The Disabilities Trust

Disabilities Trust - 22 Woodlands Road

Inspection report

Sonning Common
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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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 17 August 2017 and was announced. Disabilities Trust - 22 Woodlands Road provides accommodation with personal care for up to three people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living there.

There was a registered manager in post 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.

We last inspected the service in June 2016 and found that medicines were not always safely managed. We also found that the systems in place to monitor the quality of the service had not been analysed to identify areas for improvement. At this inspection we found improvements had been made. People's medicines were managed safely and there were systems in place to monitor the quality of the service and to highlight where action was needed.

Relatives said they were confident that the service was safe. Staff were aware of their responsibilities to keep people safe. Risks to people's safety were appropriately assessed and managed.

Staff understood how to identify any safeguarding concerns and knew the process of reporting such concerns. Medicines were administered, recorded and stored in line with current guidelines.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. There were sufficient numbers of suitable staff to keep people safe.

The registered manager was knowledgeable about The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The MCA Code of Practice was followed when people were not able to make important decisions themselves. The registered manager and staff understood their responsibility to ensure people's rights were protected.

Records showed that staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up-to-date and future training was planned.

Staff told us they felt supported by the management and received supervision and appraisals, which helped to identify their training and development needs.

People had regular access to healthcare professionals. People's individual preferences regarding food were always taken into account and they were supported to eat a healthy diet.

We observed that people had positive relationships with staff and were treated in a caring and respectful

manner. Staff delivered their support in a calm, relaxed and considerate manner. People and their relatives were actively encouraged to participate in the planning of people's care. Staff were empathic when dealing with people's privacy and dignity.

We found the service was extremely responsive in promoting a person-centred lifestyle. Optimising communication was seen as key to making a difference to people's quality of life. People were supported by staff that were proactive in finding imaginative ways to help achieve their goals. Care plans were person-centred and ensured the care and support suited people's needs and expectations. People's own preferences were reflected in the support they received.

The management encouraged, appreciated and acted on people's and relatives' opinions on the service. Such information was used to implement changes and enhance the functioning of the service. People and staff had confidence in the manager as their leader and were complimentary about the positive culture within the service. There were systems and processes in place to help monitor the quality of the care people received.

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 from abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

People's risks associated with their care were managed to help ensure people's freedom was supported and maintained.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had completed appropriate training to enable them to provide people with care effectively. Staff were supervised and felt well supported by the whole team and the registered manager.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People received health care support when they needed it.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's privacy and dignity were promoted and staff were aware of the importance of supporting people to sustain their independence.

People were supported to maintain relationships with their families.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's communication needs were seen as central to creating person-centred support.

Support plans were personalised, up-to-date and included specific information about people's backgrounds, events and persons important to people.

People were supported to participate in a range of activities and were encouraged to pursue their hobbies and interests.

The service had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Is the service well-led?

Good ●

The service was well-led.

Staff and people spoke highly of the registered manager and assistant manager and the way they ran the home.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored and there were systems in place to make necessary improvements.

Disabilities Trust - 22 Woodlands Road

Detailed findings

Background to this inspection

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

This inspection took place on 17 August 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. Due to the complex nature of the communication difficulties of people in the service, we observed care practice throughout the day and also spoke with all of their relatives following the inspection. We spoke with the registered manager, assistant manager, and three staff.

We looked at two people's care records, three staff files and other records showing how the home was managed. We contacted social and health care professionals for feedback about the service.

Good

Is the service safe?

Our findings

At the last inspection on 14 June 2016 we found medicines that were not in a monitored dosage system were not managed safely to ensure balances were checked to confirm correct administration. We also found an 'as required' (PRN) medicine had guidance in place for a medication no longer prescribed. We also found that not all personal emergency evacuation plans (PEEPs) were updated to ensure accurate information in the event of an emergency. At this inspection we found improvements had been made.

People received their medicines as prescribed. The provider had a medicines policy and procedures in place and there were systems in place to manage medicines safely. Medicine records we checked had been completed accurately. Staff who administered medicines had completed up to date training and their competency was checked regularly. Medicines were stored securely and checks were in place to ensure the balances were correct and they were stored at the correct temperature. A member of staff said, "We do the medicines training yearly. We recently moved to a new system which means it is easier and safer. We have our competence checked regularly."

