

Community Integrated Care Martin Close

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 

Overall summary

This unannounced inspection of Martin Close took place on 5 and 6 November 2015. The home provides accommodation and support for up to five people who have learning disabilities. At the time of the inspection there were five people living in the home. The primary aim at Martin Close is to promote people's independence and support them to lead a full and active life within their local communities. The service is a detached house within a residential area, which has been furnished to meet individual needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and relatives told us they trusted the staff completely who made them feel safe. Staff had completed required safeguarding training and had access to current legislation and guidance. Staff were able to demonstrate an awareness of abuse and how concerns should be reported. There had been no safeguarding incidents since the last inspection.

Where risks to people had been identified in their care plans measures were implemented to manage these.

Summary of findings

Staff were aware of such risks and followed guidance to manage them safely. We observed people being kept safe by staff who understood their individual risk assessments and management plans.

People living at Martin Close had received care from most staff for a number of years, who demonstrated a detailed knowledge of people's needs and aspirations. People were supported safely by sufficient numbers of staff with the necessary skills and experience. The registered manager completed a weekly staffing needs analysis with the senior support worker to ensure that any changes in people's needs were met by enough suitable staff. Staff volunteered to cover any unforeseen absence to prevent the use of unknown agency staff and to ensure people experienced continuity of care from staff they knew.

Staff had undergone required pre-employment checks, to ensure people were protected from the risk of being supported by unsuitable staff. Staff had received an induction into their role, required training and regular supervision which prepared them to carry out their roles and responsibilities. People were cared for by sufficient numbers of well trained staff who were effectively supported by the registered manager and senior staff.

Medicines were administered safely in a way people preferred, by trained staff who had their competency regularly assessed by the provider. Medicines were stored and disposed of safely, in accordance with current legislation and guidance.

People were actively involved in making decisions about their care and were always asked for their consent before any support was provided. People were encouraged to be as independent as they were able to be, as safely as possible.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The MCA 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf. People were supported by staff to make day to day decisions.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their

liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had completed the required training and was aware of relevant case law. Since the last inspection the provider had made two DoLS applications which were awaiting authorisation and appropriately notified to the CQC. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Where people's needs changed these were identified by staff and reported to relevant healthcare services promptly where required. Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

The activities programme ensured people were supported to pursue social activities and employment which protected them from social isolation. People were supported to maintain relationships important to them and to develop new friendships within the community.

Relatives told us they knew how to complain and that the provider encouraged them to raise concerns. No complaints had been made since the last inspection. When minor concerns were raised records showed they were investigated and action was taken by the provider to make improvements where required.

The registered manager told us that since our last inspection the provider had been through a series of restructures. As a result of the reorganisation the registered manager now also had a responsibility to manage three other services within a thirty mile radius of Martin Close. This meant they spent on average one day per week at Martin Close. A senior support worker had been appointed to oversee the day to day management of the home. People and relatives told us they had been worried about the impact of the restructure but told us the standard of care had not suffered, although they had observed an increase in the individual responsibilities of the staff.

Summary of findings

Staff also told us they were not always clear about the management roles within the service. Staff told us clarification was required in relation to the overlapping roles of the registered manager and the senior support worker, as to who held responsibility for the day to day running of the service.

The registered manager had established systems to effectively assess and monitor the quality and safety of the service. However because they were frequently absent it was not clearly defined who was responsible for completing these processes and when. This meant there was potential for the systems not to be operated effectively to identify areas for improvement.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. Other records relating to the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff.

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.

Staff had received safeguarding training and had access to relevant guidance. People had been safeguarded from the risk of abuse.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were sufficient numbers of qualified staff deployed to keep people safe and to meet their needs. Robust selection processes ensured suitable staff were recruited to support people with learning disabilities.

People's prescribed medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's assessed health and well-being needs were met by staff who had the necessary skills and knowledge.

People were supported to make as many choices and decisions as possible by staff who demonstrated an understanding of consent, mental capacity and deprivation of liberty safeguards.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



Is the service caring?

The service was caring

People had positive and caring relationships with the staff who treated them with kindness, showing compassion and concern for their welfare.

Staff supported people and their relatives to be actively involved in making decisions about their care. People were supported to keep in contact and remain involved with families and those who were important to them.

