. People told us they had enjoyed this and the cook had booked more sessions for people who had asked to be involved. A fund raising coffee morning was planned for the week following our inspection and people were looking forward to this. Plans were in place to increase the activities on offer to people during the day.

People were supported to stay in contact with people who were important to them. Staff supported people to receive visitors at the service and to visit relatives. People's relatives and friends were able to visit them at any time. People told us they were supported to keep in touch with family and friends and could speak to them on the phone, if

Requires improvement

Is the service responsive?

they were unable to visit. People were supported to continue participating in groups outside of the service, such as regular church services, that they had attended before they moved into the service.

People told us they were confident to raise any concerns or worries they had with the manager. They said that she was always available if they wished to make a complaint or a suggestion and always dealt with the complaint to their satisfaction. One person told us, "[The manager] will sort things out. I have found if you have a problem she will sort it out". Other people we spoke with agreed with this. A couple of people told us that, on occasions, some staff had been impatient or abrupt with them. One person told us, "One or two of the staff are a bit sharp with me at times, that's just the way they are" and another person said, "[staff member] rushes me and is a bit impatient". We told the manager about people's concerns. People had also told the manager about this and she was taking action to improve staffs practice. This included meeting with staff to discuss their conduct.

A process to respond to complaints was in place. Information about how to make a complaint was available to people and their representatives. The manager and staff supported people and their families to raise concerns or make complaints about the service. People's relatives had raised concerns with the manager, who had taken action to address people's complaints to their satisfaction. Staff recognised when people and their relatives had made complaints about the service and had passed the information to the manager for their action. Most people we spoke with told us they had never had cause to complain about the service they received.

Good

Is the service well-led?

Our findings

A new manager had started work at the service on 4 September 2015 and intended to apply for registration, they were leading the service and were supported by the committee members. She knew people and staff well and had been deputy manager at the service for a several years. The manager had a clear vision of the quality of service they required staff to provide and how it should be delivered. People knew about the recent change in the management of the service. One person told us, "[The manager] has altered a few things for the better. She is strong and has the makings of a good manager". Another person told us, "Everything runs smoothly here".

The manager had begun to make her expectations of staff clear to them. For example, she had altered staff break arrangements so that all staff no longer took a break together and there were always staff available to meet people's needs. The expectations were available for staff to refer to, such as team meeting minutes and supervision records. Staff told us they were motivated by the manager to deliver a good quality service to people. Staff worked together as a team to support each other and to provide the best care they could to people.

Staff were clear about the aims of the service and shared the manager's vision of good quality care and supporting people to remain as independent as they could be. Values including respect, privacy, dignity, and independence underpinned the service provided to people each day. Staff had job descriptions and knew their roles. The staff had not previously been empowered to be accountable and responsible for the service they provided. The manager had begun a process of supporting staff to take on responsibility and be more accountable. Her plan was to do this slowly over a period of time and involve all the staff in the continuous improvement of the service.

The manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care. Staff told us that they told the manager about situations that concerned them, and were confident that they would be listened to and action would be taken. The effective running of the service was possible because of good communication between people and their families, staff and visiting professionals. Processes were in place such as handovers to share important information between staff.

The manager was leading the staff team and managing the service on a day to day basis. A senior carer led each shift and was responsible for managing the team on that shift. Systems and processes were in place to ensure that the service was of a consistently good quality such as, checks on the care provided staff by staff. Regular checks were completed by the manager and members of the committee to make sure that all areas of the service were being delivered to the required standard, including observations of support being provided to people. When areas for improvement were identified, action was taken to address any shortfalls found. Accurate and complete records in respect of each person's care and support were maintained.

Shifts were planned to make sure that people received the care they wanted, when they wanted. The manager was present in communal areas of the service during our inspection and demonstrated leadership and support to staff. Staff told us that they felt supported by the manager. They told us the manager was approachable and available to discuss any concerns they had.

People and their relatives were involved in the day to day running of the service. Systems were in place to obtain the views of people and their relatives during residents meetings and the annual quality assurance questionnaires. Annual questionnaires were also provided to staff and visiting professionals. The manager had begun the process for 2015 shortly before our inspection and some responses had been received. These showed that people were happy with the service they received and felt involved in the service.

Staff had other opportunities to tell manager their views about the quality of the service and make suggestions about changes and developments, including staff meetings and supervisions. Staff felt involved in the development of the service and felt that their views were valued. They told us that they were listened to and gave us examples of suggestions they had made that had been implemented by the manager, such as fund raising events.

The manager kept up to date with the changes in the law and recognised guidance. They were aware of recent

Good

Is the service well-led?

changes in health and social care law and the way that the Care Quality Commissions (CQC) inspected services. Comprehensive policies and guidelines were available in the service for staff to refer to when they needed them. These had been reviewed to make sure they remained current and relevant.

The manager knew when notifications had to be sent to CQC. Notifications are information we receive from the service when significant events happened at the service, such as a serious injury to a person.