Community Homes of Intensive Care and Education Limited

Cambria House

Inspection report

24 St Peters Street
Winchester
Hampshire
SO23 8PB
Tel:01962 865226
Website: www.choicecaregroup

Date of inspection visit: 21 September 2015
Date of publication: 25/11/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Cambria House is a service registered to provide accommodation and personal care for eight adults with a learning disability or autistic spectrum disorder. The people living in the service had complex needs and sometimes demonstrated behaviour which may challenge others. At the time of our inspection there were eight men using the service. Accommodation is provided within a large detached house including a garden and located close to the town centre of Winchester.

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.

Staff had completed safeguarding training. They understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There

Summary of findings

was a safeguarding policy in place and records showed action was taken to keep people safe. People behaved in a way that indicated they felt safe and relatives told us people were cared for safely.

Risks had been appropriately identified and addressed both in relation to people's specific needs and in relation to the service as a whole. Staff were aware of people's individual risk assessments and knew how to mitigate the risks. Risks were monitored and reviewed and staff took actions to protect people from harm. People lived in an environment where they felt safe and were able to develop skills and confidence in leading their lives.

There were enough staff on duty to meet people's needs and care for people safely. Recruitment was underway to achieve a full complement of staff. Staff vacancies were covered by existing staff who knew people well. People were cared for by staff who had undergone the required pre-employment checks to ensure their suitability.

Medicines were administered safely by staff that had been trained and were competent to do so. There were procedures in place to ensure the safe handling and administration of medicines.

Staff were supported in their role by the registered manager and completed a range of training to meet the specific needs of the people they supported.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions made were in the person's best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLs applications had been submitted for people to ensure restrictions on their liberty, to keep them safe, were legally authorised.

Staff involved people in meal choices. People were encouraged and supported to make their own meals where possible. Staff supported people to eat healthily and monitored their food and fluid intake to improve their health and wellbeing.

People's health needs were met. The service worked with a range of health professionals to ensure effective health care was provided for people. This included working with a psychologist to develop and monitor the strategies used to support people to manage behaviours that might challenge.

People and their relatives told us staff were caring. People were supported by staff to do the things that were important to them and their choices were respected. Staff knew how to meet people's needs and showed this through their caring actions and interactions with people. People were treated with dignity and respect by staff.

People were involved in developing their care plans to meet their individual needs and goals. The approach used with people helped them to manage behaviours which might challenge others, improve their quality of life and reduce anxieties. Care plans were reviewed with people and their families to ensure the strategies used to support people remained effective and led to positive outcomes for people.

People were supported to participate in a wide range of activities which reflected their individual preferences and interests.

Feedback from people, their relatives, staff and other professionals was used to monitor and improve the quality of the services. The registered manager and the provider operated systems to ensure the quality of care people received was reviewed and improved as required. Staff reflected the values promoted by the provider in their work with people. These included; treating people with dignity and respect and being committed and passionate about people achieving their person centred outcomes.

Staff spoke positively about the support they received from the registered manager. Regular staff meetings were in place and plans to drive improvement in the service were acted on. The registered manager was accessible to staff and people and they encouraged a positive atmosphere in the home. The registered manager ensured staff were aware of their responsibilities to the people they supported.

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?

Good

The service was safe.

People's needs were safely met by a sufficient number of staff. Staff had undergone relevant pre-employment checks to ensure their suitability for their role.

People were safe from the risk of abuse. Staff had received training and understood their roles and responsibilities.

Risks to people had been identified and responded to appropriately by staff to ensure people received their care safely.

Medicines were administered safely by staff that were trained and had been assessed as competent to do so. There were processes in place to ensure people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and were knowledgeable about people's needs.

People were supported to make decisions about their care and treatment, as far as they were able. Staff followed legal requirements where people lacked the capacity to consent to decisions about their treatment, to ensure their rights were protected.

Staff supported people to eat and drink enough to meet their needs. People were encouraged to make their own meals where possible.

Staff supported people to ensure their health care needs were met a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff developed positive caring relationships with people and involved them in decisions about their care.