Staff promoted people's independence and ensured their privacy and dignity were respected at all times in the way their care and support was provided.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People received care that was tailored to meet their individual needs. People had a choice about their daily routines and activities were flexibly supported.

Staff listened carefully to people's views and responded to them on a daily basis. There were processes in place to seek feedback from people and their relatives about the quality of the service.

There was a satisfactory complaints procedure which provided people with information about how to complain. Learning from complaints was used by the provider to drive improvements in the service.

Is the service well-led?

The service was not always well-led.

The management team were highly visible within the home and readily available to people and staff. However since the restructuring of management support the registered manager was only available at the home one day per week.

Following the restructuring of management support staff were not always sure about management roles and responsibilities. The registered manager and senior support worker were taking action to provide clear guidance and reassure staff.

The registered manager had established systems to effectively assess and monitor the quality and safety of the service. However because they were frequently absent it was not clearly defined who was responsible for completing these processes and when. This meant there was potential for the systems not to be operated effectively to identify areas for improvement.

Requires Improvement



Martin Close

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 of Martin Close took place on 5 and 6 November 2015 and was unannounced. When planning the inspection visit we took account the size of the service and that some people at the home could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. At our last inspection on 10 July 2014 we did not identify any concerns. We read all of the notifications received about the home. Providers have to tell us about important and significant events relating to the service they provide using a notification. We had not requested a Provider Information Return (PIR) from the home. 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 gathered this information during the inspection. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate. We also looked at the provider's website to identify their published values and details of the care they provided.

During our inspection we spoke with the five people who use the service, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the service.

We observed how staff interacted and cared for people across the course of the inspection, including mealtimes, activities and when medicines were administered. We pathway tracked the care of each person. We also spoke with the staff including the registered manager, the senior support worker and four staff.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at five staff recruitment, supervision and training files. We also looked at records relating to the management of the service, such as health and safety audits, emergency contingency plans, minutes of staff meetings and provider quality assurance reports.

During the visit we spoke with three relatives of two people living at the home. We also spoke with three health and social care professionals who were involved in the support of people living at the home. Following the visit we spoke with the commissioners of the service.

Is the service safe?

Our findings

People told us they felt safe and staff always had their best interest at heart. Relatives told us they had no concerns for the safety of their family member because all staff knew the people living at the home and were able to quickly identify when they required support. One person told us, “I am safe here and this is my home. We are like a big family where people care about each other.” Another person said, “If I have a problem I tell the staff and they sort it out.” One relative told us, “There has been a very stable team here for a long time. Unfortunately two have recently left and we were worried about this but the new staff have settled in really well and quickly got to know people and their needs.”

Staff had completed safeguarding training and were able to demonstrate their understanding of their role and responsibility to protect people. Records confirmed that staff safeguarding training was up to date. Staff and people had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns.

Martin Close had robust safeguarding policies and procedures in place. The policies and procedures were followed in practice, and took into account relevant legislation and guidance for the management of abuse. No safeguarding incidents had occurred since our last inspection.

People had risk management plans in relation to all identified risks to them, including day to day living within the home and whilst accessing the community. Staff understood the risks to individuals and demonstrated how they supported people in accordance with their risk management plans. One staff member told us, “We try to support people to do everything they want to by exploring all the risks involved and then trying to manage them so people are as safe as they can be. The best thing about working here is seeing all of the people living their lives and being as independent as possible.” People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately.

Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. We reviewed risk assessments enabling staff to support people safely whilst attending a local gymnasium and other physical activities. Other people had risk assessments to support them whilst working within the community. We observed one person who had been supported by staff to create their own step by step risk assessment to enable them to travel to their place of work unsupported.

Fire equipment such as extinguishers and alarms were tested regularly to ensure they were in good working order. Other checks in the home, such as gas and electrical safety certification, protected people from environmental risks in the home. Water system checks were completed to ensure people were protected from the risk of Legionella disease, which is a water borne bacteria that causes illness.

If people displayed behaviours which may challenge, these were monitored and where required referred to health professionals for guidance, which was followed by staff. This ensured risks to people associated with their behaviours were managed safely. During our inspection we observed sensitive interventions by staff, which ensured that people's dignity and human rights were protected.

People's records included emergency information. These contained key information about the person in the event of an emergency, if they were admitted to hospital or referred to other health professionals, such as a dentist. Information included their means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people appropriately. People were kept safe as staff had access to relevant information which they could act upon in an emergency.

