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Campbell Place

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 26 January 2017 and was announced with 48 hours' notice to ensure the people we needed to speak with were available. Campbell Place provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate agreements; this inspection looked at their personal care and support arrangements.

The provider's care service is based on site and is designed to enable and facilitate the delivery of personal care and other support to people living at Campbell place now or when they need it in the future. The service is registered to provide personal care to older people, people living with dementia, people with a learning disability or autistic spectrum disorder, people with a sensory impairment or mental health condition, people with an eating disorder, younger adults and people with a physical disability. At the time of our inspection they were providing the regulated activity of personal care to 32 people.

People living at Campbell place had the use of communal facilities such as a restaurant, a shared lounge with a piano, games and a TV, access to a shared garden and a garden room and library. A bathroom was available with an assisted bath should a person require this. All flats had wet rooms for their own use. There were also treatment rooms used by a visiting hairdresser and chiropodist. The scheme had secure access and a staffed reception area.

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. At the time of our inspection the registered manager was managing three of the provider's services which were located close together.

People told us they were cared for safely by the provider's staff. Staff had completed training in safeguarding adults from abuse and appropriate actions had been taken by staff and managers when concerns about people's safety had been raised.

Staff we spoke with understood the risks that people experienced and took the appropriate actions to ensure people received safe and appropriate care. Information about risks to people were communicated effectively to ensure people were supported safely.

There were sufficient suitably qualified staff available to meet people's needs. People confirmed they received the care as agreed with the provider. On occasion, people did not receive their care at their preferred times due to unplanned staff absence. The registered manager had taken action to improve this for people by highlighting with the staff the importance of good notice for absence which enabled them to plan staff cover more effectively.

People were protected from the employment of unsuitable staff because the provider carried out the relevant checks to ensure staff were recruited safely. The recruitment process helped ensure staff were suitable for their role. Staff had access to induction and on-going training, supervision and appraisal. This ensured staff had the skills and knowledge to support people safely and effectively.

People's medicines were managed safely by appropriately trained staff and the provider monitored the administration of people's medicines through regular checks and audits.

People told us staff supported them to be as independent as they were able to be. People's legal rights were upheld because the provider's staff understood the principles of the Mental Capacity Act 2005 (MCA). Where appropriate the provider sought confirmation of the legal authority other people held to make decisions on behalf of a person. This is important to ensure people were protected from inappropriate and unlawful decision making.

People we spoke with who were supported with their meals and drinks told us they were satisfied with the support they received. Risks to people from poor hydration and nutrition were assessed and monitored to ensure people's nutrition needs were met in line with their preferences. People spoke highly of the quality and choice of food provided for them.

People told us they received care from healthcare professionals as required. The provider's staff supported people with their healthcare needs by providing care following guidance from other healthcare professionals. Staff communicated effectively about people's day to day health care needs and any changes to their needs.

People told us they received care from kind and compassionate staff who treated them with dignity and respect. People experienced positive relationships with staff who understood their needs and preferences. People spoke highly of the provider's staff and valued their relationships with them.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. People's relatives told us their loved one was cared for by staff with kindness and compassion towards the end of their life.

Records showed that people's care, and support needs were set out in a care plan that described what staff needed to do to make sure personalised care was provided. Care plans were based on an assessment of people's needs and detailed people's preferred routines and how they wished to be cared for and supported.

Activities were provided in the communal areas of the building or on an individual basis if agreed as part of a person's care package. People spoke positively about the activities on offer and valued the companionship and stimulation these provided for them.

People and their relatives knew how to make a complaint. The provider had a process in place to investigate and respond to complaints and concerns and we saw complaints made had been managed in line with these procedures.

People's feedback about the management of the service was good. The registered manager and team leader promoted an open and inclusive culture in the home. People had access to management staff on site and told us managers listened to them and acted on their concerns.

Staff spoke positively about the leadership and management and told us they were encouraged to speak up if they had concerns. There was a culture of learning from mistakes and errors which enabled staff to feel confident in discussing these with managers. This promoted people's safety because staff were prepared to learn from mistakes and supported to prevent a reoccurrence.

