Cima Care Consortium Ltd

41 West Hill

Inspection report

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Date of inspection visit:
14 November 2017

Date of publication:
13 December 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 14 November 2017. The inspection was announced. 41 West Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 41 West Hill accommodates up to five people in one adapted building. On the day of our inspection three people were using the service. This was the first time we have inspected the service since it's registration with CQC.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm and they lived in a clean, hygienic service. People were supported by staff who sought to understand, prevent and manage behaviour that the service found challenging.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions to ensure their rights were respected.

People lived in a service which met their needs in relation to the premises and adaptions were made where

needed. People had access to information in a format which met their needs.
People were supported to maintain their nutrition and staff monitored and responded to people's health conditions.

People lived in a service where staff listened to them and got to know them. People's support needs were recognised and responded to by a staff team who cared about the individual they were supporting. Information about people's needs was shared between services to ensure people would be supported in other settings when needed. People were supported to enjoy a social life.

There was an open and transparent culture in the service where people were listened to and staff were valued. Systems were being developed to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People were supported by staff who sought to understand, prevent and manage behaviour that the service found challenging.

People received their medicines as prescribed and medicines were managed safely.

People lived in a clean and hygienic service and there were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision. People lived in a service which met their needs in relation to the premises and adaptions were made where needed. People had access to information in a format which met their needs.

People made decisions in relation to their care and support and where they needed support to make decisions their rights were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's support needs were known and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose. Information about people's needs was shared between services to ensure people would be supported in other settings when needed.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued.

Systems were being developed to monitor and improve the quality of the service provided.

41 West Hill

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.

We inspected the service on 14 November 2017 and the inspection was announced. We gave the provider 24 hours' notice of the inspection as the service is small and we wanted to be sure people who used the service would be at home. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service and commissioners who fund the care for some people who use the service.

During the visit we spoke with two people who used the service. Due to their communication needs we were not able to have extended conversations with the people we spoke with and so we also relied on observations and spoke with the relatives of three people to get their views.

We spoke with four members of support staff, the registered manager and two of the company directors. We looked at all or part of the care records of all three people who used the service, their medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and audits carried out by the registered manager.

Good

Our findings

People were protected from abuse and avoidable harm. We asked two people who used the service if they felt safe in the service and one used a 'happy face' photo to demonstrate feeling safe and the other smiled and told us that a certain member of staff made them feel safe. We asked the same question of relatives and they told us they felt their loved one was safe in the service with one relative telling us, "Definitely, yes." We observed people who used the service were very comfortable with the staff and their body language indicated they felt safe. For example, the communication plan of one person stated the person expressed feeling happy in a certain way and we saw the person expressing this during interactions with staff.

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away and said that if they were not they were confident to raise concerns to external organisations such as the local authority.

People could be assured that safe recruitment practices were followed. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, two people were at risk if they went out into the community and there was information in their care plans guiding staff on how to minimise the risk. All three people had risk assessments in place to reduce the risk of harm when they engaged in social activities such as horse riding and swimming.

People were living in a safe, well maintained environment and there were systems in place to minimise risks. We saw there were systems in place to assess and ensure the safety of the service in areas such as fire and legionella and control measures were in place to reduce risks. Staff had been trained in health and safety and how to respond if there was a fire in the service. There were risk assessments in place in relation to the risks people faced if they needed to evacuate the building in an emergency.

Staff felt they could be honest with the registered manager if things went wrong to ensure this could be learned from. The registered manager told us that as the service evolved there would be systems developed to review and investigate events relating to safety and safeguarding incidents. There had not been an adverse incidents in the service but the registered manager recognised the importance of learning from when things went wrong so that changes could be made to reduce the risk of re-occurrence.

People who are diagnosed with autism can experience heightened anxiety and sensory overload and may have difficulty expressing how they feel and this can sometimes lead to people communicating through behaviour. Where this was the case, people were supported by staff who recognised how to avoid this and to respond in a positive way. Two relatives of people who used the service told us that since their relation had moved into the service their behaviour had improved and there were fewer incidents than at previous placements. One relative told us that food was a trigger for their relation and said, "They (staff) have worked really hard with [relation] and self-harming has reduced dramatically."

A member of staff described working with one person in relation to their behaviour. The member of staff had worked with this person in a previous setting and so could compare their behaviour. They told us the person's behaviour had improved and this was noticeable by how much more relaxed the person was. The staff member said, "[Person] is more vocal." They described the person interacting and engaging more with staff and said, "[Person] is more engaged."