The registered manager completed a weekly staffing needs analysis to ensure there were always sufficient numbers of staff with the necessary experience and skills to support people safely, which was confirmed by staff rosters. Staff told us there were enough staff to respond immediately when people required support, which we observed in practice.

Staff had undergone robust recruitment checks as part of their application, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in

Is the service safe?

their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

We observed people receiving their medicines safely. Staff told us they had received training in the administration of medicines and had their competency assessed annually by the registered manager and medicines lead. This was confirmed by training records.

Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

Appropriate arrangements were in place in relation to obtaining medicine. We saw the home had a protocol in place with a local pharmacy detailing how medicines should be obtained and returned where necessary. Staff demonstrated an effective system for advance ordering of prescriptions and effective recording of their receipt.

We found the medicines were kept safely. The senior support worker had a key for the medicine cabinet which was bolted to a wall in the ground floor office. The medicines for each person were stored in lockable cabinets in their rooms so they could not be mixed accidentally. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. The registered manager told us there were no controlled drugs prescribed to people using the service but demonstrated knowledge of their responsibilities if this were to change. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered and the dose.

The provider had completed an annual service continuity plan and business continuity plan for 2015, which detailed guidance and action to be taken in the event of different types of emergency. These included emergency evacuation plans in relation to fire and flooding and plans to be implemented in the event of utility failures such as the loss of electricity and gas. Copies of these plans were stored near the front door in a 'grab bag' in the case of emergencies. Staff we spoke with were able to tell us about these plans and knew where the 'grab bag' was kept if required.

Is the service effective?

Our findings

People told us they were supported by well trained staff who understood their needs. A health and social care professional told us, “The staff are always looking to promote people’s independence and develop their life skills.” Relatives told us their family members received support from staff who knew them and how they required to be supported. One relative said, “The staff are brilliant, well trained and committed to the family at Martin’s Close.”

Two new staff had completed an induction course based on nationally recognised standards and spent time working with experienced staff to learn people’s specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively before they were allowed to work unsupervised. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. The registered manager had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Records showed that most of the provider’s required staff training was up to date and included further training specific to the needs of the people they supported, including learning disabilities. We saw that where training was required to be updated this had been scheduled for completion before March 2016. New staff told us they had been encouraged to complete the Diploma in Social Care and to undertake additional relevant qualifications to enable them to provide people’s care effectively.

Staff had received an annual appraisal and formal supervision every eight weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us they were well supported by the management team who encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people’s needs. Staff said that the registered manager and senior support worker were very flexible and understanding of staff personal needs when required. Two staff told us how the

management team had compassionately supported them with personal and professional development issues, which had been recorded in their staff files. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

People, relatives where appropriate and care managers told us that the registered manager and staff involved them in all decisions relating to people’s care and support. We observed staff constantly seeking people’s consent about their daily care and allowing them time to consider their decisions, in accordance with guidance detailed in their care plan.

We observed staff supporting people with limited verbal communication to make choices by using their knowledge of the individual’s communication methods detailed within their support plans. People had a communication assessment which documented how people communicated their choices. This also documented how to involve people in decisions, and the people to consult about decisions made in their best interests. For example one person did not always wish to talk but would approach staff later when they were ready to do so. Staff supported people to make as many decisions as possible.

Staff had completed training in the Mental Capacity Act 2005 (MCA), which records confirmed. Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions.

Where people had been assessed as lacking the capacity to consent to surgical or medical procedures decisions had been made in their best interests, in accordance with current legislation and guidance. Records demonstrated that family, staff, relevant health professionals and care managers were involved in these decisions. Another person was supported with significant financial decisions in accordance with current legislation. People were supported by staff who understood the need to seek people’s consent and the principles of the MCA 2005 in relation to people’s daily care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff had completed the required training and were aware

Is the service effective?

of relevant case law. At the time of inspection two people were subject to DoLS applications, which identified that any deprivation of liberty applied the least restrictive approach and provided a proportionate response to keep people safe from the risk of harm. This demonstrated the registered manager had taken the necessary action to ensure the service was working in a way which recognised and maintained people's rights. People's human rights were protected by staff who understood the DoLS.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the provision of meals during breakfast, lunch and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs. Where required nutrition and hydration charts

recorded what food and drink people had consumed. People had healthy eating plans to ensure they did not gain or lose weight and we observed staff supporting people in accordance with these plans.