The registered manager had failed to submit statutory notifications to us about some safeguarding incidents as they had not fully understood this process. This is important to ensure we have information about any risks to the safety of people using the service so we can monitor the safety of the service people received. People had not been placed at risk because the local authority safeguarding team had been notified and appropriate actions had been taken to keep people safe. The registered manager submitted these notifications promptly following the inspections and we were assured these would be submitted as required and monitored in the future. More time was required to embed this into practice.

The provider had a quality assurance system in place and this was used to drive improvements to the service. People, relatives, staff and other professionals were asked for their feedback about the quality of the service and this was acted on. A programme of audits was carried out by the registered manager, team leader and the provider. These audits assessed and monitored the quality of the service being delivered and identified actions for improvements which were completed.

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 were protected from the risk of abuse, because staff understood how to identify report and address safeguarding concerns. Concerns about people's safety were acted on.

Risks affecting people were managed safely through a process of assessment and risk management.

There were enough suitably qualified staff to meet people's needs. Safe recruitment processes protected protect people from the employment of unsuitable staff.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective

People were supported by staff who completed training to meet people's individual needs and to carry out their role effectively.

People were supported by staff who promoted people's independence. People were supported in their decision making in line with the mental Capacity Act 2005 to protect their legal rights.

People's dietary needs and preferences were met. People were supported to maintain their health and access healthcare as required.

Is the service caring?

Good

The service was caring

People were treated with kindness and compassion by caring staff.

People's rights to privacy, dignity and choice were respected by staff.

People valued the positive relationships they had with the provider's staff and confirmed staff respected their decisions for their care and treatment.

People were supported with their end of life care in partnership with other health care providers as required.

People's advance end of life decisions were known by staff and these were respected.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences. A care plan was in place to describe what staff needed to do to provide person centred care and people confirmed this was as delivered.

People were supported through the provision of activities to meet their needs for companionship and stimulation.

Processes were in place and followed to ensure complaints were documented, investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was mostly well led

The registered manager had failed to submit all the required statutory notifications to us. Statutory notifications enable us to monitor the safety of the service people received. The notifications were submitted promptly following the inspection.

People and their relatives told us the service was 'well-managed'. There was an open, honest and positive culture and people confirmed they were listened to by managers and their feedback was acted on.

Staff told us the leadership of the service was clear and encouraging. Staff were supported to understand their roles and responsibilities through supervision, team meetings and performance management.

Quality assurance processes were in place to monitor and assess the quality of care people received and to drive improvements.

Campbell Place

Detailed findings

Background to this inspection

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

This inspection took place on 26 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to talk to would be available.

The inspection was completed by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for someone as a family carer of a person living with dementia.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to 25 people, of which eight were returned, 25 relatives, of which one was returned, 23 staff, of which one was returned and 26 community professionals, of which four were returned. These questionnaires ask people, their relatives and community professionals about their views and experience of the service and we use this information to inform our inspection.

During the inspection we spoke with seven people who received a service from the provider in their homes. We also spoke with two relatives of a person during a visit to a person and we observed interactions between people and staff and lunchtime in the onsite restaurant.

We spoke with five care staff and a senior care staff member, one team leader and the registered manager.

We reviewed records which included five people's care plan, daily records and Medicine Administration records (MAR). Four staff recruitment, training and supervision records and records relating to the management of the service such as quality assurance audits and the records of complaints, incidents and accidents.

The service was last inspected in February 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People we spoke with told us they were safely supported by the provider's staff. People's comments included; "Am I safe here? Yes, very much so. The staff are brilliant and compassionate and they never panic so they do instil confidence". Another person said, "Yes I do feel very safe. I've got my own pass to get to where I want to be and I have this pendant to activate should I need them. I do feel safe all of the time here yes." A person's relatives said, "Yes (our relative) does feel quite safe here. He knows he can press the call bell at any time and they will come quickly. He does trust them all, they're his friends and they support him well."