People were supported by staff to meet their diverse needs and their choices were respected.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to achieve their goals and maintain a good quality of life.

Care was delivered to support people to manage behaviours which may challenge and to experience positive outcomes.

People engaged in a wide range of activities to meet their individual preferences and interests.

Summary of findings

People's comments and complaints were listened to and acted on by the provider.

Is the service well-led?

Good

The service was well led.

People, staff and others spoke positively about the support they received from the registered manager. The manger encouraged open communication between staff and people.

There was a positive values based culture within the service. Staff understood the values promoted by the provider and put these into practice in their work with people.

There were a range of systems in place to assess and monitor the quality and safety of the service. The feedback from people, their relatives, staff and other professionals was used to drive service improvements.

The registered manager ensured staff were aware of their responsibilities and accountabilities both within the home and to the people they supported.

Cambria House

Detailed findings

Background to this inspection

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

This inspection took place on 21September 2015 and was unannounced. The inspection team was comprised of two inspectors. We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people who used the service. We spoke with the registered manager, deputy manager and a further two staff. We spoke with the relatives of two people. We reviewed records which included four people's care plans, five staff recruitment, induction and supervision records and records relating to the management of the service. Where people were unable to tell us about their experiences due to their complex needs, we used other methods to help us understand their experiences, including observation.

We previously inspected the service on 30 August 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us their relatives were cared for safely. A relative said "he is very happy there and he wants to stay there. He would tell us if there was a problem: he would definitely speak up". People behaved in a way which showed they felt safe. We observed that people were comfortable and confident in their interactions with staff. People expressed their needs and choices and these were responded to positively by staff. Staff understood the support people required to keep them and others safe. This helped to create a safe and secure living environment.

People were supported by staff who understood the indicators of abuse and how to report concerns. We spoke with three staff members about how they recognised concerns of abuse when people may not disclose abuse or mistreatment. A staff member said "displaying challenging behaviours, being withdrawn, bruises and cuts. I think change in behaviour is how I would know here as they are all generally happy". Asked about reporting concerns a staff member said "I would go to the manager or the deputy to report concerns or call head office and speak to the area manager". Records confirmed that when concerns were raised the registered manager took the appropriate action. This included investigation, notification to the Care Quality Commission (CQC), local authority and actions to prevent reoccurrence.

The staff knew about whistle blowing and there was a policy. Small printed cards were available describing whistle blowing contacts for staff or others as required. Staff we spoke with told us if they had concerns they felt able to raise them directly with managers and were confident these would be acted on.

When people were at risk of harm from others action was taken to reduce the risk. The registered manager told us how staff monitored interaction between people and used sensitive interventions to ensure people were not subject to any unwanted behaviour. For example, a person was being supported to understand and manage behaviours that placed them and others at risk. The registered manager said "we've introduced social stories to help the person learn how to respond to the behaviour of others and reduce incidents within the home". People were safe because the service protected them from avoidable harm and potential abuse.

Risks to people had been identified and people had plans in place to manage the risks. For example, we saw risk assessments for a person in relation to: accessing the kitchen and the laundry, being in the community and risks from eating and drinking difficulties. People had been involved in plans to manage their risk areas. For example; a person told us about how staff supported them to access social media safely which was described in their care plan. They said "yes the staff have talked to me about this it's for safety reasons".

Staff we spoke with were aware of risks and how people were to be supported. For example: staff told us about why a person required two staff when out in the community and why a person required male staff to support them.

People were supported by staff to manage behaviours which may challenge. The registered manager and staff told us how they used various strategies to help people stay safe whilst promoting their independence. For example; one person was supported to complete a paper round with two staff, whilst another was supported with their positive management of inappropriate language by earning rewards.

People were supported to take positive managed risks to help them learn and gain experience and confidence in leading their lives. For example a staff member told us about a person who was initially supported by staff in the community. The person then wanted to go out independently. Staff provided a shadow escort which meant they were available nearby should the person require support. The person then wanted to go out without a shadow escort so this was tried. The staff member said "then the person changed their mind and wanted staff to go with them – to me that was positive he tried".