There were extensive plans in place informing staff of how people's behaviour should be responded to in all aspects of daily living. The plans gave details of what may trigger the behaviour, how to avoid the triggers, how the behaviour may manifest and how staff should respond. Staff were given training in relation to responding to behaviour using least restrictive methods and there was a senior member of staff employed who led on this to ensure staff followed best practice.

People received the care and support they needed in a timely way. Relatives we spoke with said they felt their relation was supported by sufficient numbers of staff. One relative said, "There are enough staff." We observed there were sufficient numbers of staff to meet the needs of people who used the service and staff were available to provide support when people needed it. Staff told us that there was always one member of staff allocated to each person who used the service and that there was also an additional member of staff available to support people if they chose to go out into the community. Staff we spoke with said they felt there were always enough staff to meet the needs of people who used the service.

The relatives we spoke with told us they felt their relations medicines were managed well by staff. We observed people being given their medicines and saw staff followed safe practice and stayed with the person until they had taken their medicines. It was clear from our observations that staff knew how much support people needed and how they preferred to take their medicines.

We found the medicines systems were organised and that people were receiving their medicines when they should. We reviewed people's medicines administration records that confirmed people had received their prescribed medicines. Additionally, the way people preferred to take their medicines had been recorded along with any important information the staff required. We did a sample stock check of medicines and found these to be correct. Records confirmed that staff had received appropriate training and had received observational competency assessments to ensure they were administering medicines safely. The registered manager had carried out a detailed audit of medicines to ensure they were being managed safely.

The service managed the control and prevention of infection well. People we spoke with told us they felt the service was clean and one person told us their bedroom was cleaned every day. A relative told us,

"[Relation's] room is lovely and clean." We observed all areas of the service looked clean and hygienic and there was equipment in place which would reduce the risk of the spread of infection such as colour coded cleaning equipment and disposable hand towels in toilets and bathrooms. Staff received training to understand their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. Staff had access to policies and procedures on infection control that met current national guidance and had a good understanding of why systems for managing the risk of the spread of infection were important.

Good

Our findings

Information was shared across services when people moved between them. Prior to moving into the service a transition plan was developed to reduce any impact on the person during the move. This included the person visiting the service several times prior to the move. We saw the record for one person which was a 28 day transition plan and this included visits to the service and staff gathering information from the previous placement, the person's relatives and from observations. A support plan was then developed to meet the needs of the person based on the information gathered. There were records in place to ensure people had information about their care when they moved between different services such as the hospital. The registered manager acknowledged these were brief in detail and told us the learning disability nurse was attending the service imminently to work on more detailed documents which would ensure people received consistent person-centred care and support when they moved between different services.

People with needs around accessing information had been considered. People living in the service had varying levels of ability to verbally communicate and to understand written documents. The registered manager had ensured that all people had access to information that enabled them to understand their care needs and the health services available to them and this ensured people were not unduly discriminated against. For example, accessible 'easy-read' documentation was in place in relation to what people should expect from the service. We also saw some care plans called 'all about me' had been developed to include more easy-read documentation to further support people with understanding their care records.

The assessment of people's diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act was not yet embedded in the service. The registered manager told us the care plans were still being developed as they got to know more about what worked with individuals and the care plans would be further developed in relation to people's diverse needs.

People were supported by staff who were trained to support them safely. The relatives we spoke with told us they felt the staff knew what they were doing. One relative told us, "Staff listen." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff were given an induction when they first started working in the service and all staff were completing the care certificate. The care certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely and to support people who used the service appropriately. They told us that if they felt they needed any additional training the registered manager was responsive to this. Staff were also supported to gain a qualification in health and social care. Staff received feedback from the management team to discuss how well they were performing and to assess their development needs.

People lived in a service which met their needs in relation to the premises. The service had been designed to create open space and a variety of communal areas for people to choose from. The registered manager described there being a "good flow" through the building, with the space for people to have privacy and to move around the service without coming across dead ends which might cause anxiety. We saw this worked particularly well for one person who liked to walk around the service going through different areas without any restrictions.

Adaptions were made to meet the needs and preferences of people who used the service. One person preferred a bath but did not want to share the communal bath and had a shower in their private bathroom. The directors had replaced their shower with a bath to meet this preference. . One person had a visual impairment and the staff had worked with a health professional to implement equipment which would aid the person in being able to recognise items such as a specialist lamp and colourful crockery for mealtimes.