Staff understood their responsibility to protect people from abuse. Staff completed training in safeguarding adults from abuse and were aware of how to report any concerns. Information about reporting abuse was available to staff in the office to refer to should this information be needed.

We reviewed the records of safeguarding incidents and discussed the management of these safeguarding concerns with the registered manager and team leader. We saw they had taken the appropriate actions in response to concerns raised. The registered manager said, "We call the local authority safeguarding team and will take our instructions from there. We always call for advice and we learn from all of the incidents." The team leader told us how they had invited the police to speak to people living at Campbell place. This was to talk about how people could keep themselves safe and the team leader added, "To encourage people to talk to us". People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing had been identified and assessed. Risk assessments included information about actions to be taken by staff to minimise the possibility of harm occurring to people. For example, the person's home environment was risk assessed for any hazards or health and safety issues that may affect the person or staff providing support. Risks associated with people's mobility and risk of falls and pressure sores were documented and described the actions staff should take to mitigate these risks to people. Staff we spoke with were knowledgeable about people's risks and described the actions they took to promote people's wellbeing. A staff member told us "We are encouraged to report to seniors any changes , and they do take action, very promptly".

In order to alert staff to changes in people's needs that may present a risk to them, the service operated a 'triple I' system. This meant 'Important Information Immediately'. Information was noted on brightly coloured paper easily visible in people's care plan notes to alert staff to information or actions required to promote people's safety. For example, if a person was prescribed anti-biotics for an infection, or to inform staff of a change of contact in a relative's absence and to alert staff to a particular environmental safety issue in a person's home. People's risk assessments were reviewed following a hospital discharge to ensure any changes were recorded in risk management plans. A person said, "The staff do give me confidence, I do get around with a frame, and I'm not too bad at that. I think they would allow me to do something new if I wanted to and if they felt that I could cope. If not they'd help". Risks to people's safety and wellbeing had been assessed and plans were in place to minimise these risks.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staff were allocated on the basis of people's assessed needs and contracted hours of support. The team leader told us "We will do our best to meet people's preferences for calls sometimes we juggle but on the whole we have enough staff." Staff were available 24 hours per day, with two staff available overnight. The registered manager said, "The beauty is we can do responsive care and be flexible with calls if there are changes with people's needs, for example if poorly or well." There were no staff vacancies at the time of our inspection and no missed calls reported. People confirmed staff provided the care that was agreed with them.

Staff told us that staff sickness absence meant they were 'short staffed' at times and this impacted on people's preferred times for their personal care calls. The registered manager and team leader had taken action to address this issue. They had carried out an exercise with staff to demonstrate the impact on staff and people from late notice of absence. Staff had been asked to call in as early as possible if they were not able to work, this gave the management staff more time to allocate a replacement staff member. Wherever possible existing staff provided cover for unplanned staff absence to ensure a continuity of care for people. This included the registered manager and team leader along with staff from other of the provider's services if required. People told us there were sufficient staff to meet their needs.

Robust recruitment processes were in place to check the suitability of staff before they were employed by the service. Staff records included an application form, full employment history, written references and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Files for recently recruited staff showed all necessary checks had been completed. The registered manager told they looked to recruit the 'right' staff. They said, "We talk to applicants and we will support staff with no experience if they are willing to learn. We look at whether applicants are calm, listen, and communicate well and are friendly. We ask applicants to wait in the entrance and talk to people and if they have chatted with them (people) we look for a connection".

People who were supported by staff with their medicines told us this was well managed. Staff completed training in the administration of medicines and staff competency was assessed on an annual basis to ensure staff continued to support people with their medicines safely. When a medicine error had occurred records showed actions were taken to prevent the risk of this reoccurring. For example; a staff member responsible for an error had been suspended from medicine administration until they had completed two competency assessments to ensure they were safe to continue with medicines administration.

People's care plans included information about their medicines and the kind of support they required. This included an assessment of any risks and control measures to minimise risks to people from their medication. Information available included any allergies, the level of support the person required, how medicines were supplied/stored and people's communication needs, for example; how people communicated the need for medicines which are not given routinely but prescribed for pain relief or other occasional symptoms. Some people managed their own medicines and this had been risk assessed to ensure the person was able to manage their medicines safely.

