

Polesworth Group Homes Limited

Polesworth Group Pooley Heights

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

This inspection took place on 20 April 2016 and was announced.

Pooley Heights Care Home provides a residential respite service for up to six adults with a learning disability at any one time. At the time of our inspection visit, there was one person on a respite stay, and two people preparing to leave at the end of respite stays. The 'respite' service was providing support to people on a short term basis to offer people and their carers a break from their normal routine.

The service was last inspected on when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager. 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. The registered manager was supported by a daily manager, who oversaw the day to day management of Pooley Heights, as well as development of the service. We were told the daily manager would shortly put in an application to become the registered manager. We refer to the daily manager as the manager in the body of this report.

People were comfortable with the care staff who supported them. Relatives were confident people were safe living in the home. Staff received training in how to safeguard people from abuse and were supported by the provider's safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and responsive towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines if they needed it, by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any potential issues were identified and action could be taken as a result.

There were enough staff to meet people's needs. Staffing was increased to accommodate both planned and urgent respite stays. The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who stayed at the home. Staff told us they had not been able to start work until these checks had been completed.

The provider assessed people's capacity to make their own decisions if it was identified people lacked the capacity to make all of their own decisions. Staff and the registered manager had a good understanding of the Mental Capacity Act, and the need to seek consent from people before delivering care and support wherever possible. Where restrictions on people's liberty were in place, legal processes had been followed to ensure the restrictions were in people's 'best interests'. Applications for legal authorisation to restrict

people's liberty had been sent to the relevant authorities in a timely way.

People told us staff were respectful and treated them with dignity. We observed interactions between people which confirmed this. Records also showed people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they could choose what to eat and drink and when. People were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw the care and support people received was in line with what had been recommended by health professionals. People's care records were written in a way which helped staff to deliver care that was based on each person's needs. People were involved in how their care and support was delivered, as were their relatives if people needed support from a representative to plan their care.

Relatives told us they were able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions from quality assurance checks were clearly documented and acted upon by the manager as they undertook regular unannounced visits to the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People's right to make their own decisions where possible had been protected. Where people lacked the capacity to make all of their own decisions assessments documented the decisions made in consultation with professionals and representatives to ensure decisions were made in people's best interests. Where people were being deprived of their liberty, applications had been made as required to seek legal authorisation to do so. Staff understood the need to get consent from people about how their needs should be met. People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff showed respect for people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with theirs and their relative's involvement which was regularly reviewed. Care was focussed on what people wanted to achieve. The service supported people to maintain hobbies, interests and activities people enjoyed during respite stays. People knew how to raise complaints and were supported to do so.

Is the service well-led?

The service was well led.

People felt able to approach the management team and felt they were listened to when they did. Staff felt well supported in their roles and there was a culture of openness at the home. There were quality monitoring systems for the provider to identify any areas needing improvement. Where issues had been identified, action had been taken to address them and to improve the service.

Good ●

Polesworth Group Pooley Heights

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 April 2016 and was announced. We told the provider 24 hours in advance so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection and saw it reflected the service being provided.

During our inspection visit, we spoke with two people who were staying at the home. We also spoke with four people who used the service regularly, whilst they were attending nearby day services run by the provider. We spoke with two relatives following our inspection visit on the telephone. We also spoke to the registered manager, the manager and four care staff.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We

looked at other records related to people's care and how the service operated. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe when they stayed at the home. One person commented, "The bedroom doors have locks. I don't lock mine but it makes me feel safe." Another person said, "Yes I feel safe. It's the staff more than anything. They are all very obliging." We spent time observing the interactions between people and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

People were protected from harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for them to follow should they be concerned that abuse had happened. One staff member told us, "I would report it straight away. If the manager wasn't on duty I would report to the duty manager or the senior." They added, "I wouldn't tolerate any form of abuse." Staff were familiar with the different types of abuse, and with what they should be looking for to safeguard people. There was information on display, including contact details of the local safeguarding team, so staff knew who to contact if they had any concerns. Staff told us they would follow up on concerns they raised if the manager or provider had taken no action. One staff member commented, "There is a whistleblowing policy in the office with all the contact numbers we need."