People had access to a large, well maintained garden and discussions with people showed this was regularly used for events such as barbeques and the 'lazy spa'. There was also a sensory room which was freely accessible, with a range of sensory equipment for touch and vision.

People's needs were taken into account when there were any changes to the environment to avoid causing distress during the changes. One person had a care plan in place which detailed that any change to the environment would cause distress and so changes were to be made when the person was on social leave and repairs made on a 'like for like' basis so there were no evident changes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make decisions on a day to day basis and we observed people decided how and where they spent their time. Where people lacked the capacity to make certain decisions they were supported by staff who had a good knowledge and understanding of the MCA and their role in supporting people with decision making. People's support plans contained information about whether they had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when their ability to make decisions was in doubt. There needed to be improvements in relation to the records kept of the decisions made If the person had been assessed as not having the capacity to make a decision. Following our inspection the registered manager took action to address this to ensure they met the principles of the MCA.

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 service was working within the principles of the MCA. The registered manager had made applications for DoLS where appropriate. For example, for one person who had been assessed as requiring support from staff if they went out into the

community and were not free to leave the service alone.

People were protected from the use of avoidable restraint. Staff we spoke with had a very good understanding of people's behaviour and how best to support them. If physical restraint was necessary there were systems in place to ensure this was used in a safe, proportionate, and monitored way as part of a wider person-centred support plan.

People were supported to eat and drink enough. People told us they had enough to eat and we observed staff supported people to have access to food when they wanted. People responded positively to our questions about the food available in the service and told us about their favourite food and how this was made available to them. One relative told us, "[Relation] gets a varied diet and has some input into it." Another relative told us, "[Relation has lost weight; we're not worried because we know it's being monitored and [relation] does historically."

There was information in care plans detailing people's nutritional needs and any risks around their nutrition. One person needed support to maintain a healthy weight and the person's relative told us, "They've worked hard on [relation's] diet." Another person had a specific diet due to a health condition and there was a care plan in place detailing what the person could and could not eat. Staff we spoke with were knowledgeable about this condition and able to describe how they ensured the person ate the right food. People had meal planners on the dining room wall and where needed these were written in a format which was accessible to them.

People were supported with their day to day healthcare. Relatives we spoke with told us their relation was supported to attend appointments. One relative told us, "The chiropractor comes in for [relation's] toe nails." Another said, "It's early days and they (staff) are working on supporting [relation] to go the dentist." We saw people had been supported to attend regular appointments to get their health checked or to receive ongoing health care support such as appointments with consultants at the hospital.

Staff sought advice from external professionals when people's health and support needs changed and followed recommendations made. For example, staff had involved a dietician for one person who needed a specialist diet due to a health condition. We saw there was a range of external health professionals involved in people's care, such as the dietician and the learning disability nurse.

Good

Our findings

People we spoke with told us they were happy living at the service and relatives commented positively on the staff working in the service. One relative described staff as, "Really loving" and another relative said staff were "engaging and welcoming." A third relative told us, "Staff are lovely."

Staff spoke about people who used the service with warmth. One member of staff described the family type ethos of the service and said, "It is so person centred." Another member of staff told us they had worked in other care services and said, "This is the best home I've worked in. It is person centred, not about routines, it's all about what they (people who use the service) want." Two relatives confirmed this, one told us, "It's like a family" and another said, "There is a family feel." Staff spoke of their love for the work they did and two members of staff said that they had developed close bonds with people who used the service and said they missed them if they were on leave.

One member of staff described how a person had developed since they moved into the service and said, "[Person] has flourished." Another member of staff had worked with one of the people who used the service at a previous placement and described the improvement in the person since moving into 41 West Hill. The staff member told us, "[Person] was isolated before. Here they have freedom and they have changed so much." Staff spoke of a phobia one person had and how this prevented them from doing some activities they enjoyed. Staff had worked with the person over a period of time to face this phobia and the person was now engaging in activities they couldn't prior to moving into the service.

Staff spoke about the use of reward charts to support people to achieve daily outcomes which would enhance their lives with an ultimate goal to reach. For example, this was being used to encourage a person to socialise more and the end goal was to attend a football stadium in another City.