Procedures were in place to check medicine administration records and audit the management of medicines and these helped to ensure people's medicines were managed consistently and safely.

Good

Is the service effective?

Our findings

People told us that staff were well prepared for their roles. A person said "Yes I am very happy here with regard to the capabilities of the staff, I think they are well trained. If they want to do something they do explain what they're about and then ask for permission to go ahead." Another person said, "Yes, of course they're well trained; they look after us very well. They do explain what they want to do then ask for permission to go ahead. If I said no they wouldn't bother", and a relative
said, "They do explain to dad what they want to do before doing it. He trusts them as to what's going on and he (& us) are usually happy for them to proceed."

New staff completed a comprehensive induction programme before working unsupervised. This was based on the Care Certificate. The Care Certificate is the industry standard set of competencies which staff working in adult social care need to meet before they can safely work unsupervised. Staff then worked alongside more experienced staff until they were considered confident and competent enough to work unsupervised. In addition, a high proportion of experienced staff had completed, or were undertaking, vocational qualifications in health and social care.

All staff completed the provider's 'mandatory' training which included equality and diversity, positive risk taking, the mental Capacity Act (2005) safeguarding, moving and handling, infection control and fire safety. Further training, specific to their role, was also available to each staff member. All staff were up to date with the provider's mandatory training.

People were cared for by staff who were appropriately supported in their role. All staff received regular one-to-one supervision meetings. During these meetings guidance was provided by staff's line manager in regard to work practices, training, identifying development opportunities, and other matters relating to the provision of care to people. Supervisions offered staff the opportunity to discuss any difficulties or concerns the staff member had. Staff who had worked at the service for over a year had also received an annual appraisal to assess their performance and identify development objectives. Staff told us these sessions were helpful and spoke positively about the support they received from the management on a day to day basis. They described a supportive atmosphere where members of the management team could always be approached for advice and guidance.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA. The provider had a clear policy and procedures in place to inform and guide staff on the legal requirements of the MCA and how to ensure people were supported in line with these requirements

People we spoke with told us that staff sought their consent for care. Staff were able to discuss the principles of the MCA and how they used this in their everyday interactions with people when supporting

them. Staff told us about how they encouraged people to do things for themselves and make their own decisions and people confirmed their decisions were respected. A staff member said, "I seek permission from each person to give care, respect any person with capacity making an unwise decisions and I will give information to a person if their decision seems unwise, but respect it is the person's decision".

Records showed that when people had been assessed as lacking capacity to make specific decisions about their care, the provider had complied with the requirements of the MCA. The registered manager had ensured decision making processes included people, family members and/or their legally appointed representatives. These decisions documented to ensure that any actions taken on people's behalf had been agreed as appropriate and necessary.

Where people had nominated representatives with legal authority such as a Lasting Power of Attorney, the provider had requested evidence of this to ensure people's legal rights were respected and upheld. People were given information about advocacy services. Advocates are independent people who can help people to make a decision and speak about this on their behalf if required.

Some people who were supported with their personal care also required assistance to eat and drink. People confirmed they had enough to eat and drink and were appropriately supported by staff with drinks, snacks and meals if required. When people were at risk of poor nutrition and hydration processes were in place to record and monitor what people were eating and drinking to ensure their dietary needs were being met.

Lunchtime meals were provided by the on-site restaurant. People either ate in the restaurant or in their own homes. People told us they were very satisfied with the food supplied by the restaurant and a person said "I actually have food allergies and the catering manager comes up to see me at the beginning of every week to chat with me as to what food I can eat or not. He's very good actually." People told us they liked the food and were able to make choices about what they had to eat. People's food preferences were documented in their care plan. This included their likes, dislikes and any risks associated with food such as allergies. People told us their food preferences were met. A person said, "I do so like the food here yes. They cater for our likes and dislikes."

