Care Quality Commission

Coppice Care Burgess Hill LLP

Coppice Close

Inspection report

1-4 Coppice Close
Burgess Hill
West Sussex
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Tel: 01444 220045

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Ratings

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

Overall summary

The inspection took place on 1 December 2015.

Coppice Close is located in Burgess Hill. It is registered to accommodate a maximum of sixteen people. The home provides support to people living with a learning or physical disability and who may need assistance with their personal care and support needs. The home itself is spread out across four purpose built bungalows, each bungalow consists of people's own rooms with ensuite facilities, a communal kitchen and lounge area, there is a large garden that is shared between all four of the bungalows. On the day of our inspection there were nine people living at the home.

The home 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.

People's independence was promoted, their rights were respected and their privacy and dignity maintained. People were able to make their opinions and feelings known and records showed that they had been listened to and changes made as a result. Consent was obtained

Summary of findings

before people were supported and they were encouraged to make their own decisions. For people that lacked capacity relevant assessments had been undertaken and procedures followed to ensure that restrictions on their freedom complied with legal requirements.

Staff had a good understanding of people's communication needs and adapted their communication, using various forms to ensure people understood. People appeared to be happy at the home and relatives felt that people were safe. People were able to make choices, maintain their independence and develop skills for everyday life. One member of staff told us "We support people to make choices about everything they do, but we also balance this with protecting them to make sure they are safe."

Medicines were managed appropriately and following a serious incident measures had been taken to ensure that risks in relation to accessing medication were minimised.

The provider had undertaken a large recruitment drive and also used agency staff, however the provider had taken appropriate measures to ensure that the staff team were consistent and knew people's needs. New staff had undertaken their induction training and had shadowed more experienced staff to ensure that they were competent before working alone. Observations of interactions confirmed that staff knew people well and one member of staff told us "We know if they want to get up or have something to eat and understand their routines."

Suitable staff were recruited and their employment history and suitability and fitness to work in the sector were checked prior to them starting work. Staff received basic mandatory training as well as additional training that was specific to the needs of people living in the home. There were regular supervisions and staff told us that they felt adequately supported. Staffing levels within the home had been reviewed following a serious incident and were found to be sufficient to meet people's needs.

People were able to choose what they had to eat and drink and were happy with the food offered, there were opportunities for people to purchase the chosen items of food as well as to prepare them to encourage independence and development of life skills.

Staff were caring and kind, people appeared to be happy when staff were supporting them and relatives confirmed that people liked living at the home. One relative told us "My relative visits me at weekends but at times he can't wait to get back to the home, he loves the interaction and buzz with the staff."

People were treated with respect, their differences were recognised and the support offered was tailored to each person's individual needs. The home was an accessible environment, adaptations to the environment had been made to ensure that it was accessible to all and the staff's approach to equality was demonstrated through their attitude towards ensuring people had equal access to activities. For example, one person who used a wheelchair expressed a wish to go ice-skating, staff assessed the situation and ensured that the necessary equipment and staffing levels were correct to enable the person to fulfil their wish and go ice-skating.

People and their relatives were involved in the development of care plans, they were asked for the opinions, goals and aspirations. Care plans were regularly reviewed and reflected changes in people's wishes, as well as their needs, to ensure that staff were kept informed of any changes in people's support requirements. Activities were offered in accordance with people's wishes, weekly meetings took place to enable people to choose what they wanted to do the following week. However, people were able to change their mind and choose how they spent their time.

Relatives were happy with the leadership and management of the home. They felt that the registered manager was approachable and helped with any areas of concern or issues that they raised. There were mechanisms in place to gain feedback and to ensure that the systems and processes used within the home were effective and meeting people's needs and changes had been made to these if needed.

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 home was safe.

Staffing levels were sufficient to meet people's needs, people were protected from abuse, harm and discrimination by staff who were safe to work within the sector and who had undertaken relevant training.

Risk to people's safety had been assessed and suitable measures implemented to ensure that people were able to take risks to promote their independence and development.

Medication administration was safe and people received their medications correctly and on time.

Good

Is the service effective?
The home was effective.

People's communication needs were met, staff used various communication methods to interact with people to promote understanding and interaction.

People were supported by staff who were trained to ensure that they had the knowledge and skills to meet their needs, they were asked for their consent and had access to food and drink of their choice.

People were supported to have access to relevant professionals to ensure that their health needs were met. The building was adapted to meet people's physical needs.