The manager understood their responsibility to refer any safeguarding matters to the Local Authority. They kept records of any concerns, which were detailed and timely and demonstrated the service worked well with those responsible for investigating any safeguarding concerns.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written for staff with guidance on how to manage identified risks so people's health and safety was protected, not to remove them entirely, but indicated actions which maximised people's independence. One staff member told us, "They [risk assessments] are very informative. They tell us everything we need to know." Risk assessments were clearly written and were regularly reviewed. More frequent reviews were completed when changes had been identified, for example, in response to changes in people's health and mobility. Staff knew about people's needs and risks associated with their care. They were able to tell us about these in detail.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. For example, routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with appropriately. Staff told us if they identified any areas of the home needing maintenance, they would report this to the manager. However, they also told us they had contact numbers for the provider's maintenance team who would carry out necessary works quickly if the manager was unavailable.

Staff knew how to keep people safe in the event of a fire and were able to tell us about the emergency procedures they would follow. Fire safety equipment was tested regularly, and the effectiveness of fire drills

was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building. Staff had access to an emergency 'kit bag' to help keep people safe in the event of an emergency, which included torches, high visibility jackets and other equipment.

People, relatives and staff told us there were enough staff to meet people's needs. At the time of our inspection visit, we observed there were enough staff on duty to support people's day to day support needs. Staff also had time to sit and engage with people on a one to one basis, which people enjoyed. The manager told us staffing was determined according to how many people were using the respite service at any one time, and that staffing arrangements needed to be flexible to accommodate this. The manager told us, and records indicated, that some people had been assessed as needing one to one staff input at all times. The provider had ensured this was in place when people came to stay at Pooley Heights.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained information to ensure new staff were of a good character before they started work at the service. References were obtained from previous employers and checks were undertaken with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home. The registered manager told us the provider ensured people who used its services were involved in recruiting staff. People were involved in interviewing prospective staff members, people's feedback from this process formed part of the final recruitment decision.

People told us they received their medicines when they needed them. One person told us, "Yes, like my blood pressure tablets." The manager told us all staff were trained to administer medicines, but currently only senior staff members did so. Along with initial training for new staff on how to administer medicines safely, existing staff received refresher training, and were observed giving medicines by the manager, in order to ensure they remained competent to do so.

Medicines were stored safely and were administered as prescribed. Where people took medicines on an 'as required' basis, information was in place for staff to follow so that the safe dosages were not exceeded.

Records showed medicines were checked every time they were administered to people to ensure stocks of medicines were as they should be. These checks ensured people received their prescribed medicines. MAR (Medicine Administration Record) sheets were checked monthly to ensure they had been completed correctly. These checks were used to provide assurance that medicines were managed and administered as prescribed. Records showed MAR sheets were completed in line with the provider's policies, and there were no gaps.

Is the service effective?

Our findings

Relatives told us staff knew how to support people, and they were skilled and well trained. One relative told us, "I think they are very experienced, well-trained staff."

Staff told us they completed an induction when they first started working at the home. This included face to face and online training, working alongside experienced staff and being observed in practice before they worked independently. Staff told us this made them feel confident in their skills to support people effectively. We saw that induction training included completing the 'Care Certificate.' The Care Certificate is a nationally recognised set of expectations, which assess care staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support to people. The registered manager confirmed all staff had an induction to the service and completed induction training. One staff member commented that their induction, "...Has been great. They [manager and senior] were always checking I was okay and how I was doing. [Name] and [name] are assessing me on the Care Certificate. They have been great with that."