As people living at the service could not verbally express their views about their safety, we asked people who knew them well. People's relatives we spoke with said they had no concerns over their relative's safety. One person's relative said, "Oh yes, very safe." Another said, "[Relative] been there a long time and never had any concerns." A professional commented, "I have visited the home twice and have not noted any issues in relation to safety for residents during these visits." Another professional said, "I visited the care home for [name] annual review in February 2017. I formed the opinion that the provider endeavours to provide a safe environment in which [name] is cared for."

People had effective risk management systems in place. This included risk assessments about people's health, behaviours that challenge and safety and welfare. Records showed that these assessments included all aspects of a person's daily life. For example, road safety, using the kitchen, swimming, travelling in a vehicle and health visits. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to and reviewed regularly. For example, a person ate very quickly and was at risk of choking. We saw measures in place that included cutting up the food into smaller pieces and that staff sat with them when they were eating to encourage them to slow down. This helped to minimise the risk of choking.

The service supported people's positive risk taking. The benefits of positive risk-taking can outweigh the harmful consequences of avoiding risk altogether, promoting independence and supporting a person's well-being. A professional gave feedback about a person saying, "I believe that staff encourages [name] to take positive risks that will support her independence. For example, I know that she is often given the opportunity to mobilise around the home on her own. I am also aware that following my meeting with them, they made a referral to the local Sensory and Visual Impairment Team."

Staff had completed training in how to protect people from abuse and knew when and who to report concerns to. Staff told us they had confidence in the management team to deal with safeguarding issues

promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately. We spoke with a member of staff who said, "I've recently had refresher training in safeguarding. I would report to my line manager and if necessary the CQC if concerned." Another staff member said, "We're here to keep people safe. If the line manager didn't do anything we can go higher." They went on to say they were aware of the whistleblowing procedures. We saw information displayed in the service with information on safeguarding and whistle-blowing. A whistle-blower is a person who raises a concern about a wrongdoing in their workplace or within the NHS or social care setting. A staff member said, "When we had the training we were given the whistleblowing telephone number."

There were contingency plans in place in case of an untoward event. The business continuity plan assessed the risk of such events as fire or bad weather conditions. People had a current personal emergency evacuation plan [PEEP] in place, which explained the help individuals would need to safely leave the building. 'Grab bags' were prepared in case of sudden evacuation. These contained PEEP's, torch and health action plans. Fire drills were held regularly and checks on fire extinguishers and fire alarms were carried out by staff. Staff had received training in fire awareness and safety. This helped to prevent an emergency occurring and helped ensure that people were kept safe in the event of an emergency.

We saw records of health and safety checks on the environment, such as infection control audits. We saw records of regular portable appliance testing (PAT), carbon monoxide monitors, checks of electrical equipment and water safety and temperature checks. Risk assessments relating to fire and food safety were carried out and reviewed by staff regularly. We found the kitchens and food storage areas to be clean, with food stored correctly. Repairs were carried out promptly when necessary to ensure the premises were maintained and remained safe. This showed that the provider had appropriate maintenance systems in place to protect staff and people who used the service against the risks of unsafe or unsuitable premises or equipment.

There were enough well trained staff on duty to meet people's needs promptly and keep them safe. Staffing levels on the days of our inspection were the assistant manager, and three support workers. When asked about staffing levels, a member of staff said, "We have enough carers and enough time to talk to people and do activities". The service had built up a bank of staff to limit the use of agency staff.

We reviewed recruitment files for three staff who had begun working at the service since the last inspection. A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. Where required, processes were in place to enable managers to account for actions, behaviours and the performance of staff.

Good

Is the service effective?

Our findings

People received care from staff that had completed relevant training for their job role. Staff (including agency staff) had undergone a thorough induction programme which had given them the basic skills to care for people safely. We heard that all potential employees were observed interacting with people in the service as part of their recruitment process. Their reaction and how they related to people was observed. We heard how one person with a visual impairment liked to hold and smell the person's hand and how people reacted to this was an important part of whether they would suit working in the service.