Good

Is the service caring?
The home was caring.

People and staff had positive relationships, staff were caring and compassionate.

People were supported by staff that enabled them to express their wishes and make informed decisions about the support they received.

People were treated with dignity and respect and their right to privacy was maintained.

Good

Is the service responsive?
The home was responsive.

People received personalised care from staff according to their needs, abilities and preferences.

People had access to regular meetings to express their views and feelings and there were systems in place to enable people and their relatives to make comments and complaints about the care and support received.

Good

Is the service well-led?
The home was well-led.

Relatives and staff were positive about the management and culture of the home. People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Good

Summary of findings

There were quality assurance systems in place to ensure that people were provided with high quality care.

Coppice 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 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.

The inspection took place on the 1 December 2015 and was unannounced. The inspection was brought forward following a serious incident at the home and due to information of concern that we had received. The inspection team consisted of two inspectors.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were responding quickly to information and concerns that had been raised with us. Before the inspection we checked the information that we held about the service and the service provider. We used this information, as well as the areas of concern to decide which areas to focus on during our inspection.

During our inspection we spoke with four relatives, six care staff, the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, three staff training and support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining areas during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

The service was last inspected in January 2014 and no areas of concern were noted.

Good

Is the service safe?

Our findings

Relatives told us that people felt safe. Staff had received training for safeguarding adults at risk or were in the process of undertaking this. They were aware of safeguarding adult procedures and could describe the actions that they would take if they felt people were at risk. One member of staff told us "If any of the people were treated badly I'd be at the manager's door to report it."

People were supported by staff that were suitable to work within health and social care. Disclosure and Barring Service (DBS) checks had been undertaken prior to employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Staff records showed that information regarding their employment history and suitability of work had been confirmed. There were concerns raised about the turnover of staff and the high use of agency staff, one relative told us, "I'd like more stability with staff, my relative has had three or four different keyworkers in the last year which is hard for them as they don't like too many changes." However the provider had taken measures to ensure that they used the same members of agency staff whenever possible to minimise the effect on people and to ensure consistency within the staff team. Observations of agency staff interacting with people and within a handover meeting confirmed that they had worked at the home for a period of time and knew the people's needs well. Relatives confirmed that they felt staff knew how to provide the support people needed to keep them safe.

The provider was in the process of undertaking a large recruitment drive. There had been a significant turnover of staff within the home and following a serious incident, concerns had been raised regarding the staffing levels. Following this incident staffing levels had been reviewed and appropriate measures taken to ensure that there were now sufficient staff to meet people's needs. People's needs and their dependency had been taken into account to ensure sufficient levels of staffing, and these were adjusted if people's needs changed and they required more support. Staff felt that there were adequate staff on shift to meet people's needs and one staff member told us "I think we have enough time and staff to do things, I never really feel stretched even when it is busy." Observations confirmed that there were sufficient numbers of staff to meet people's needs and records showed that staffing levels had been consistent and were sustained.

People were supported by staff that had undertaken safeguarding adults training or were in the process of completing it. Staff confirmed their knowledge of what they would do if there were any concerns over people's safety and records showed that appropriate measures had been taken if there were safeguarding concerns. People had the opportunity to meet with their keyworker regularly, (A keyworker is a member of staff who is allocated to each person, so that they can be a point of contact for the person if they wish to discuss their care needs or have any concerns). These provided a forum in which people could discuss issues of concern in relation to their support as well as providing an opportunity for people to raise issues of harm, abuse, bullying or discrimination if necessary. These meetings were adapted to meet people's needs, and to ensure they were able to communicate in their preferred way.

Positive risk taking helps ensure that staff are not risk averse and promotes a culture of positive risk management, to enable people to live their lives how they want, and promote their rights and freedoms. People were supported to undertake positive risk taking. Dependent on the person's choice of activity, risk assessments were undertaken to ensure that the person could partake in a safe manner. For example, a person who uses a wheelchair was able to go ice-skating. People's independence and development of life skills were not adversely affected by risk assessments, for example people were able to use knives to chop and prepare vegetables when cooking.