Following induction training staff were also supported to continue to develop their skills by attending regular refresher training. Staff also attended specific training to support people with their individual and specific health needs. Staff told us the training provided was good and helped them support people effectively. One staff member told us, "The training here is phenomenal. We did an autism course recently. I found that very interesting and helpful as we do have people staying here who are on the autistic spectrum. After that training I learned how to break things down into smaller chunks of information so it is easier for people to understand."

We spoke with one senior member of staff, who told us they had recently done some training to enable them to assess new starters against the Care Certificate. They told us this had boosted their confidence, and that it would help them to, "...maintain the high standards of the company."

A training record was held by the registered manager of the home, which outlined training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The manager told us they ensured this guidance was followed, and they also monitored what other training staff needed. They told us this was in response to the changing needs of people being supported, as well as discussions with staff and day to day observations of their practice.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the manager or senior member of staff. Staff told us this helped them to develop their skills and to become more confident with their roles and responsibilities.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us staff asked their permission before supporting them, and that staff helped them in ways they preferred. We observed that people were asked for their consent before care and support was delivered. Where people lacked the capacity to make all of their own decisions, their capacity had been assessed to determine which decisions they could make for themselves and which decisions needed to be made in their best interests. Care records made it clear to staff what decisions people could make for themselves. Care records also showed that the level of support people needed with decision-making as identified in capacity assessments, had been used to update care plans. This helped to ensure staff had the most up to date and accurate information possible to support people with making decisions.

The registered manager had a good working knowledge of MCA and DoLS. For example, they told us about how they would use the 'acid test' to try and determine whether or not someone was being deprived of their liberty. The acid test is a means of determining whether or not someone might be deprived of their liberty, set out by the Supreme Court in a ruling from March 2014.

Staff told us they had received training on the MCA, and as a result they understood their role and responsibilities. One staff member told us, "The majority of people who come here don't have capacity to make decisions about some things. We can help people though, by breaking things down into small sections so people can better understand." Another staff member told us, "We don't decide for people as a rule. Everyone has the right to choose. But, when it comes down to the important decisions, DoLS can come in if people do not understand the issues. We still give choice though, we don't presume."

The registered manager told us they had been speaking with the Local Authority about people using the service, who they had identified as being deprived of their liberty. They had not received clear direction from the Local Authority on whether or not they should request authorisations for people as they only support people on a short-term basis. However, the manager had made applications for those identified, and care records showed where this was the case. Care records also directed staff to support people in the least restrictive ways possible.

The manager told us the home did not currently support anyone whose nutrition or hydration was at risk. However, there was one person using the service that wanted to lose weight and was on a diet plan which staff supported them with. The manager and staff talked knowledgeably about how risk of malnutrition or dehydration would be assessed if needed, and about what action might be taken where this was identified as a risk for people.

The manager explained there were menu planners which staff used to support people to decide what they would like to eat. They explained the shift leader each evening spoke with people about what they wanted to eat for their evening meal. The meal was then prepared according to people's choice. They told us if people changed their minds, alternatives were offered. One person told us, "I have been healthy there. I have salad in my lunch. I'm doing slimming world. The staff help me." They added, "On a Sunday we have Sunday dinner which I like. But I have the dry roasties with cooking spray."

Relatives told us the provider worked well with other professionals to ensure people's needs were well understood and met. One relative told us, "We met with staff and a behaviour therapist last week to help everyone work together for [name]." They added, "I know the staff do a good job. They manage to get [name] to do things they won't do for me."

Care records also showed people were supported to access support and advice from health professionals on a routine basis, as well as when sudden or unexpected changes in their health occurred. Records also showed that, where people had regular health appointments, staff knew about these and supported people to ensure these were maintained during respite stays. People had "Health Action Plans" in place so it was clear how good health could be maintained, and how health conditions should be monitored by staff.

Is the service caring?

Our findings

People told us the staff were caring and respectful. One person told us, "The staff are really nice." Relatives agreed. One relative told us, "They [staff] are always there. Very caring." Another relative told us, "If [name] is happy, then so are we. [Name] has just been to stay at Pooley Heights and they are full of it." We saw people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. People laughed and chatted with staff and people were encouraged to maintain their independence.