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. There was a very good rapport between the staff and people who used the service with lots of laughter and joking. One person had changed the names of the team supporting them to names from their favourite film characters and it was clear they had positive relationship with staff. We spoke with this person with support from a member of staff due to limited verbal communication. It was clear the staff member really understood the person and what they were trying to communicate. The discussion was lively and fun and the person was very comfortable and at ease with the staff member and engaged well with them.

We observed one person who needed support in a certain way to prevent them becoming anxious. The person liked to move around the spacious communal areas and needed to be observed by staff. We watched the person and a staff member and the staff member joined the person, keeping them company and humming in a soothing way. This approach worked well for the person and they remained calm and relaxed throughout our observations.

People looked relaxed and comfortable with staff and it was clear from observations and discussions that staff knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People we spoke with told us they got to make choices for example about when and where they ate, how they spent their time and what activities they did. Staff confirmed this to be the case and said, "Whatever they (people who use the service) want to do they get to do." We observed people's choices were respected on the day of our visit. People decided what they wanted to do and staff facilitated this. Activities and food menus had been chosen by people who used the service and staff told us that if people changed their minds then other activities or food choices would be offered. Information was recorded in care plans to ensure staff knew what choices people were able to make themselves and what they would need support with.

People had been supported to personalise their bedroom in a way they chose. The directors had allocated funds for people to decorate and personalise their living space as they chose and we saw all three bedrooms were highly personalised. One person told us, "I love my bedroom." Another person proudly showed us their bedroom which had been had been personalised around the person's favourite things including a pop band and the person was very happy about this.

People were supported to have their privacy and were treated with dignity. Relatives felt their relations were treated with dignity and were able to have privacy. One relative told us this was demonstrated by staff attitude saying, "They do knock on the door, always before entering the bedrooms." One relative told us that when they saw their relation their clothes were always clean. People had a range of areas to choose to sit or spend time. The service had a variety of communal areas such as lounges, dining areas, a sensory room and a large garden. Relatives all commented on the space in the service with one relative saying, "I like the fact that you have two eating places. [Relation] likes peace to eat."

We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. Staff were given training in privacy and dignity values as part of their induction and the staff we spoke with showed they understood the values in relation to respecting privacy and dignity. Staff described people being supported to engage in daily living skills to ensure they developed independent skills and being treated as individuals in their own right. Staff described one person recently preparing a buffet for their relatives birthday. Staff were clearly proud of this achievement and spoke with positivity about the person.

People were supported to maintain relationships with their family and those important to them. There were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. One person went home to their parents at set intervals and although the parents lived in another city staff routinely collected the person to go back to the service at the end of their stay.

Good

Our findings

People's preferences for how they were supported was discussed with them and their significant others to ensure people would be supported in the way they would like. Information had also been gained through the transition period through observations and discussions with other care providers. Relatives told us they felt they were involved in planning how their relation would be supported. We saw records of communication between relatives and the management team which demonstrated their suggestions were taken on board. A relative described having involvement in their relation's care planning and said, "We communicate (with staff) with meetings, emails and discussions." One relative had funded an outdoor 'lazy spa' for the service and we saw this had been frequently enjoyed by people who used the service.

People were supported by staff who were given information about their support needs. Information was gathered through the transition period and care plans were then written to give staff the information they needed to meet the needs of the individual. We saw that people's care plans contained information about their physical and mental health needs and guided staff in how to support them. People's likes and preferences for how they were cared for and supported were embedded throughout their care plan. The care plans were reviewed to assess if any changes were needed.

The provider had taken steps to identify accessible information needs during the assessment of people's care and this was clearly detailed in people's care plan. For example, one person had a visual impairment and staff had involved a health professional to plan the person's care and provide them with equipment which would aid their vision. Another person had limited verbal communication and there was detailed guidance in their care plan to ensure staff would understand what the person was trying to communicate. The service used communication systems including signs, symbols and pictures as a way of communicating with people.

People were supported to follow their interests and take part in social activities. People described participating in numerous activities they enjoyed such as football, horse riding, bowling and swimming. One person had a love of music and singing and had regular music therapy and another went to expressive art college. This person described a performance they were going to be involved in and said they had asked their relative to buy a ticket for the staff to go and see it. Another person was sometimes reluctant to leave their bedroom and staff had developed an incentive chart to support the person to engage more socially with the end goal being to go to a place they really enjoyed.

We saw people were supported to access the community on a regular basis such as going to youth clubs

and go-karting. On the day we visited people were supported to go to places they chose. Staff told us that one person enjoyed choosing a salad bowl from a local shop and we observed staff supported them to do this in the afternoon. People told us about trips out to places they chose such as theme parks and music concerts.