A business continuity plan was in place and reviewed which detailed actions and information required in case of an emergency. This included emergency contact details, emergency access, locations to shut off supplies and dealing with loss of utilities. Records showed people had individual person emergency evacuation plans (PEEP's) in case of fire evacuation.

People were supported by staff that were recruited safely. We reviewed five staff files and found the provider had completed all of the required pre-employment checks when recruiting staff. This included; a full employment history, character references and a criminal records check.

Good

Is the service safe?

People living in the service were involved in the recruitment process. The registered manager told us people were involved in asking questions, doing a tour of the home and having a cup of tea in the lounge with candidates. They said "we have said no to candidates based on people's feedback"

At the time of our inspection the service was not fully staffed and had seven staff vacancies. However, the minimum staffing levels calculated by the provider to maintain people's safety were met. A person said "yeah there are enough staff to do what I want". One person's relative said "sometimes my relative has not been able to visit due to a shortage of staff drivers, but not lately, I think one extra staff would ease any tensions for staff more so than service users".

There were enough staff to meet the needs of people and to keep them safe. We observed that staff were available to support people whenever they needed assistance or wanted attention. The registered manager had increased the use of their own bank staff and staff overtime to cover recent staff vacancies. The registered manager and deputy manager were also working additional shifts when other staff were not available. The provider was actively recruiting to fill these vacancies and the registered manager informed us that two staff members had successfully been recruited and were due to begin work soon. Staff felt staffing was maintained at a safe level and confirmed people's needs were met promptly. Staff were seen to be spending time with people, for example, chatting with them about subjects of interest.

A relative praised staff at the service for proactively managing their relative's medicines which led to a reduction in those being prescribed. They said "our relative was on loads of medicines when they went to the home. They were over-medicated. They (staff) have weaned them off it we are really happy about that". One person was prescribed a medicine to be given when required. Guidelines were in place to describe the circumstances in which this medicine should be given, which staff followed in practice. When this medicine was administered records were reviewed by the registered manager and a mental health professional to identify any trends.

People were administered their prescribed medicines safely. Medicines were administered by one staff member with another as witness. Separate records were completed by each staff member. We observed a staff member administering medicines. They asked the person to tell them what medicines they had at that time. The person identified the medicines and agreed to take them. People's care plans included easy read information about their medicines.

Medicines were managed safely. Records were checked prior to administration and completed following administration. Records included a photo of the person and a photo of the medicines. Medicines were described by dosage and administration times and included warnings. If a person refused medicines, guidance was provided about when staff could try again or consider as a missed dose. Medicines were stored safely and medicine stocks were checked on a daily basis. Medicines awaiting disposal were stored appropriately and disposed of safely.

Staff completed training, followed by a competency assessment by the registered manager, prior to administering people's medicines. Annual competency checks were carried out by a senior care worker to ensure people continued to receive their medicines safely.

Good

Is the service effective?

Our findings

Staff told us and records confirmed they had completed an induction when they commenced their role. Induction was delivered over five days when new staff worked alongside more experienced staff as supernumerary in the home. New staff also completed training in line with Skills for Care who set the standards that people working in adult social care need to meet. The provider had introduced a new induction programme which met the requirements of the 'Care Certificate' to ensure staff had the knowledge and skills they need to provide safe, compassionate care. People were cared for by staff who received a comprehensive induction which encompassed relevant areas of training to their work.

Staff told us they felt supported in their role by the registered manager. One staff member said "the manager always listens and gives you a hearing" and the registered manager said "I have an open door policy so I can give staff five minutes as needed we try to be very approachable". Staff supervisions were scheduled every two months and included an annual appraisal. We reviewed five staff files and the record of supervisions and appraisals. Records showed supervision included a discussion on working with service users, difficult incidents, working as part of the team and training and development needs. Appraisals were based on how staff carried out their role against the provider's competencies and values and their development needs in these areas. This included; being decisive, open and reflective and confident and brave.