People were supported to maintain good health and staff assisted them in accessing health care services when needed. Records showed that when required healthcare support for people was provided. A staff member said, "We have a really good relationship with community professionals." There was evidence people had regular contact with a range of health care professionals such as; speech and language therapists, occupational and physiotherapists, district nurses, hospice nurses, GP, community mental health team, dentists and chiropodists. The team leader said, "Whoever we need we track them down." People's records demonstrated they had been referred to health care professionals as required.

We observed a staff handover and saw that staff shared important information about people's health and wellbeing. Staff spoke about people in a knowledgeable and caring manner including how to identify when a person was anxious and an update about a person who had "real success" at their diabetes review. Staff signed the handover book to evidence they had received the information about people's care needs. People were supported by staff who effectively communicated about their needs.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us care staff were respectful and kind and some people told us they were treated with "love and affection" by staff. Other comments included; "I have to say that I think the staff here are absolutely excellent. I do tend to love them all to bits yes without exception, they are all very good to me, all very nice and there's not one who isn't that way inclined." Another person said, "The care is very good and it's shown with affection as well. They do treat us all with the greatest of respect and they also respect my dignity at all times."

People told us staff respected their wishes for how they preferred to be cared for. One person said, "They (staff) also show affection by giving me a cuddle when they think I need one. I find that all very reassuring." Whilst another person said, "They (staff) are very, very friendly. I'm not a touchy person so they tend not to do that to me. They know I don't like it so they don't do it. I see them doing it to other residents who appreciate it." We observed interactions between staff and people that demonstrated they responded to people in an appropriate and caring way. For example; we observed a staff member maintaining a person's confidentiality by gently reminding a person they would not discuss another person with them. We observed a staff member communicating with a person with speech difficulties whom they understood immediately and responded to their request. A staff member told us about a person with a learning disability and it was clear they understood and knew the person well. Other staff told us this staff member was 'really good' in providing appropriate support to this person. People were supported by staff who respected and understood people's needs.

We asked staff about how they built positive relationship with people. Staff told us they 'talked with people' to gain trust and get to know people. Staff also used the information in people's care plans 'all about me' which described people's hobbies and interests and what was important to the person. Staff were able to tell us about people's important relationships, interests and past employment. A staff member said, "People like talking about themselves and to hear us talking about us. A (person) loves to hear about my cats." Another staff member said, "(person) remembers all my children". The registered manager told us the importance of effective communication with people was emphasised in staff induction and training and this was modelled for new staff by experienced staff. They said, "We push staff to talk, ask, explain and we say to service users you tell us." People told us they had positive caring relationships with staff.

People told us they were treated with dignity and respect by staff. People described the different ways this was demonstrated by staff that included; knocking on doors and announcing themselves and checking the person is ready to see them. A person's relative described how their relative's dignity was respected by staff when they (relatives) were present. Staff described how they covered people and closed curtains and doors during support with personal care and a staff member said, "When going to their flat remember it is their flat, respect them the same as you would expect especially when bathing". People's dignity was respected by staff.

People's decisions were recorded and known by staff. This included the advance decisions people had made for their end of life care. We reviewed the care records for a person who was receiving end of life care.

These documented how the person wished to be cared for and their decisions about their healthcare treatment. Where necessary, people and staff were supported by palliative care specialists to provide end of life care and at the time of our inspection hospice staff were supporting a person. The person's relative spoke highly of the care their loved one was receiving and told us, "nothing is too much trouble", and, "We love all the staff to bits for what they do for our dad".

The team leader said, "It's nice to support people all the way we work with the hospice and district nurses for people at the end of their lives. We have had staff go and do a voluntary shift at the hospice to get a feel of this and gain more knowledge." A staff member told us how they had completed a training course and worked alongside district nurses to learn about end of life care. Staff told us how they supported people at the end of their life and spoke with care and compassion about the people they had supported. For example, a staff told us about a person's funeral they attended and how they acted on a person's wishes to ensure their hair and clothing was as they wanted. They said, "We maintain people's choices to the end."

Good

Is the service responsive?