Risk assessments were reviewed regularly and took into consideration the perceived extent of the risk, the likelihood of the risk occurring and the measures in place to minimise the risk. Suitable measures had been taken to ensure that people were safe, but their freedom was not restricted unless the person lacked capacity to make decisions about their safety. Risks associated with the safety of the environment and equipment had been appropriately identified and managed. Regular fire checks had been undertaken and people living at the home all had personal emergency evacuation plans so that staff were aware of how to support each person to evacuate the building in the event of a fire. Regular health and safety

Good

Is the service safe?

checks had been undertaken to ensure the safety of water temperatures, food hygiene, electrical equipment, and safe storage of chemicals. There were low incidences of accidents and incidents, and records showed that these had been dealt with appropriately and risk assessments or practices updated as a result.

Following a serious incident which highlighted that the security of medicines was not robust. The storage of medicines had been reviewed. There were now robust systems in place to ensure the security of medicines and measures had been taken by the provider to ensure that the risk was minimised

Staff were observed administering medicines. People were asked if they would like to take their medicine and were supported in a timely and safe manner. Staff had received training on medicines administration and we observed medicines being administered in a safe and competent way. The member of staff retrieved the medicine from a locked cabinet, gained the person's consent before supporting them and ensured that they had a drink to take their medicine, records were then updated. When people were prescribed medicines that could be administered as and when they required them there were clear guidelines in place for staff to follow, which informed them of when to offer the medicine. Records had been completed with details of why the medicine had been administered. There were also safe systems in place for the ordering and disposal of medication.

Good

Is the service effective?

Our findings

People were supported by staff who had undertaken relevant training and relatives were happy that the staff supporting their relatives were competent. One relative told us "They are all good and know what they're going."

Staff explained that they adapted their communication and approach when interacting with people to meet their differing abilities and levels of understanding. Observations showed staff using various forms of communication when supporting people to ensure they were able to understand them. People were encouraged to communicate with staff through their preferred way. Some people used verbal communication, others used hand signs, pictures or objects of reference to communicate their needs. This also enabled staff to support people to make choices. For example, when supporting people to choose what they'd like to eat or drink staff showed people the choices available as well as reinforcing this with verbal communication. Staff and people communicated well, it was apparent that both staff and people understood each other and the communication used was effective. One member of staff told us of a particular hand movement that a person who has no verbal communication uses to indicate 'yes' or 'no' when being asked their opinions. Observations of the person communicating with staff confirmed this.

Some staff had worked at the home for some time whilst others were new to the home and to the health and social care sector. Staff had either undertaken their induction training, or were in the process of completing this. The registered manager was aware of the changes in regards to induction since the introduction of the Care Act 2014 and explained that new staff would be working towards the Care Certificate. (The Care Certificate is a set of standards that socialcareand health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of newcareworkers.) New staff confirmed that they had undertaken their induction training, explaining that they had to complete several courses and were then assessed by the manager before their induction was signed off, records also confirmed this.

New staff were able to spend time reading people's care plans to ensure that they were familiar with their needs and support requirements, they spent time shadowing more experienced members of staff so that they could learn how to support people according to their needs and behaviour. Staff felt this was a really useful learning experience and one member of staff told us "I feel very supported, I didn't have any experience of care before I came here, but I feel I'm being helped to get better and there is plenty of training."

Staff had access to basic mandatory training and staff informed us that they had access to more specific training to meet the needs of the people they were supporting. Records confirmed that most staff had undertaken courses such as Autism Awareness, Epilepsy, Makaton (Makaton is a language programme using signs and symbols alongside the spoken word to help people communicate) and SCIP (strategies for crisis intervention and prevention) and plans were in place to ensure that all staff undertook training to meet the varied needs of the people in the home. Some staff had achieved Diplomas in Health and Social Care whilst others were working towards them. One member of staff told us "I feel supported to gain further qualifications. I hope to be doing my Level 2 Diploma in Health and Social Care soon, as my manager said I would be good at this." Observations of the support provided showed that staff had a sound awareness of how to support people who had a learning disability or an autistic spectrum condition, in an appropriate and effective way. For example, staff knew how to diffuse situations and used distraction techniques when people were becoming anxious or distressed.

Staff felt supported and had access to regular supervisions and appraisals, that enabled them to discuss any concerns they had, reflect on practice, plan learning and development and receive feedback from their supervisor. Staff valued these sessions, and also explained to us that they could approach and speak to the manager about any concerns they had at any time. One member of staff told us "It's good to know that the manager is around, if you have any issues the door is always open."