We noted not all staff had an up to date supervision or appraisal. For example three staff had not completed their appraisal due in July 2015. The deputy manager said "We are a bit behind with supervision at the moment, but staff can talk to us". The registered manager told us this was due to reduced staffing levels and they had prioritised the supervision of new staff to ensure they were supported in their role. The registered manager was taking action to complete outstanding staff supervision and appraisals.

Staff completed training in areas relevant to the needs of people using the service. This included training in how to manage people's behaviours which may challenge others or cause harm to them and autism awareness. A staff member told us about this training and said "This training widened my knowledge not just basic knowledge but ways to support people with autism. SCIP (strategies for crisis intervention and prevention) was also useful to learn how to support someone in a positive way, anything to help with that is good".

The registered manager told us all staff were required to complete training in SCIP and positive behaviour support. This was to ensure staff were trained to use restraint safely and only when necessary to do so. Records showed some staff did not have updated training in line with the provider's timescales for completion. We saw the registered manager was taking steps to address this.

Other training that was mandatory for all staff included; fire training, infection control, medicines management, safeguarding, food safety, health and safety and the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). Training was delivered either face to face or by DVD. Records confirmed that when training was completed by DVD staff also completed a knowledge test which was signed off by the registered manager. The deputy manager said "they (provider) are really good at training if they don't have it they will look into it". Other training available to staff included; depression, epilepsy and schizophrenia.

We checked whether the provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA). The MCA protects and supports people who do not have the ability to make decisions for themselves. Records showed staff completed training in the Mental Capacity Act 2005 (MCA) and staff confirmed this. People's records included information about their abilities to make decisions. For example; a person's care plan included how they made choices and explained how they demonstrated they understood the treatment decisions made with a speech and language therapist (SALT). A person who required dental treatment had a mental capacity assessment to determine their capacity to agree to a general anaesthetic for dental treatment. Another person's relative told us how their relative had a mental capacity assessment in relation to their dental treatment and said "Staff were brilliant and so patient with him, he was assessed as able to make the decision and he had the treatment".

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications are a legal requirement when people lack the capacity to consent to the care and treatment they

receive and are subject to continuous supervision. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. At the time of our inspection applications had been made in respect of four people and further applications were in the process of being submitted for the remaining four people. There was evidence on some people's files that they were able to understand and agree to some restrictions in the home such as; locked doors and cupboards. The provider was in the process of reviewing their process in relation to DoLS applications to ensure greater clarity.

Records showed people had positive behaviour support and risk management plans in place, which included approved physical and non-physical restraint interventions. Plans clearly detailed the proactive approach staff should take with people to avoid the use of physical restraint. Instances of restraint were documented in people's Behavioural Observation Charts (BOC's) and a log book. All instances were reviewed and signed by the manager to ensure they were the least restrictive and proportionate to the level of risk to the person. The psychologist employed by the provider visited weekly to review the BOC's and produce 'trend' reports so that triggers and responses could be reviewed, monitored and changed if required. People had signed their consent for behavioural support and sharing information at review which was presented in an easy read format.

People's preferences were taken into account in the provision of food and drink. People had a day each to decide the menu and to be involved in the cooking. A person's relative said "They seem to be cooking healthy food and they have choice and help from staff". During our inspection people made individual choices for their lunch and dinner and had support from staff where required. Information on healthy eating was displayed in the kitchen and snacks such as; fresh fruit and yogurts were available between meals.

One person was involved in monitoring their food and fluid intake by completing charts displayed in the kitchen. Their care plan included information on their health issues and recommendations to eat healthily and to be encouraged to drink fluids. The registered manager explained to us that "Both the person and staff fill in the charts, it can be hit and miss but we are trying different things to help the person take control of their diet". A staff member described how having a jug of juice available at night had helped the person improve their hydration and said "he feels better as he is more hydrated. We are not taking away the things he enjoys just helping him to take care of himself".

A person told us and records confirmed that the GP completes annual health checks at the home. The person showed us their health action plan (HAP). A HAP details the actions needed to maintain and improve the health of an individual and any support needed to achieve them. For example we saw a person's HAP detailed the weight they had lost and their goal to lose more weight. The person was 'struggling' with this and the action was to do more exercise. Another person's HAP included actions to take regarding dental treatment, healthy eating and smoking.