Records showed that people had regular access to healthcare professionals such as GP's, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. On the first day of our inspection one person was supported to attend their dentist. We noted they had complained about toothache and staff had immediately arranged for them to attend the earliest available appointment. A relative told us "We are always told when they're not well or need an appointment and staff are always quick to respond if they are poorly." People were supported to maintain their health and welfare because staff ensured they had prompt access to healthcare services when required.

Is the service caring?

Our findings

People told us the staff were kind and very caring. During the inspection we observed staff working together demonstrating a strong team spirit where support was readily volunteered. Staff responded to people with patience and understanding, whilst following communication and behaviour support plans.

Staff told us the home had caring values and that they took pride in treating people with kindness, consideration and compassion. When asked about the strengths of the home one staff member said, "There has been a stable group of care staff here for a long time because the staff really care for the people here. It's not just a job." Another staff member said "We all volunteer to provide cover if there is a staffing issue to make sure people do not have to be supported by strangers."

Staff constantly chatted to people explaining what was happening and what they needed to do with regard to daily activities. Relatives told us the senior support worker was focused on staff developing caring and trusting relationships with people and their families. One relative told us the senior support worker was "So caring and always willing to go the extra mile." They told us the senior support worker had accompanied them in their own time to evaluate whether certain dance lessons would be beneficial to their loved one. Another family member told us, "There is a friendly relaxed atmosphere in the home because everyone cares for one another and respect each other's differences."

Staff had developed trusting relationships with people and were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them. Staff were passionate about supporting people to meet their individual challenges and achieve their own goals. One staff member was particularly enthused about the progress one person had made at their work placement and in the development of other lifestyle skills.

People told us they were encouraged to be as independent as possible and were able to make choices about their day to day lives and staff respected those choices. Staff gave people time to communicate their wishes and did not rush them. Staff respected people's right to decide whether to

participate in activities. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and to decide when they had had enough.

New members of staff told us they had received excellent support from experienced staff to introduce them to people and develop trusting relationships with them. One new staff member told us, "There is a lot of emphasis on learning about all of the people so you know as much as you can before you start to support them. I found this invaluable because it helped me understand people and build their trust and confidence."

People were supported to keep in contact with their family and friends and maintain relationships with them. The home worked closely with families and kept them fully involved in the person's care where required. Relatives and visitors were welcomed to the service and there were no restrictions on times or lengths of visits. We spoke with the parents of one person who were "really happy" with the quality of care their loved one received. One person had a close bond with their father who was unable to travel and was supported to visit him every week. Another person was supported to maintain a personal relationship with their long term partner. There were relationship plans in place to ensure important personal bonds and relationships were maintained.

Staff had received training to enable them to understand how to ensure people's privacy and dignity when supporting them with their personal care. Staff were able to describe and demonstrate how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy, for example when people took a bath using the communal bathroom. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed in practice.

During our inspection we observed a new staff member supporting one person to wash and dry their hair in readiness to visit their parents. The staff and person engaged in a happy conversation regarding hair care, hair dressing and personal fashion. During this conversation the person and staff celebrated different people's diversity and individuality and concluded with the person saying, "It's good to be different." Staff promoted an inclusive culture.

Is the service caring?

People told us the staff also supported their spiritual and religious needs. Two people told us that from time to time they enjoyed attending church and associated social gatherings. Staff ensured that people attended events of their choice to ensure their spiritual needs were met, which

records. Each person at Martin Close had completed a comprehensive end of life care plan which compassionately recorded their spiritual needs and not just their wishes regarding funeral arrangements.

Is the service responsive?

Our findings

People told us that all of their care and support needs were discussed with them. Relatives who supported their family members in the planning of their care told us this was tailored to meet their family member's needs. One person said, "The manager and staff always listen to what I want and then we work out a plan to do things." A relative said, "Staff are good at making sure we are kept informed and ask for our opinion about all important decisions." A health and social care professional told us the registered manager and staff were responsive to people's social needs and developing their independence.

People's needs were assessed before they moved in to the home and re-assessed at regular intervals. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Support plans and risk assessments were completed and agreed with individuals and other relevant parties, where appropriate.

People, relatives and care managers said they were involved in regular meetings with the manager and senior staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly with them and other relevant people to ensure that their changing needs were met.