Staff meetings were also used as a forum for staff training, at each meeting a certain topic in regards to learning and development had been chosen to be discussed, records showed that in one staff meeting staff had discussed the Mental Capacity Act and how this affected the people that they supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for

Good

Is the service effective?

themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. This related to several people who were unable to leave the home on their own due to risks to their safety and well-being. The registered manager fully understood the requirements of this legislation and had acted in accordance with it, therefore ensuring that people were not deprived of their liberty illegally. Staff were also aware of the importance of ensuring that people gave their consent, they explained their actions before offering support and ensured that people were asked for their consent.

People were able to choose what they had to eat and drink, there was a weekly meeting where people were asked what they would like to eat that week. People were given two choices of main meal and could choose alternatives if they didn't like either of these choices. Staff explained that there was always food in the house and that people could have free choice in regards to what they had for their breakfast and lunch. People were supported to visit the shops to purchase the food that had been chosen. The kitchen was open plan and accessible for all and people were encouraged and supported to help prepare meals by preparing and chopping vegetables. People and relatives confirmed that people could have what they wanted to eat and explained that they were often supported to go out for lunch too.

People's health needs were met, they had regular access to health care appointments and records showed that referrals had been made to health professionals. Care plans contained detailed information about people's medical and health needs. One person who had an autistic spectrum condition had a fear of the dentist, staff explained that the person wouldn't go near the dentist surgery. We were able to see clear plans in place regarding how the person should be supported with their oral hygiene to minimise problems with their teeth. A referral had also been made to a dentist who could visit the person at the home. This same person had a fear of hospitals, staff had worked with the person over a period of time to introduce them to the hospital environment. They explained that when the person first moved into the home that they would not go near the hospital. However, staff had slowly supported the person to go near to the building, and were now supporting the person to enjoy cups of tea in the hospital café to encourage them to become more familiar with the environment should they ever require treatment there.

The home itself consisted of four purpose built bungalows. Three of these bungalows were the people's homes and one was used as the staff office and for some activities. People's needs and abilities were taken into account when deciding which bungalow they lived in. For example one person lived in one bungalow by them self with staff support, another bungalow was for people who were older and preferred quieter pass times and the other was for the younger adults and those with physical disabilities so that the home was more lively and suited to their preferences. Each room had an ensuite facility and had been adapted to meet people's needs. For example for someone who used a wheelchair the provider had installed overhead tracking hoists so that the person could comfortably and safely transfer from the wheelchair to the bathroom. There were ramps to access the home and garden so that everyone could enjoy the space together.

Good

Is the service caring?

Our findings

People were cared for by kind, compassionate and caring staff. Relatives told us "I am happy with the staff, as far as I can see my relative is extremely happy here, staff are lovely." Another relative told us "My relative has blossomed since they came here."

People responded well to the staff's approach, staff appeared to know people very well, they enjoyed providing support and care to people in a relaxed and comfortable way. There was a relaxed, homely and welcoming atmosphere within the home. People enjoyed the interaction they had with staff, there was lots of laughter and banter and people appeared to be very happy. Staff confirmed this as they told us "I love the home and feel part of a family. At times it's not really like coming to work." Another member of staff told us "It feels like a happy atmosphere, It's lovely here."

Staff explained their actions before offering support to people, ensuring that people were happy with the support being offered to them. Staff interacted with people about their interests, hobbies and preferences. For example we observed staff talking to a person about their love of reading books and their favourite pop band. The person responded well to this and despite having limited verbal communication they clearly enjoyed the interaction. People were empowered and were treated with respect. Whilst one person was being supported by a member of staff, they were talking about history and enjoying conversations with one another about this, the person often correcting the staff member when they couldn't remember something and taking great joy in this fact.

People were encouraged to continue to have relationships with their relatives. One relative told us "I come to the home every week." One person's care plan showed that they had expressed a wish to remain in contact with their family. They needed staff to support them to telephone their relative, and that the phone needed to be on loud speaker and that staff needed to encourage the person to maintain conversation. Records and staff confirmed that these phone calls had taken place. Another person enjoyed staying with their family at weekends. One relative told us "My relative is really happy, they visit me at weekends, but at times they can't wait to get back, they love the interaction and buzz with the staff."

Staff demonstrated patience when one person became distressed, they sat with the person listening and talking with them about their feelings and concerns. The person was treated with dignity when displaying signs of distress and anxiety and it was apparent that the member of staff knew the person well and was able to minimise the person's distress by talking about their family and what they were going to do that day.