Staff ensured people's health care needs were met. People had been seen by a variety of health care professionals such as the GP, dentist, optician, and the Speech and Language Therapist. A person's relative said "They (staff) are very good at going with them to the doctors". Important information about people's needs was recorded in case they required admission to hospital. This included their personal details and history, medicines, and sleeping and eating needs.

Good

Is the service caring?

Our findings

People told us staff were caring. A person said "Nice staff, its good they are around and are good at talking to me". A person's relative said "Staff are very caring and consider their needs". We noted managers and staff were covering extra shifts due to staff vacancies. This meant people were able to continue with their planned activities supported by staff who knew them well. A staff member said "If people need me I am there and if they are fed, looked after and supported to be the best they can be then I can go home feeling I have done my job". Staff prioritised and cared about people's wellbeing.

Throughout our inspection we observed kind, caring and respectful interactions between staff and people who use the service. There was pleasant banter between staff and people. We observed a staff member encouraging and praising a person who was making a cartoon by saying "that's really clever, how do you do that?" Another person came into the office with a cut on their arm. The person asked to dress the cut and complete the accident book and the staff member supported them do this. People were treated with kindness and respect by staff.

People were supported by staff that were knowledgeable about their individual diverse needs and preferences. Staff told us about people's likes and dislikes and how they communicated their feelings. A person said "Staff let me do my own things" and a staff member said "It's about day to day stuff, getting involved in their interests and not saying you are not doing that or disregard it because you don't agree or approve. We are very good at that; there are so many limitations in their lives it's great to encourage them".

A staff member told us about a person who became anxious before going home to visit their family. They said "It's important to spend time with this person before they go home on a visit as they get anxious and need a lot of reassurance about the plan". We heard staff talking to the person about their trip and reassuring them. People were supported to maintain relationships with others outside the home including friends and family and a person told us about their girlfriend. The registered manager was attending residents meetings to help people express what they wanted to say to each other when they found this difficult. This helped people build relationships with each other.

People were able to make choices and these were respected by staff. One person had chosen not to attend their regular work placement whilst a person they liked was not there. Another person told staff what they were going to buy at the shop and although staff questioned their decision the person was clear about what they would buy. A person told us they had changed keyworker at their request and could choose the staff that supported them on holiday. When people required help to make a decision this was provided. For example the manager told us about a person who had gone through a difficult time and an advocate was provided to help them think about whether they wanted to remain at the home.

The provider promoted the principles of dignity and respect as a core value. Evidence that staff supported the provider's values was tested out at interview and induction and monitored through supervision and appraisal. Records showed that staff and managers used these opportunities to reflect on how values are demonstrated in their work with people. Relatives told us about the respect shown to their people by staff. A relative said "One thing I know is staff respect the individuality of the residents and don't disclose information about other people". Another relative said "they (staff) would never discuss other people". One relative said "they wouldn't go into his room unless they knock; I hear them doing it on the phone". People could spend time privately in their room and in the sensory room. Records showed arrangements in place to monitor a person's safety had been discussed with the person and this included their rights to privacy and choice. People were treated with dignity and respect.

Good

Is the service responsive?

Our findings

Care plans were person centred and people were involved in developing their care plans. A person showed us their care plan and talked us through some of the content. This reflected their needs and interests and explained how they would be met. They said "the manager goes through this with me". Information included; what was important to the person, and what support they required. For example; it was important for a person to spend time with family and other people and they required one to one support in the community. A staff member said "I ask people if there is anything particular they want written into their care plans, I make sure it gets put down. For example spending money, if they want us to make a plan with them we do and they sign it". People had signed their agreement to their care plans.

We reviewed four people's care plans and records showed these had been reviewed in February 2015. Relatives told us they were involved in annual reviews and records confirmed this. A relative said "The manager, deputy manager, my family member and I have a complete review, and the psychologist comes as well. Our relative participates and has a say in what he wants". Another relative said "Our family member attends the review and listens, but if he wasn't happy he would say he can be very assertive". Daily records were kept to report on the care and support people had received their positive outcomes and any concerns. A record was also completed to report on people's progress towards their goals. Goals were identified in these areas; learning and developing; being well and happy; busy and having fun; caring and contributing and good relationships. This provided a structure to monitor and review people's progress in relation to outcomes and needs in these areas.