Staff told us the provider's values included a caring ethos, which was understood and promoted by the registered manager. One staff member commented, "I cannot fault them [provider]. They are very caring. It has been like a breath of fresh air. Everything is about the people and it is done properly."

We spoke with staff about what they did to encourage and promote this caring ethos. One staff member said, "Well, if you aren't a caring person there is no point working here. We listen, we give choices, and we try to help people to make them even if they can't always do so." Staff we spoke with felt cared for and well supported by the provider, which also helped to promote and encourage a caring ethos. Staff told us the manager took on board any issues, difficulties or concerns they raised. For example, the manager told us they had recently arranged training for staff on how to cope with bereavement and loss. They hoped this would help staff support people who experienced bereavement in a sensitive, caring way, but also that staff would be supported to deal with bereavement too.

People were actively involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, where able, people had signed to say they agreed with their care plans. They had also been able to decide whether they wanted to share a room when they came for respite stays, and if so, who they would like to share with, through supported and documented discussions. One person told us, "I get to choose which room I go in. I like sharing a room. We write the names down of who we want to share with." Relatives told us they were involved in developing people's care plans if they were unable to do so themselves.

People's care records were written in a personalised way, and included information on people's likes, dislikes and preferences. Staff told us this helped them to get to know people, and gave them opportunities to use the information to engage in meaningful conversation with people.

People we spoke with said they were supported to build and maintain friendships which were important to them. One person told us, "The best thing is the friendship I think." Relatives agreed, telling us there were no restrictions on when they could visit people if they wanted to and if people wanted to see them, and that the staff made them feel welcome when they did so.

People told us staff encouraged them to be independent, and to do things for themselves, the staff, and each other. One person told us, "Every morning when I am there I make the staff a nice coffee. I enjoy that." Another person commented, "I can do things myself if I can. If not, they [staff] help me." Staff understood the importance of supporting people in ways that helped them maintain their independence, and were

supported in doing so by care records which included information on how this could be achieved. One staff member commented, "Wherever possible people continue with their own personal care." Another staff member commented, "It is all about letting people do as much as they can for themselves. Our role is to take a step back and step back in again if we are needed." Another staff member told us, "It is so nice to see people grow."

People told us their privacy and dignity was respected. One person said, "I can watch my DVD's on my own if I want. Or do some colouring." We saw people's personal details and records were held securely at the home. People had their own rooms, which could be lock if they wanted to, or shared a room if they indicated they wanted to. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

Is the service responsive?

Our findings

People were asked what was important to them and staff respected and supported their choices. We saw staff supported one person to make choices about where they wanted to sit and what they wanted to do. Staff used clear, simple communication, and broke things down into small pieces of information to help the person understand their choices. The person seemed reassured by this and was able to choose to sit in the conservatory area of the home.

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans included information for staff on what was important to people when they were at the home. This enabled staff to support people consistently according to their wishes. People were supported to maintain any hobbies, interests and activities that were important to them. Most people who used the service had been doing so for some time, and had established relationships with staff and had detailed care plans which had been built up over time. Care plans were reviewed on a regular basis. The manager used a 'tracker' system to ensure this happened according to the provider's policies and procedures. The tracker recorded the date of the care plan, when it had last been reviewed and when the next review was due. This helped staff to support people in ways they preferred and reflected people's current level of need. However, one of the care plans we looked at was for a person who had just begun to use the service. Records showed the manager and staff had quickly gathered detailed and useful information about the person and how their needs should be met. They also showed good, clear and responsive communication with the person's family to help ensure their relative was supported appropriately and sensitively.