Staff we spoke with were clear about how to meet each person's individual needs. Training was provided on areas such as safeguarding, infection control and health and safety. More specialist training was provided to support people's individual needs. We saw that training had been provided on Makaton, autism training, epilepsy training and de-escalation and intervention training. The service had implemented lead staff for the areas of safeguarding, infection control and equality and diversity. Staff also had training to support people in line with equality and diversity legislation. The registered manager had a level 5 in equality and diversity training and felt it was an important area to instil a positive culture.

We received feedback from people's relatives and professionals about the competence of the staff. A relative commented, "No concerns, they seem fine to me." Professionals commented, "Staff were receptive to the input I had suggested in relation to the visually impaired client that I was assessing. I arranged a session with the manager and deputy who advised that they would disseminate the advice provided to the staff in the home", "In relation to staff training, my views are that staff expressed satisfactory knowledge of my customer. I was satisfied to learn that they have regular appraisals that help to determine the learning needs of staff" and "I found staff to be very knowledgeable about [people]. They demonstrated good caring and professional capacity."

The staff we spoke with felt supported with their professional development. Records showed that staff had received regular supervision sessions and our discussions with staff confirmed this. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw records confirming that staff had received annual appraisals of their individual performance and had an opportunity to review their personal development and progress. A member of staff told us, "I find these meetings very helpful. Always supportive such as asking what else we want to do." Another member of staff said, "[Registered manager] is brilliant. I have much more confidence now. She really supports me. I am completing a management course so feel career progression is possible."

People were supported to maintain their health and wellbeing. People received a good level of support around their mental and physical health. Health records documented relevant medical history of family members such as diabetes, glaucoma. It also listed if there were illnesses that could be passed on genetically. This meant people had important health information recorded to enable the provider to help identify any risks to their health at an early opportunity. We saw that best interest meetings had been held in respect of health screening such as mammograms. People had undergone annual health checks with their GP's. Health care records showed people were referred to services such as the visual impairment team and

psychiatry and psychology. The service held regular multi-disciplinary meetings with health professionals which included the provider's clinical team. This comprised of psychologist, speech and language therapist and positive behaviour specialists. This ensured a fast response when required.

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. We checked whether the service was working within the principles of the MCA. Staff had received training on the MCA and this training was updated with staff where necessary. The registered manager and staff had a clear understanding of the MCA. They knew how to make sure people who did not have capacity to make certain decisions were protected to ensure any decisions made were in their best interests. For example, the provider had sought the views of relevant professionals and family members, and organised best interest meetings to manage areas such as medicines and finances. A member of staff told us, "Mental capacity is a process. For example, [name] has capacity in many areas but not around money. I always ask for consent, talk to her and ask permission before I do anything." Staff knowledge of the MCA meant that people's rights and interests were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS applications had been made appropriately and authorised for all three people who used the service. These had been reviewed regularly and updated. For example, one person had a restriction removed due to an improvement in the way staff supported them. This meant the service were constantly reviewing to ensure people's liberty was the least restrictive.

People were supported to eat and drink sufficient amounts to meet their needs. Menus were designed to be healthy and nutritious whilst also acknowledging people's individual likes and dislikes. People's care records contained information about their eating and drinking preferences and needs. People's weight and nutritional well-being were recorded and kept under review.

People were encouraged to help with the preparation and cooking of meals and we saw people made their own drinks when they wanted to. On the day of our visit one person helped prepare some sandwiches and shared with the staff.

The house and garden were due for some updating and volunteer assistance had been sought to help with this. This would involve re-decorating, new carpets and some furnishings. The garden was also due to be re-vamped with plans for a sensory plant area for the person with vision loss. Management were considering doing a 'reveal' like the television shows to make an event of the garden completion.

Good

Is the service caring?

Our findings

People living at the service had good relationships with staff. We saw that staff were kind, caring, polite and supportive. Staff spoke with people in a fond and familiar way and there was a pleasant atmosphere of warmth and trust. We observed staff communicating with people in a very patient and caring way. For example, a person came into the office on a frequent occasion and we saw the assistant manager and other staff reassuring the person and having a chat with them.