People knew what to do if they had any concerns and if relatives had complained there were no negative consequences as a result of raising concerns. The relatives we spoke with told us they would speak to the registered manager if they had a problem or concern. They told us they felt they would be listened to. One relative told us they would initially raise any concerns with the registered manager and went on to say, "There are four directors and I have their contact details and they have made it clear I can contact them anytime." Another relative told us, "I don't have any (complaints) I'm very happy with the care [relation] receives. This is the fourth home and I know when things aren't right." A third relative told us that if they raised any issues, "Things are sorted very quickly."

There had been two complaints raised since the service opened and we saw these had been recorded, investigated and acted on appropriately. We spoke with one of the complainants and they told us that there had been initial "teething problems" but that these had been overcome. Staff were aware of how to respond to complaints and there was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to. Each person had an easy to read document in their bedroom along with a stamped addressed envelope to enable them to raise concerns with the CQC if they were unhappy with the service and did not feel they were being listened to.

People's wishes for when they reached the end of their life had not yet been assessed or planned for. This was a sensitive area of discussion for young people and the registered manager told us this would be explored with people, if appropriate, or with their relatives at a later date once the care plans were more established

Good

Our findings

There was a registered manager in post and we found the registered manager was clear about their responsibilities and they had notified us of significant events in the service. The service was registered with us in 2016 and people started to move into the service in May 2017 and so the service was still evolving. The registered manager described the ethos of the service being person centred and a place where people could grow. They told us that they were being selective in choosing the right people to live in the two remaining bedrooms in the home and had turned some referrals down as they felt the people would not fit in with those who already lived there. People who used the service and their relatives commented positively on the service and how it was run. One relative told us, "It is an excellent (home); I'm really pleased."

We asked people who used the service about the registered manager and one person described him as, "Amazing." We asked if the person would change anything about the way the service was managed and they told us it was, "Perfect." A relative told us they felt the registered manager was very approachable and said, "The manager is very hands on." Another relative echoed this saying, "Manager is hands on." We observed this to be the case during our visit. The registered manager clearly had a very good relationship with people who used the service. One person who used the service was delighted to see the registered manager and clearly had a warm and positive relationship with him. The registered manager communicated with the person with warmth and discussed the characters from the person's favourite film. The person responded happily, joking with the registered manager and other staff nearby.

There were four directors overseeing the service and we received very positive feedback about their openness and approachability. One relative told us, The directors have always been accessible. They are actively involved. They are responsive and caring and wanting to do well." Another relative told us they liked that there were, "Hands on directors." The registered manager told us they were fully supported and said the directors would "move heaven and earth to make sure (people who use the service) are looked after." We spoke with one of the directors and they clearly had an excellent knowledge of the people who used the service and spoke with positivity and warmth about their individual characters.

The director described their reason for setting up 41 West Hill, which they wanted to be a 'home from home' for people who used the service. They told us that all of the directors had a relative with a learning disability and said, "We wanted to give something back and so we got together and decided to create a place where we would be happy to live." The directors had a good relationship with people who used the service and were frequent visitors. There had been a recent Halloween party held and the directors and their children had enjoyed the party with people who used the service. The director described their vision for the ongoing

improvement and development of the service, including developing a sensory garden for people to engage in gardening skills.

The service promoted and supported fairness, transparency and an open culture for staff. Staff told us they "loved" working in the service and one member of staff told us, "It is a pleasure coming to work." Staff told us they were made to feel valued and that there was an open culture in the service. They told us that if they made a mistake they would feel confident to tell the registered manager what they had done and did not feel they would be blamed. Staff felt that their ideas were listened to and acted on. One member of staff told us, "Every idea we have taken to him (Registered manager) he has taken on board."

The registered manager had started to implement audits such as medicines audits and environmental audits. They told us that they had concentrated on getting to know people who used the service and what worked well for them and their plan was now to develop and establish quality monitoring systems to ensure any issues or development areas were identified and improved on. This included further audits in relation to infection control and audits of records of people's support. They described their plans for developing systems for people to have a say in what they thought of the service such as surveys and regular meetings. At the time of our inspection there had been one meeting held for relatives, however relatives told us they were able to speak with the registered manager or directors at any time. One relative told us, "We have lots of informal conversations." The registered manager told us of the director's plans to implement 'mini inspections' to test how well the service was running.