Relatives told us staff supported people according to their identified needs, and tried to adapt the support they provided according to the situation. One relative commented, "Last time [name] stayed there, they wanted to spend a lot of time outside. But it was very cold so the staff called me to ask what was the best way to encourage them to come in. I talked them through what I thought would work so they tried it and told me the next day it had worked. They always ask." Another relative told us, "[Name] has very complex needs. Staff are willing to use the symbols, communication resources and read all the information to help them support [name]."

Pooley Heights supports a number of people who display behaviour which could cause themselves or others harm. Where this was the case, people's care records included detailed, information on what this meant for the people concerned, how staff could support the person to communicate how they were feeling, along with practical steps staff could try to calm the situation. Staff were able to tell us how they used the information to support people who could be challenging.

Staff told us there was a communication book where they could record information for staff coming onto the next shift. This helped staff understand any issues or concerns before they started work and supported them in providing continuity of care. Relatives agreed the communication within the home and with them was effective. One relative said, "I send a communication book in with [name] and staff complete it for when he comes back home."

People told us they were supported to take part in activities they enjoyed, and were supported and encouraged to access their local communities if they wanted to. One person told us, "They take you out everywhere. Town and all sorts. It is lovely." We saw people were engaged in activities that had been planned in advance, and were part of their usual routines. For example, one person was being supported to help plant flowers, having walked into the town with a member of staff that morning for lunch. We saw the same person return from the trip into town. Staff had supported the person to buy some nail varnish in a colour of their choosing. The staff member sat with the person and painted their nails. The person was smiling and seemed to be enjoying this interaction. We saw another person listening to music in the lounge area. A member of staff tried a number of different radio stations before they found one the person enjoyed. The person commented, "I love that song", and spent some time singing along to the radio.

People told us they were supported to understand how they could make a complaint if they wanted to. People we spoke with felt confident they could and would raise anything with the manager. One person commented, "I would complain to [manager] if I wasn't happy with anything." Relatives also knew how to complain and told us they would feel confident doing so. One relative commented, "I would contact [registered manager] if I had any complaints or concerns. The service had received one complaint in the past 12 months. This had been responded to effectively and in a timely manner, in accordance with the provider's policies and procedures. Records also showed lessons had been learnt from this complaint, key messages resulting from it had been shared with staff and had been clearly documented. Records showed how this had led to changes in practice at the home.

The manager explained that they took a flexible approach to how people were booked in for respite stays, so they could respond if someone needed respite. They explained that, typically, people were allocated a number of hours that could be used for respite stays by commissioners. They told us some people approached them with respite dates they wanted at the start of the year, whilst others preferred to arrange stays in a more responsive way. They added they had a number of pieces of information about people they knew well which they could use to ensure their stays were successful. For example, they told us they tried to match people who had either expressed a wish to stay together, or who staff felt had benefitted from staying together on previous occasions.

Is the service well-led?

Our findings

People and relatives told us they thought the home was well managed and that Pooley Heights was an excellent service. One person told us, "I would give Pooley Heights ten out of ten." Another person commented, "I like the manager. They make me laugh." Relatives told us the registered manager was effective in their role and was approachable. One relative told us, "I think [name] gets brilliant care. I don't have any concerns whatsoever." Another relative told us, "[Registered manager] has always been fantastic." Commenting on what they thought made the service so good, one relative said, "I like the fact that the staff have been there for a long time. That speaks volumes."

Staff were positive about the management team. One staff member told us, "I would not have any issues with knocking on the manager's door. Same with the seniors. We raise issues all the time and they are always dealt with."

Staff told us they followed the manager's example in creating a "homely" atmosphere, and wanted to provide the best possible care and support to people. One staff member told us, "I adore it. I would not have been here for so many years if I didn't. The standard here is second to none." We observed there was a homely atmosphere where people were relaxed and calm. There were open and honest discussions between people, staff and the managers, which helped people to feel valued and respected.