Care was planned using a 'positive behavioural support' approach'. This meant care plans were developed to increase people's quality of life and help to reduce incidents of behaviours which may challenge. Care plans described the signs and signals of when people became anxious or agitated and the strategies staff should use to support the person to manage resulting behaviours. For example; a person's care plan described how staff should use 'firm and consistent boundaries' when working with a person. We observed staff using this approach which helped the person manage their behaviour. These strategies were regularly reviewed by a psychologist to monitor and report on their effectiveness. A review of this person's care by the psychologist concluded 'The intervention strategies that are used consistently throughout the team have been effective in managing any incidents they are faced with.'

People's rooms were personalised and reflected their interests and needs. Staff had decorated one person's room with pictures of their favourite super hero figures. The person had asked for all items to be removed from their bedroom and this was detailed in their care plan and signed by the person. We saw this had been implemented.

People were supported to be as independent as possible. People were encouraged to manage their own personal care needs and to clean their rooms and engage in other household tasks. Staff were available for support and safety where necessary and to provide verbal prompts and encouragement. A person told us "It's better for me to do things independently".

People were engaged in a range of activities to meet their individual interests. A person told us about the activities they enjoyed which included; "shopping with the registered manager, trainspotting with staff, football with friends and staff and meeting my friends". During our inspection staff were planning to take the person trainspotting later that day. Other people were involved in outings to the gym, feeding ducks, attending college by train, shopping or on activities with family.

The registered manager told us about the importance of staff supporting people to be active and involved in their interests. They said "because if you don't and service users aren't busy then boredom causes spikes in behaviour and there is a knock on effect so we need to ensure that activities happen". A person spoke to us about their work placement experience which included: woodwork and DIY, gardening, looking after farm animals, cooking and growing vegetables and studying flowers. They were proud of their achievements and used their review document which included photos to tell us about this.

Activities were also provided in the home and a person told us about how the registered manager had led sessions on yoga which they enjoyed. The home had a sensory room which staff told us was particularly used by some people to relax. A person's relative said "he does lots of things like play squash, meets with friends, plays golf and meets with

Good

Is the service responsive?

family. He has a keen interest in history and likes DVD's; he is also going to American football". People were supported to follow their interests and take part in meaningful activities.

People had care plans which detailed their communication needs for example "I can be difficult to understand, I don't like being asked to repeat myself; you need to listen carefully". Staff were knowledgeable about people's communication methods. This meant they understood when a person was indicating how they were feeling and why this might be. People also had monthly opportunities to discuss their care and support with their keyworker. A key worker is a named member of staff who works with the person to coordinate and monitor their care plan.

People were made aware of the complaint's policy which had been discussed in a service user meeting. A person had complained about a recruitment banner displayed outside the home that had caused attention which distressed them. The banner was removed. Relatives we spoke with knew how to complain, but had not found this necessary as they had regular contact with the service about any updates or concerns in relation to their relative. A staff member told us how they had dealt with a complaint from a member of the public and this had been responded to by senior managers. Records showed complaints were responded to in line with the provider's policy and procedures and resolved, as far as possible to the complainant's satisfaction. People were listened to and their concerns were acted on.

Good

Is the service well-led?

Our findings

Relatives told us they had a good relationship with the registered manager whom they respected. A relative said "the manager is very good and does listen to us and takes any concerns seriously". Staff were able to raise any issues or concerns with the registered manager. They felt they were listened and responded to. A staff member said "The culture is open, I will say how it is and talk to the manager, although I like things a certain way I am not the only one here we work as a team".

Records confirmed staff had completed training in relation to the provider's values. Staff were asked to describe how they demonstrated these values in their role during supervision and appraisal meetings. Asked about how they promoted the values in their work a staff member said; "ensuring people are safe and live life the way they want to live. To make sure people are not abused inside the home or outside. To live as normal a life as possible within the range of their capabilities. I like them to be treated how I like to be treated – respectfully".