Support plans and risk assessments were reviewed monthly by people and their dedicated keyworker. Any concerns or changes were recorded and addressed with the registered manager and senior support worker. People were involved in selecting their own keyworker. One person's keyworker had recently left to travel around the world. The person told us they were sad to see their keyworker leave but were happy for them and they were looking forward to choosing their new keyworker. A key worker is a member of staff who provides a focal point for a person and assumes an overarching responsibility for their welfare, developing social opportunities and activities, together with the registered manager and senior support worker.

The registered manager and staff sought advice and support from health professionals where required and we observed staff followed their guidance. People, their relatives and health professionals told us staff consistently

responded to people's needs and wishes in a prompt manner. For example one person who had experienced a series of fainting episodes was referred to relevant health professionals for guidance, which staff had implemented. Each person's care plan contained a record of any changes to their health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

People were supported to take part in social activities of their choice, such as visits to the set of Coronation Street, the seaside and adventure theme parks. One person had been supported to buy a birthday gift for a close relative, whilst others were supported to attend social club discos and watch films of their choice at the local cinema. People were also actively involved in planning holidays with their families and staff. One person had planned a recent short break in Brighton. We noted that one person had created a "bucket list" detailing all of the things they wished to experience and achieve. This list included sailing on a cruise ship and we reviewed documents where the person had been involved in creating their 'cruise plan'. During monthly meetings with staff people discussed recent events and special moments, which were recorded on a document entitled "my memories". One such entry read, 'Champagne and Cocktails on Cruise, whilst another read, 'Cornwall Holiday' and 'Cinema to watch Pan'.

Two people had been encouraged and supported to work in the local community. We accompanied one person who wished to show us their work place and introduce us to some of their friends and workmates. We observed the person gaining experience and training in assembling car parts and administrative tasks, whilst developing an understanding of working disciplines, time keeping, team work and social skills. We noted that this person's dream was to become a mechanic. The person introduced us to the friends they had met whilst working at the workshop. They told us that they had developed friendships with people whilst working, which staff supported them to maintain. Staff told us how they had recently supported the person on a visit to the town when they were contacted by

Is the service responsive?

a friend from work. The person told us how staff had supported them to meet up with the friend at short notice. People were supported to maintain relationships with people who were important to them, and to develop new ones, which prevented them becoming socially isolated.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others. We observed positive behaviour management and sensitive interventions throughout our inspection, which ensured people were treated with respect and their human rights were protected. For example we observed one person supported by staff in a kind and patient manner when they were displaying repetitive behaviours which interrupted people already engaged in conversation.

Staff talked knowledgeably about the people they supported and took account of their changing views and

preferences. We observed staff communicating effectively during our inspection in accordance with people's communication plans. People's communication methods were understood and implemented in practice by staff.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been no formal complaints about the home. People and relatives were also able to raise issues in their quarterly service reviews with the registered manager or senior support worker. One person told us they had raised a concern to the registered manager who had responded promptly and taken steps to address the issues raised. The registered manager listened to the person's concern then implemented staff training in relation to communication skills. Necessary learning from these concerns was implemented to prevent the risk of a recurrence and to improve the service.

Is the service well-led?

Our findings

The registered manager had been in post at Martin Close for over 5 years. They were held in high regard by people and relatives, who spoke about them in positive and affectionate terms. People and relatives told us the staff were always approachable and knew what was happening. Staff told us they were able to express their thoughts about the service through the regular staff meetings and supervisions, which records confirmed. The registered manager and senior support worker told us they worked shifts alongside staff which enabled them to build positive relationships with people and staff. This was confirmed by rotas and comments made by people and staff. One person told us, “She is the manager but also our friend. If I have a problem she will always sort it out.” A relative told us, “She is like part of the furniture and has made Martin Close a real home where people feel happy and loved.”

The registered manager told us that since our last inspection the provider had been through a series of restructures. As a result of the reorganisation the registered manager now also had a responsibility to manage three other services within a thirty mile radius of Martin Close. This meant they spent on average one day per week at Martin Close. A senior support worker had been appointed to oversee the day to day management of the home. People and relatives told us they had been worried about the impact of the restructure. They told us the standard of care had not suffered, although they had observed an increase in the individual responsibilities of the staff.