For people with limited verbal communication staff used communication books to pass on information to relatives. For example, when one person visited their family staff recorded in the communication book what the person had been doing as well as relevant information about their needs. This was passed between the family and staff. Staff were respectful of people's right to decide about the involvement of their family, one person had asked staff not to discuss issues with their relatives, this was respected by staff and recorded in the person's care plan to make other staff aware.

For people who were unable to fully communicate their wishes and needs staff were able to offer support to interpret people's communication as well as acting on their behalf with the involvement of the person. Care plans showed that people had been involved in decisions that affected them. Advocacy is an important way for people with learning disabilities to have more choice and control in their lives. Care plans showed that referrals to advocacy services had been made for people who required additional support to communicate their needs and wishes.

People's differences were respected, people's care plans documented their individual needs, abilities, and preferences and staff supported people according to these. People were able to decide when they went to bed and how they spent their time. Staff adapted their approach to ensure that people were treated fairly and had equal access to activities and resources regardless of their differing abilities. People were asked for their opinions within monthly keyworker sessions where they were able to spend time with their keyworker and communicate any concerns or make suggestions as to what they wanted to do with their time.

People were treated with respect and their privacy and dignity was maintained. They were able to choose if they had male or female carers when being supported with their personal care needs. Staff demonstrated a good

Good

Is the service caring?

understanding of the importance of supporting people as individuals and protecting their dignity. Staff were observed showing sensitivity and tactfulness when supporting people with their personal care needs. One member of staff told us "I always wait outside of the bathroom so people can have privacy. I wait right outside in case they need me, but ensure that they have space on their own." People had locks on their bedroom doors that could be locked from the inside, so that they could have a private space if required. Staff could unlock these doors in the event of an emergency to ensure that people were safe. People's right to privacy in relation to the information that was kept about them was maintained, as records were stored confidentially in locked rooms.

The home's values stated that they were committed to supporting each person to enjoy maximum independence. People were supported by staff to maintain and develop independent living skills such as cooking, shopping, laundry and household chores as well as continuing to be independent with their personal care needs. We observed people being encouraged to be independent when undertaking some baking. Staff offered support when necessary but people were able to do as much as they could for themselves. People who enjoyed shopping were supported by staff to buy the weekly grocery shop for the home. By promoting people's independence staff were ensuring that people felt empowered and had a good sense of self-worth.

Good

Is the service responsive?

Our findings

People's needs had been assessed when they first moved into the home, care plans showed that the person, their relatives and other professionals had been involved in both its development and review. One relative told us "I was involved in my relatives care plan and the manager has gone through this with me."

The Social Care Institute for Excellence (SCIE) states that person-centred planning is a process for continual listening and learning, focusing on what is important to someone now and in the future and acting upon this in alliance with their family and friends. The provider was working in accordance with this. Care plans were comprehensive and contained detailed, specific information about the person's health needs, abilities, preferences and support requirements, goals and aspirations, informing staff of how to support the person in their preferred way and in accordance with their needs. Staff told us that for people who were unable to fully communicate their preferences in relation to their care needs and requirements, that they used information from previous places of residence, relatives and health professionals as well as gauging the person's reactions to various activities and interactions to enable them to build a picture of the person's preferences and devise their care plan.

Care plans were enabling and guided staff to promote independence, they ensured that they focused on what people could do as well as offering information and guidance in regards to how the person could be supported according to the condition that they had. For example, for one person who had an autistic spectrum condition, the care plan had provided staff with information about what the condition means and how this may affect the person. It was apparent that the assessment of this person's needs and condition had been taken into account when planning the care and support. The National Autistic Society states that repetitive behaviour can be a source of enjoyment for people with an autistic spectrum condition and can be a way for them to help cope with everyday life. The provider had recognised this and in the person's care plan it informed staff that the person liked routine and the sensory stimulation of water. The person repeatedly washed their hands throughout the day and night as well as taking enjoyment in washing-up, flushing the toilet and bathing. The person was supported to do these activities and our observations confirmed this.

Staff told us that equipment encouraging the use of water stimulation had been provided in the past to widen the experiences of the person and provide more varied stimulation, however due to the person's condition they were reluctant to embrace new experiences or change and had not responded well to the equipment. Plans were in place to build a water table in the garden that would slowly be introduced to the person to provide them with a different source of stimulation and meet their preferences in regards to the sensory experience that water provided them.