The provider's values reflected our observations within the home. For example; one of the core values for the home was 'committed & passionate; person centred outcomes facilitated by passionate staff'. There was evidence that care was focused on people's individual needs and interests. Staff were committed to providing the support that enabled people to enjoy and achieve in their lives. Staff were prepared to work additional hours to ensure this happened during a period when staff resources were reduced.

The registered manager operated an open door policy which meant that people were free to enter the office and speak to them. A person said "I like to spend time with the manager". During our inspection people came in to the manager's office with requests or to discuss their ideas or talk through decisions. We saw the manager responded to people in a positive and helpful way.

Feedback from people was sought on an ongoing basis and used to develop and improve the home. The provider had an 'expert auditor' programme, this meant people using the provider's services visited other services to report on their findings and the feedback of people in that service. We saw evidence of expert auditor visits, home meetings, staff meetings, and keyworker meetings. We observed that people were listened to and offered choices as part of their daily living. Photographs displayed around the home, and on a board listing people's preferences for activities evidenced people's choices were taken into account.

People, their families, staff and other professionals were encouraged to express their views about the service by completing annual feedback questionnaires. People were asked to give their views on elements of service delivery and their overall experience. A summary of feedback and an action plan for improvements was produced from people's responses. We noted that the last questionnaire had been carried out in July 2014 and the 2015 survey was underway. People were also able to give feedback via the provider's website and this was responded to in real time. Records showed the registered manager had acted on feedback to make improvements. For example people had feedback they wanted to try some new activities. People had been asked about the activities they wanted to try and were being supported to do so.

Information about the quality of the service was used to develop and drive improvement. A business development plan was in place which detailed the actions required to achieve improvements in the service. The plan detailed who would be responsible for the improvement and by when. Records showed the plan was reviewed to monitor progress. Areas identified for development included; living environment improvements, activities to increase people's community involvement and healthy lifestyle choices. For example; the plan identified the need to Increase team teamwork within the home through regular team meetings and supervisions. Records showed and staff confirmed regular team meetings were taking place. A staff member said "I can say what I think and give feedback in staff meetings". Another staff member said "there is good communication in the team and the manager promotes this

Records showed the registered manager completed a range of quality assurance audits to monitor and improve the standards of care. This included; environmental checks, infection control audits, medicines and daily records checks, financial audits and an audit of day care activities to make sure activities were planned and completed during the whole week. The provider also carried out regular visits to the home to monitor the quality of care and check on progress of action plans. A quarterly quality assurance system maintained by the provider meant that where

Good

Is the service well-led?

improvements were required these were identified and monitored for completion. For example; when a staff member's training required updating the manager acted on this and it was completed. A staff member said "the manager is hot on all those things that need monitoring"

There was a system in place to analyse incidents for trends so that any resulting actions could be taken to improve people's care and support where necessary. Records showed that incidents were followed up and investigated by the registered manager and actions which needed to be taken as a result were cascaded to the team and records were updated. A staff member said "we do a critical analysis if there is a big incident for example when a person hurt me". This person's care and support had been reviewed and changed to help prevent a reoccurrence. Incidents and accidents were recorded and responded to appropriately.

The registered manager was meeting their registration requirements in relation to the submission of notifications to the Care Quality Commission (CQC). Notifications alert the CQC to incidents, events and changes which help us to monitor the risks to people's health and welfare. Our records showed notifications had been submitted for incidents that occurred in the home. The registered manager had followed up on incidents and taken the appropriate actions to keep people safe.

The registered manager had ensured staff were aware of their responsibilities and accountabilities both within the home and to the people they supported. For example; supervision and appraisal records showed the manager had discussed with staff their performance at work; where they could make improvements and what support they required to achieve this. This included the individual needs of the people they supported.

The registered manager acted in line with the provider's policies and procedures to address staff performance issues. For example; records showed the manager had taken the appropriate action following an incident of staff misconduct. Team meetings and a communication book were used by the manager to remind staff of their responsibilities including; reading and signing policies, completing required training and health and safety issues.