Our findings

Records showed that people's care and support needs were set out in a written plan that described what staff needed to do to make sure personalised care was provided. This included information such as how the person wished to be addressed and their instructions for staff such as who they wanted staff to discuss their care with. Guidance was included for staff when people had a specific condition to support staff to know and understand their needs. For example; for a person living with dementia, information was included about the signs and symptoms of their dementia and the actions staff needed to take to ensure they were supported appropriately and safely.

People's preferred routines were detailed, including what people liked to do and talk about. People's breakfast and other food choices and their communication needs were detailed. Staff recorded a summary of their care visits, which showed care had been provided as requested. People told us they received the care they required and in the way they preferred and a person commented, "They do things for me my way."

Staff told us they used the information in people's care plans to support them to provide person centred care. Staff understood what was meant by person-centred care and told us, "Every person's care plan is individualised and people are involved in the creation of their care plan", and, "The person is at the centre of their care which is specific to meet their needs." Staff confirmed sufficient information was available to them to deliver people's preferences for care.

Where people required support with their personal care, they were able to make choices and be as independent as possible. One person told us about how staff provided support with the things they couldn't do but otherwise they responded to their requests for help as required. Another person said, "If they know I can tackle something they will actually encourage me to do it, they will not interfere and they allow me to get on with it myself." The registered manager told us, "People are supported to be as independent as possible and stay at home as long as possible. People's needs are paramount, we can put in calls to provide more support and overnight staff are really responsive if people stay." They told us, "We do now and argue later", meaning that peoples urgent or changed needs were responded to promptly pending further assessment and funding decisions.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. People spoke positively about the activities on offer and appreciated the stimulation and companionship these provided for them. Some people received one to one staff support for activities and these were chosen by the person. Staff acted on people's suggestions for activities and events and we were told about how in response to requests an ice cream at the seaside themed event had been held in the building. The team leader said, "We had to have the ice cream bells as well, it was really good just the small pleasure of seeing the ice cream man." One person told us, "I do go to the arts, crafts and bingo sessions plus some of the dancing. I get involved when I can as and when it interests me. Another person said, "Oh yes, I do go to the activities, I absolutely love them.".

People and relatives were encouraged to give their views and raise any concerns or complaints. The

provider's complaints policy provided information for people and their relatives about how a complaint could be made, the timescales for any response and how to complain to the Care Quality Commission and the local authority if they remained dissatisfied with the provider's response. People were given information about to complain in the service handbook and welcome information. The policy was also displayed in communal areas of the service.

People told us if they had concerns they were listened to and received a prompt response from the registered manager. A person said, "They do listen as this is our home and needs to be run in the correct way." All of the people we spoke with knew how to raise their concerns or complaints and the appropriate people to raise them with. People told us they attended regular residents meetings and felt they could, "have their say" at these meetings. We looked at the records of complaints and saw these were investigated and responded to in line with the provider policy. The provider monitored complaints and these were analysed for trends to ensure issued raised by people were used as an opportunity for improvements. Improvements made in response to feedback included, addressing performance issues with staff and the sharing of incidents with staff to promote learning and reflection in their working practice. The team leader said, "We respond to complaints and these are viewed as positive by the company. Then we look at how do we make that change."

Requires Improvement

Is the service well-led?

Our findings

All the people and relatives we spoke with told us the home was well-managed. People's comments included, "This place is very well managed and it's a lovely place to be in I'm very happy here and don't want to leave and most certainly would recommend it to someone else", and, "It's very well managed here. I can't think of any improvements they could make. Yes, I do think its lovely here, that's why I would recommend it. I wouldn't want to live anywhere else, definitely not".

We looked at the records of incidents and accidents and we identified a number of incidents that should have been notified to us as a safeguarding incident. Registered services are required to submit notifications to us without delay of safeguarding incidents so that we can monitor the safety of the service people receive. The registered manager told us they had not submitted these notifications as they had not fully understood this process. However we could see that these incidents were recorded including the action taken in response to the incident and the local authority safeguarding team had been made aware of the incidents. Incidents had been investigated and action had been taken appropriately. People had not been placed at risk due to this omission. We discussed this requirement with the registered manager and were assured they would submit and monitor the submission of these notifications appropriately in the future. We asked the registered manager to send us these notifications immediately following the inspection to ensure we had this information. The registered manager sent us these notifications promptly following our inspection. More time was required to ensure the correct process for notifying CQC was clear and known by all managers or staff in charge so that this process was always followed, even when the registered manager was not on site.