People were cared for by staff that were knowledgeable about the care required and what was important to them in their lives. Staff showed a good knowledge of people's needs, likes and dislikes. A relative told us, "My [relative] has had a difficult period due to a crisis. The team involved the intensive interaction service and to their credit they [staff] have implemented the actions very well and incorporated this into their training. [Person] is turning a corner. I must praise the staff. They put in a lot of effort to implement everything to get [person] back on track." Another said, "Staff very caring. Very good."

We asked for feedback from professionals about whether they felt people were well cared for. We had comments including, "Staff are passionate yet professional in their approach to caring and I feel that [person's] needs are sufficiently met" and "The [staff] interactions with the client that I was visiting were understanding of her needs and were relaxed and patient when they communicated with her."

People's independence was promoted. They were supported to access the local community and took part in shopping, cooking and household tasks where appropriate. A staff member said, "We always promote independence in any way. For example, a person with poor vision is assisted by putting toothpaste onto the toothbrush but then they manage. We also ensure the person has a plate guard to assist independent eating." A professional said, "She is well supported and at the same time given opportunity to be as independent as possible."

We checked to see if the service supported people with advocacy. At the time of this inspection all of the people who lived at this service had relatives to support them to make any major decisions.

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful. We saw people were treated with dignity and respect throughout our inspection. A member of staff said, "When [person] has a wash, I promote as much independence to ensure their dignity. For example, providing a flannel and getting them to do as much as they can themselves. Then get out clothes which they put on themselves."

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff and gave details of when and how information would be shared with other professional bodies once the person's consent had been obtained. Care plans and other personal records were stored electronically and required passwords to access the information.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was

provided and events noted during the day. These provided a descriptive picture of the person's day. For example, one staff member had noted in one person's care plan 'Chattering and supporting staff to prepare dinner and laying the table.'

Outstanding ☆

Is the service responsive?

Our findings

The registered manager and staff had been proactive and considered measures to ensure that people in the service received high quality, person-centred support which met their individual needs. They had identified high quality communication as intrinsic to improving people's lives. Measures had been taken to explore as many options as possible to support people in areas of their life to maximise opportunities.

The provider facilitated as many opportunities as possible to ensure that people's communication was optimised. We heard that staff at the service were working with an Intensive Support team to develop an Intensive Interaction approach to increase communication and understand and anticipate behaviours that may challenge. Intensive interaction tries to create a communication environment that is enjoyable and non-threatening for people on the autism spectrum, or with severe learning difficulties. We saw guidelines in place for one person which provided information about what interaction and communication they found difficult, for example, taking time to process information and the environment. Ways to improve interactions were suggested such as giving time for the person to process information and using visual supports such as pictures or activity planner. There was a long list of what worked already and we heard this being used during the inspection, for example, particular phrases or repeating what the person had said. It also stated that physical contact should be part of their support and for staff to respond appropriately. For example if the person initiated a hug, then to hug them back and if they wanted to hold a staff member's hand then to allow them to do so. Guidelines expressed the importance of allowing this to be as long as the person required it. A member of staff said, "Before we guessed. We now copy the person's interactions and interact according to her mood. It is really helpful."

Staff had received training and were being coached in techniques. Some sessions had been filmed so that the Intensive Support Team could provide feedback about improvements. We heard from a person's relative that these techniques were proving invaluable to their relative. They said, "Crisis management is all done incredibly well." A staff member said, "Intensive interaction has helped us to calm [person] down. I find it very positive and advice is helpful such as repeating the person's words or actions to aid communication and redirect to other things"

Communication was assisted by people being supported to create 'social stories.' This technique was created by Carol Gray in 1991. Social stories are short descriptions of a particular situation, event or activity, which includes specific information about what to expect in that situation and why. We saw an example of a social story prepared in an easy read format with photographs and other images in anticipation of a Christmas day visit to family. We saw there was a photograph of the house they would be visiting, which staff were taking them, who would be at the house, what they would be eating and what would happen after lunch, such as opening presents. All of this had helped the person to prepare themselves and to know what was happening and when. We saw written feedback from their relative stating, "Thank you both for all your hard work to prepare [person] for her visit on Xmas Day." When we spoke with this relative they said, "The use of social stories have really helped [person] to prepare for situations. Staff are also planning on doing one to prepare [person] to make a visit to their [relative's] grave."