To reduce the risk of social isolation staff supported people to go for scenic walks, enjoy cups of tea and coffee at local cafes and drives in the car. Plans were in place to increase and widen the range of activities offered to one person. Staff explained that these had to be introduced slowly and gradually so people were accepting of the change and were therefore more likely to enjoy and embrace it. Reviews of peoples care plans had taken place regularly and recognised changes in behaviour, for example in one person's care plan review it contained new information about the person's fear of dogs so that staff were aware of this when supporting the person to access the local community.

There was a range of activities offered to people. They were able to choose how they spent their time, some preferred to undertake more independent activities such as reading, listening to music, using I-pads or watching television, whilst others enjoyed group activities which we were able to observe such as arts and crafts and baking. Each week people were able to make suggestions and plan what activities to take part in for the following week. Staff explained that activities and support were based on what people wanted to do and that they were never forced to take part if they didn't want to. Our observations confirmed this, some people were enjoying undertaking some colouring, one person decided that they didn't want to take part and this was respected by staff. People were also supported to access the local community and a recent trip to a farm had been a success. One person attended college and was able to tell us how much he enjoyed this.

Good

Is the service responsive?

Staff supported people to achieve their aspirations and goals. For example, one person's care plan contained information about the person's hobbies and interests such as horses and their love of reading, staff were observed talking to the person about their books. In the person's room there was a poster on the wall that showed that staff were encouraging and supporting them to read by undertaking reading challenges. Their room also displayed rosettes for horse riding and certificates that they had gained whilst attending college. The person took great joy in showing us these items and it was apparent that they felt very proud and empowered by achieving these goals.

Additionally a person who had a physical disability and used a wheelchair had informed staff they would like to go ice-skating. Staff had discussed this idea with other people in the home and others wanted to participate too. A local ice-rink was contacted and risk assessments undertaken to ensure that the necessary equipment and staffing levels were sufficient to meet people's needs. The people had then been supported to go ice skating. For one person who was unable to participate due to their health they were still able to partake as there was a café alongside the ice-rink where they could sit and watch and enjoy the experience and interaction with other people.

The provider was aware of the need to ensure that people were supported to live their lives as they wished, one person at the home had expressed a wish to attend clubs and music concerts, there were plans in place to adapt the staffing rotas to enable people to stay out later to access these types of venues and entertainment.

People were made aware of their right to make comments and complaints, there was a complaints policy that was clearly displayed on the notice board and copies were given to people and their relatives when they first moved into the home, however no complaints had been made. There were frequent opportunities for people to make their feelings and opinions known and relatives confirmed that when they had discussed issues of concern these were addressed promptly. One relative told us "I know how to complain, but I have not had any reason to."

Good

Is the service well-led?

Our findings

Relatives and staff felt that the home was well-led, they were complementary about the management of the home and felt comfortable that they could approach the registered manager at any time. One relative told us "I think the manager is doing a good job, if you have a niggle or a query she will follow it up and get back to you to update you. I think she manages the home pretty well."

The management team consisted of the provider, a registered manager and senior support staff. There was a homely, friendly and open culture within the home, people and staff appeared to be very happy. Staff felt supported by the registered manager and provider and able to approach them if they needed to and relatives confirmed that they were kept informed of any changes to their relative's needs. One member of staff told us "There is always someone from the management team available to talk to, they're very willing and approachable."

The provider's ethos and values of the home were to provide high quality residential services that supported people with learning and physical disabilities and complex needs to build life skills and maximise independence. To ensure that people were able to make informed decisions and achieve positive outcomes that were meaningful to them. The registered manager had various quality assurance mechanisms in place to ensure that these values were embedded in the culture of the home. They undertook regular audits on people's care plans and risk assessments and gained feedback from staff, people and relatives through annual surveys to ensure that people were being supported according to their needs as well as to ensure that people were able to develop life skills, maximise independence and achieve positive outcomes that were meaningful to them.

Information was shared amongst the team through daily records, staff and handover meetings. These enabled the staff team to share information about people's changing needs and their support requirements. They also provided an opportunity for staff to be kept up to date with changes and to make suggestions and share their ideas for improvements.

Feedback from the annual surveys and regular meetings was analysed and used to inform changes in practice and drive improvement. For example, within one meeting the storage of medication had been discussed, as a result of this, a new medication cabinet had been installed. During another meeting people had expressed an interest in regards to having a pet at the home, the provider had listened to people and it had been agreed that they would purchase a rabbit. This was seen in the garden and was also mentioned in people's care plans about how much they liked the rabbit and enjoyed stroking it.