Staff also told us they were not always clear about the management roles within the service. Staff told us that the registered manager was always approachable and supportive but was no longer accessible daily. Staff told us they would welcome more clarity around the role of the senior support worker and the registered manager as to who held responsibility for the day to day running of the service. The registered manager told us they had been made aware of this and were devising a plan with the senior support worker to address this. The revised structures and processes had not had sufficient time to embed effectively and be sustained.

The senior support worker praised the registered manager for their personal support but had often felt overwhelmed and had been “thrown in at the deep end” by the provider. They were disappointed that concerns they had raised in a

provider’s questionnaire to new senior support workers had not received a response. However, the senior support worker told us that the registered manager had listened to their concerns and had now created a development plan for senior support workers, which records confirmed.

The registered manager told us the main challenge they had faced was replacing two very experienced staff who had worked at the home for a long time and minimising the anxieties of people following their departure. Two new staff had been recruited and had settled in well. However initially there had been some issues between existing staff and new staff members. The registered manager organised a team meeting where everyone had an opportunity to raise their point of view, which had been recorded. A new staff member told us, “The meeting was really good and brought us closer together as a team” Another member of staff told us, “It was good to clear the air and sort out the confusion regarding our responsibilities since the restructure.”

There was an open culture among staff who were encouraged by the registered manager and senior support worker to be involved in the day to day running of the service. Staff told us they were encouraged by the management team to report mistakes or near misses, so the required learning could be delivered to all staff to improve the service. Since the reorganisation the registered manager was looking at ways to effectively delegate responsibilities to staff and to encourage them to be involved in driving improvements.

Staff meetings were held monthly and were used to share ideas and discuss best practice and plans for the service. There was a clear set of actions resulting from each meeting which had been completed or updated, which we saw recorded in the minutes of the last meeting in October 2015. For example, best practice in relation to DoLS was discussed and the forthcoming introduction of a new quality assessment tool. One staff member was asked to provide copies of the minutes to people and their relatives where required, which had been completed.

The registered manager had established systems to effectively assess and monitor the quality and safety of the service. However because they were frequently absent it was not clearly defined who was responsible for completing these processes and when. This meant there was potential for the systems not to be operated effectively

Is the service well-led?

to identify areas for improvement. The registered manager told us they were reviewing the quality assurance system with the senior support worker to clearly define who was responsible for managing each system.

The registered manager, senior support worker and designated staff completed a range of audits. For example one member of staff had been appointed as the home's lead for medicines management, whilst another was appointed as the lead for fire safety. The daily, weekly and monthly checks in relation to the management of medicines had been completed. Health and safety checks were also undertaken to identify any risks in relation to the environment such as fire and water safety. There was evidence of weekly fire alarm system tests, a night time evacuation drill and an annual service of fire safety and other equipment.

The provider's regional manager completed a comprehensive annual compliance audit in January 2015 which identified actions to improve the service and timescales for these to be completed. For example the audit identified staff training required updating. The regional manager had tasked the registered manager to implement individual staff training plans. This identified all staff training required and ensured a programme had been created to complete it by March 2016. We saw documents which demonstrated the senior support worker and registered manager had identified and scheduled the required training.

The provider's statement of purpose outlined their aims, objectives and core values. These values were based around enabling people to develop life skills and promoting their independence, in an environment where people felt valued and respected. People and relatives told

us the registered manager and staff were all committed to providing as much opportunity and choice to ensure people fulfilled their potential and realised their dreams. Staff we spoke with were able to tell us about the provider's values, which we observed being demonstrated in their day to day care practice. For example we observed people completing their housework tasks and baking, supported by staff as required, in accordance with their support plans.

We found that accidents and incidents had been recorded appropriately. Learning from incidents and investigations took place and appropriate changes were implemented. Staff told us there was no blame culture within the home and the manager encouraged the reporting of, and learning from mistakes. Staff told us that when a medicines error had been identified the registered manager had addressed the learning points with them and informed relevant people. We noted that learning points from this incident had been delivered to other staff prevent a recurrence and to drive improvement.

Any relevant new developments in social care were fed back to people, their families and staff by means of the meetings hosted by the registered manager. Staff worked closely with other professionals when required and sought and followed the advice they provided.

Records accurately reflected people's needs and were up to date. Detailed support plans and risk assessments were completed and provided necessary guidance for staff to provide the required support to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.