People were provided with easy read information to help them understand and anticipate events. We saw a guide about an Occupational Therapist (OT) visit and there was a picture of the OT so the person would know what they looked like. It had pictures and easy read text saying what the visit was for and what was going to happen, for example, 'Get some things out of her bag.' It ended with saying [OT] would say goodbye and leave. This meant people were given every assistance to ensure they knew what was happening and to help them to lower their anxiety at the time of the visit as they had prepared for it.

We saw that staff had thought of creative ways to work with a person who needed to reduce their weight but had certain routines that had been difficult to change. For example, the person liked to have two bowls of cereal each morning and several pieces of toast. A suggestion was made to have a smaller bowl for the cereal so that the two helpings were not excessive. Toast was also cut up into smaller pieces and provided gradually to allow the person to feel they had control over how many pieces they had without consuming an unhealthy amount. We heard from a family member that this was working well. The service had also referred the person to a dietitian.

We heard that staff would go 'over and above' to accommodate people's needs. For example, staff would alter their plans and work additional hours to allow people to access activities and links with the community. We also heard that staff would attempt to unblock barriers to activities. For example, one person had refused to go swimming, having previously enjoyed it. It was discovered that the person had a fear of heights and that using the ladder to get into the pool was a problem. A member of staff had looked at different pools to find one that had easier access. We heard that the person now enjoyed swimming again. We saw correspondence from their relative saying, "You have achieved the unthinkable: you managed to get [person] to swim today."

People took part in activities at the service and were supported to access the local community. Activities that people enjoyed were swimming, cooking, music sessions, bowling picnics, social evenings. Individual activities timetables were in place but staff said these were flexible due to changes in people's needs. People were supported to choose a holiday. A relative said, "[Person] had a mini break and we could see the preparation that had taken place. She had prepared a list of what she wanted to take." A staff member said, "I enjoy supporting service user with their activities and helping them to achieve their goals."

We saw that one person had attended Reading University for a community workshop that brought together families and individuals with autism spectrum disorders (ASD), to explore how music could benefit language processing. They chose to sing in front of about 150 audience members, which was received very enthusiastically and a good morning was had by everyone.

Support plans had been developed with people alongside information from families and other stakeholders. Information detailed what was important to each person, described their life history, daily routine and the activities they enjoyed. The plans included communication profiles to enable staff to tailor their communications specifically. Outcomes were in all support plans to assist staff in working effectively with people to achieve their potential. We saw examples of goals recorded that had been achieved, such as increasing time of their home visits, going for a holiday, going to church. We saw another goal had been set about enabling a person to experience a stay in a hotel which was what they had enjoyed doing with their family when they were younger. We saw measures were in place to achieve this.

People were supported to maintain family relationships. A relative told us, "They show huge willingness to support contact with our family. Staff have always been very good at supporting [person] to attend events such as christenings. It was [person's] birthday recently and two support workers accompanied them to a family picnic. You can't put too high a value on that. They were discreet and stayed in the background and

took photos of us. It meant a lot."

Relatives were involved in discussions about their care and in the review process, and records confirmed this. A multidisciplinary team of professionals were involved in reviews alongside family members. A relative told us, "I attended a recent review. [Name of assistant manager] had earlier put in a call to the GP so that they could call in and discuss with the psychiatrist about reviewing the medicines. A real credit to [name of assistant manager] for thinking of this as very helpful." A professional said, "I chaired [person's] annual review which was attended by her parents and a number of staff. Staff demonstrated a very good knowledge of [person] ranging from her likes and dislikes, communication style, and when they knew [person] was not feeling well." This demonstrated that all people were able to contribute to the review so information remained up to date and relevant.

The provider had information for people and relatives about how to make a complaint. The information for people was in pictorial format but due to the complex needs of the people using the service most would still not understand the concept of a complaints process. Therefore, people had regular meetings to enable staff to gather their views and ideas and respond to needs and wishes. We saw records of these meetings. They were pictorial and one meeting had discussed handwashing. This had pictures of one person in the house pointing to the different steps involved in this. We saw that a person from the service had taken minutes of the meeting and recorded what had been discussed such as suggested activities such as walking along the river and having picnic lunches. We saw the holiday had been discussed and a shopping list for this prepared by a person.