The registered manager and team leader told us they operated an 'open door' policy to encourage people and staff to talk to them whenever necessary. We noted people called into the office to talk to the managers during our inspection. The managers had relocated their office in the building so that they could be easily accessed by people, staff and visiting professionals. They both told us the importance of open communication in developing the service and promoting a positive culture. Staff confirmed the culture was open, inclusive and empowering. Staff told us about how the registered manager promoted teamwork and how staff were encouraged to learn from mistakes. They said managers encouraged them to speak up and they felt their opinion was valued.

The provider promoted the values of compassionate care, dignity, respect and person centred care that promoted people's independence and right to choice and participation. The registered manager told us these values were assessed in recruitment interviews with staff and thereafter promoted through, "Leading by example", staff training, through staff supervision and staff meetings. Staff were able to describe how these values were promoted in practice. For example; by respecting people's right to confidentiality, individual lifestyle choices and preferences. A staff member told us, "To care and take pride in who you are caring for and not to impose our values on people." Feedback from people and relatives confirmed the staff acted in accordance with these values. People were supported by staff who demonstrated the provider's values in practice.

Staff were supported to understand their roles and responsibilities through staff supervision, performance

management and team meetings. The registered manager held monthly staff meetings where performance was discussed and updates were shared. Records of a recent staff meeting in December 2016 showed staff had discussed the care of individual people as well as on-call procedures, medication administration recording and the principles of risk assessing. Decisions taken at the meeting and on-going actions required were recorded and circulated to staff. Staff told us managers gave "clear direction" were "strong" and they understood the expectations of their role. Staff meetings helped ensure that staff were supported in their role to provide a consistent approach to their care duties.

The registered manager was responsible for the management of three of the provider's services which were located close to each other. This meant the registered manager was not permanently on site at Campbell Place. However, the team leader told us, "At the drop of a hat she (registered manager) is here as the schemes are close together". The team leader deputised in the registered manager's absence but told us the registered manager was supportive and readily available to give advice or support when required. We observed the registered manager and the team leader had a good shared understanding of the service, the people who used the service and their management responsibilities. The team leader was currently undertaking a leadership course to develop their management knowledge and skills. Records of meetings and other documents related to the management of the home such as audits showed the registered manager was actively involved in managing the service.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. An annual quality assurance questionnaire was completed by people, their relatives, staff and other professionals. This information was analysed so that actions for improvements were identified and carried out. We saw the results of the surveys were mostly very positive with never less than 90% of people agreeing or strongly agreeing that they were satisfied with the service they received. Where dissatisfaction was expressed, actions had been taken to address these concerns.

People also told us their views were sought through residents meetings and these were acted on. The minutes of meetings were sent out to all people, so they were kept informed of discussions and decisions. Minutes showed people had discussed catering arrangements and activities for example. There had been a discussion held on 'lifeline' which is the name of the system used for personal alarms which enable people to call staff in an emergency or when needed. As a result of this discussion alarms were made available to people to wear on either their wrist or as a pendant. The team leader told us following the meeting they were pleased to report a person had been wearing their alarm when they had not done so previously. A system was in place to seek feedback from people about the quality of the service and their feedback was acted on.

A programme of audits were completed by the team leader, registered manager and the provider. These audits were used to assess and monitor the quality of the service people received. For example the registered manager carried out a monthly audit which included; staffing, environment, finance management, meetings, medication management and people's care plans. Observation of staff interactions with people was included. Action plans were developed which showed who was responsible for the action, the timescale to completed and when the action was completed. Records showed actions had been completed as required or were in progress such as improving the personalised information available for people to take with them when they are admitted to hospital. This process helped to drive continuous improvements to the service people received.