The registered manager also had a senior role within the provider organisation, but was heavily involved in the day to day running of the home. The registered manager was present at the home on a regular and frequent basis, and we saw people and staff knew them well, as did relatives. The registered manager was supported by a manager, who oversaw the day to day management of Pooley Heights, as well as development of the service, to ensure the home ran effectively and people's needs were met. The manager was relatively new to the provider, but we were told they would shortly put in an application to become the registered manager. The manager told us they had been well supported by the provider and the registered manager, in what was a new role for them. They had regular supervision from the provider, and they told us they had been put on training as part of their induction to the manager role, as well as training they had requested to help them develop.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people living in the home and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager. One staff member told us, "We have an agenda and you can put anything on there that you want to bring up."

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included simple questions with pictures and symbols to help people understand what they were being asked. The registered manager told us staff went through these questionnaires with people. One person who used the service had written, "I love it there [Pooley Heights]. It

is the best respite." They told us if anyone indicated they were anything other than happy with an element of their care, this was followed up with people to explore ways in which the service could improve. People and relatives were also given the opportunity to meet with the provider. This gave them a chance to talk with someone other than the registered manager if they wanted to.

The registered manager told us that in addition to surveying relatives and carers every 12 months, they asked them to complete a 'feedback form' following each respite stay a person had. They felt this would enable them to gather feedback on an ongoing basis and make changes for people accordingly. They told us relatives had responded well to this approach and they felt the quality of information they received was better as a result. The provider continued to survey relatives on an annual basis, and developed action plans based on the results.

The registered manager told us they found some relatives and carers found it difficult to engage with what they saw as formal feedback processes and consultations. They told us they had been looking at more creative ways of helping people to share feedback which could be used to improve the service. For example, they had already held a coffee morning for relatives, which was an open invitation to all relatives and carers of people who used the respite service. They told us this was an opportunity for relatives to get together, to feed back on the service people had received, and for them to meet and talk to staff on an informal basis. The registered manager told us they had already received feedback from people's relatives through this method, that they would like to know more about what people had been doing while they had been staying at Pooley Heights. In response, the manager told us they sent written information on what people had been doing following their respite stay. Or, if relatives preferred, they would e-mail the information to them. Relatives we spoke with confirmed this had happened and that they had found it useful and reassuring.

The home was managed effectively and staff were responsive to people's changing needs. The provider analysed the staffing arrangements annually to help ensure they had the right skill mix and numbers of staff. For example, they looked at staff who had started and left the organisation (including an analysis of any information people had given on why they had left). They looked at the ages of the staff to identify any trends so that action could be taken.

The registered manager told us the provider was always looking at how it could improve the service it provided. They told us the provider had signed up to the "Social Care Commitment." The Social Care Commitment is a national, government backed initiative, and sets out how adult social care providers should ensure people who need care and support get high quality services. The provider was in the process of looking at its own policies, procedures and processes to ensure they met the expected standards of the Social Care Commitment.

The provider had also applied for the 'Heartbeat' award. The 'Heartbeat Award' is a scheme open to establishments catering for adults in a care environment. The award is given to successful applicants who can demonstrate that they offer healthy food choices to people, and have good food hygiene practices in their premises.

The registered manager also told us how the provider had made links with its local communities. They told us about relationships the provider had built up with schools in the area. They had recently organised and delivered training in 'Makaton' (this is a form of sign language which is often used to communicate with people who have a learning disability) to local school pupils, together with people using the provider's services. They hoped this would help the public to understand more about people with learning disabilities, and that it might lead to volunteering opportunities for some of the people using the service in the future.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to

us as required throughout the previous 12 months.

The registered manager monitored and audited the quality and safety of the service. Records showed the manager kept a "Management Development Plan" which was updated quarterly. This included information on monthly quality checks such as infection control audits and checks of MAR sheets, for example. It also included areas for development over the coming period, along with timescales and details of how these developments were to be achieved.

Records showed that unannounced provider visits were undertaken by directors on a monthly basis. This was to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. The registered manager was responsible for completing these actions and had to report back to the provider once they were completed.