Good

Is the service well-led?

Our findings

At the last inspection on 14 June 2016 we found systems in place to monitor and improve the quality of the service were not effective. There was no registered manager in place. At this inspection we found improvements had been made.

There was now a registered manager at the service. 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.

The assistant manager had been provided with administrative support to assist their effective management of the four services they oversaw, including 22 Woodlands. This had enabled the assistant manager to spend more time on ensuring the service was monitored regularly and action taken where needed. There was an effective internal and external quality assurance system in place to monitor key areas of the service. Internal audits included medicines, safeguarding concerns, incidents and accidents and infection control. Action plans were in place and monitored by peer visits and quality assurance advisors. There were also external audits for health and safety, finance and pharmacy to ensure compliance and effectiveness. Audits were carried out on peoples risk assessments, support plans and MAR's. These audits generated action plans detailing what actions needed to be taken and were signed off once completed. The provider also had a process in place where manager's from other services visited to carry out an audit to provide an objective overview of the service.

The registered manager had received a highly commended award in December 2016 and completed a management development course. Other members of staff were completing the management development course. This created a culture of investment in staff alongside maximising management skills in the workplace which would benefit people in the service by having well supported staff.

The registered manager attended conferences and networking events to ensure that she maintained links with other organisations to in order to retain knowledge and skills as well as keep up to date. This was passed on to staff at meetings. The registered manager received a weekly managers bulletin providing updates and current guidance. The service was registered with Skills for Care, a local manager's network and access to an e-learning resource. This ensured staff were kept updated.

The registered manager had said they had been working towards promoting an open and transparent culture where staff could own up to mistakes and lessons could be learnt from these. This has resulted in staff feeling more empowered. One staff member said, "There has been an improvement in the atmosphere over the past year. [Assistant manager] has helped me a lot to develop. They are happy to support us with anything. The registered manager is very good as well." Another said, "Gives us a chance to speak out more and give suggestions. Registered manager comes and sees us and is here more often. We have good managers who help us to grow." Another member of staff said, "I enjoy working here. The best thing is the way we work as a team and our relationship with service users. We are like a family."

Staff and management were positive, relaxed and friendly. The registered manager and assistant manager often worked at weekends and outside of office hours in order to ensure they understood how the service operated on a 24/7 basis. Communication was felt to be effective. An external professional said, "I find the management to be very honest and open, willing to listen. They keep us (local authority) informed on any issues to do with my customer or the care home in general." Another said, "Communication has been good when I have contacted the home for an update. They have been forthcoming with information about the client if I have needed it to support my assessment." A relative commented, "Over the past 12 months communication has been very good."

The provider had sought feedback about the quality of the service from family, funding authorities, health staff and other visiting professionals such as a hairdresser. It was found that these did not have a good return rate so the registered manager said they plan to this differently next year. For example, through telephone calls, emails. The latest survey had been evaluated. For example, a relative said they could not comment about the food, therefore the plan was to invite family members to sample the meals to get feedback and also encourage more family engagement.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of their re-occurrence. Accidents and incidents were reported and monitored both within the service and within the wider organisation. These were overseen by the Health and Safety and Quality Assurance Advisors. Accidents and incidents were evaluated and then actions set up to discuss at a local governance meeting to ensure that any patterns are identified and preventative measures taken where possible. For example, there had been an incident during a service user holiday where someone had left their room. This had been discussed and an alarm had been purchased to use on doors when people were in holiday accommodation to alert staff if they left their rooms.

The service worked in partnership with other agencies. They had good links with the local health and social care professionals. More specialist support and advice was also sought from relevant professionals when needed. We had feedback from a professional who said, "I found the manager and deputy keen to work alongside me to improve their knowledge of visual loss and have taken on board the advice that I have given."

Staff meetings were held monthly. Topics covered included discussing people they supported, training and updates from the registered manager. As well as staff meetings there were regular intensive interaction meetings to discuss progress. Staff told us the meetings were useful and they felt able to voice their opinions and raise any concerns at these meetings or at any time due to the improved culture in the home. There was also a staff award scheme held every two months where individual staff and teams could be nominated under various categories. If selected, staff received an award and a voucher as a thank you for their efforts.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.