

Dimensions (UK) Limited

Dimensions 2 Farnham Road

Inspection report

2 Farnham Road
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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 ●

Summary of findings

Overall summary

The inspection took place on 5 and 6 January 2016 and was unannounced. Dimensions 2 Farnham Road provides accommodation and care for up to five people with learning disabilities and autistic spectrum disorder. At the time of our inspection five people were living in the home. The home is on two storeys, with those more able to manage stairs having bedrooms upstairs.

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 were protected from abuse, because support workers understood the process to identify and report safeguarding concerns. People were supported to understand their rights and discuss any concerns related to abuse.

Risks associated with people's care and support needs were identified and addressed to protect them from harm. Regular checks and servicing ensured environmental risks were managed safely.

Staffing levels were planned to support people's needs and wishes safely. Short notice absence and lack of availability of agency cover had affected staffing levels over the Christmas period. The registered manager had reviewed all known risks, such as people's health and wellbeing, and changed shift hours, to ensure people had not been placed at risk of harm by reduced staffing levels.

The provider's recruitment procedures ensured people were protected from the risk of employing unsuitable staff to support them. All required checks had been completed to ensure successful applicants were suitable for the role of support worker.

People's prescribed medicines were stored and disposed of safely. Support workers were trained and assessed to ensure they administered people's medicines safely.

Regular training updates ensured people were supported by staff who could effectively meet their needs. Supervisory and appraisal meetings ensured support workers were encouraged to reflect on their care provision, and develop their skills and knowledge.

Support workers understood and implemented the principles of the Mental Capacity Act (MCA) 2005. They supported people to make informed decisions, and followed people's wishes if they declined offered support. As appropriate, records demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been made on behalf of people following the completion of procedures under the MCA 2005.

People were supported to maintain a healthy balanced diet. Support workers understood people's dietary preferences, and managed risks associated with eating effectively.

People were supported to attend regular health checks. Support workers recognised indicators that people were unwell or upset, and took appropriate actions to promote people's health and wellbeing.

People's relatives told us their loved ones were happy and content in the home. We observed people readily asked for support when they wanted this, and appeared relaxed with the support workers who cared them. Support workers valued people's contribution in the home. They promoted people's independence, and praised people when they undertook or completed household tasks.

People's privacy and dignity were promoted through support workers' actions to protect them from undignified situations.

People's needs were assessed and regularly reviewed to ensure their care and support was responsive to changes identified. Support workers understood how people communicated, and were able to interpret gestures and vocalisations when people were unable to speak with them. Support plans and monthly reviews documented the support and care people required, and how this should be provided in accordance with their wishes.

The provider's complaints policy explained how complaints should be managed. People's relatives told us they had not had reason to use this, because good communication with and effective actions from support workers ensured any issues were addressed promptly before they escalated.

The provider's aim to support people to live fulfilled lives was demonstrated by support workers who understood and promoted people's wishes and independence. Support workers were supported to develop career aspirations to progress within the provider's organisation.

The management structure in the home ensured support workers could access guidance and reassurance as needed. Support workers were confident in their roles.

Feedback from people and their relatives was sought to identify changes and improvements required to the quality of care people experienced. The provider's audits and service improvement plan were used to review changes implemented, and ensure all required actions were in place to address improvements identified. Systems were in place to ensure people were supported in a service that was well-led and focussed on providing them with high quality care.

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 protected from the risk of abuse, because staff understood and followed the correct procedures to identify and report safeguarding concerns.

Individual risks to people were managed through appropriate assessments and actions as required. Environmental risks affecting people and others were managed safely through checks and servicing to protect people from identified harm.

Sufficient support workers were deployed to meet people's needs and wishes safely. When staff levels had been affected by short notice absence, the registered manager had conducted a risk assessment and made shift changes to ensure people were not placed at risk of harm.

Recruitment checks provided assurance that staff were of suitable character to support people safely.

People were protected against the risks associated with medicines, because support workers administered their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff trained to support them effectively. Regular supervisory meetings ensured support workers retained and demonstrated the skills required to meet people's needs.

Support workers understood and implemented the principles of the Mental Capacity Act 2005 to ensure people were supported to make informed decisions about their care.

People's dietary needs and preferences were known and met to protect them from poor nutrition or dehydration. Effective liaison with health professionals ensured people's health needs were addressed.

Is the service caring?

Good ●

The service was caring.

Relatives told us support workers were "Wonderful", and people were happy and content in their care.

Support workers understood how people communicated. People were listened to and their wishes followed.

People's dignity and privacy were respected and promoted by the staff who supported them.

Is the service responsive?

Good ●

The service was responsive.

People's changing needs were identified, assessed and managed responsively.

People were supported to engage in activities that were important to them, including access to the local community.

Relatives were assured that any concerns would be dealt with appropriately in accordance with the provider's complaints procedure.

Is the service well-led?

Good ●

The service was well-led.

The provider's values of supporting people to live fulfilled lives were understood and implemented by staff.

The management structure in the home ensured support workers understood how to access guidance and support when needed.

Audits were used to identify and drive improvements to the quality of care people experienced.

Dimensions 2 Farnham 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.

The inspection was unannounced, and completed by two inspectors on 5 and 6 January 2016.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Review (PIR) had been submitted for the inspection in June 2015. A PIR 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 used this information to consider the quality of care people experienced.

Most of the people living in the home were unable to tell us about their experience of the care they received, because we were unable to understand their verbal communication. We observed people's care and support throughout our inspection to inform us about their experiences. We spoke with one person, and the relatives of four people living at Dimensions 2 Farnham Road to gain their views of people's care. We spoke with the registered manager, assistant locality manager and three support workers during our inspection. We also spoke with the provider's Operations Director.

We reviewed three people's support plans and other associated records, such as medical records books. We reviewed medicines administration records (MARs) for all five people. We looked at four support workers' recruitment files, as well as two supervision records, and the staff roster from 7 December 2015 to 3 January 2016. We reviewed policies, procedures and records relating to the management of the service. We considered how people's, relatives' and staff's comments and quality assurance audits were used to drive

improvements in the service.

We last inspected this service on 20 December 2013, and did not identify any areas of concern.

Is the service safe?

Our findings

All the relatives we spoke with stated they had no reservations about people's safety in support workers' care. Support workers were able to describe indicators of abuse, and spoke confidently of the actions they would take if concerned that people were at risk of abuse. One care worker explained that they were "Tuned in to anything unusual", and would raise an alert with the management or through the provider's whistle blowing procedure to ensure people were protected from harm. Support workers were aware of policies in place to protect people, and the procedure to raise concerns. Regular training and posters in the home reminded support workers of their responsibility to protect people from abuse.

People were supported to understand risks they may face in the home or community, because information on bullying and hate crime was available in a format appropriate to their understanding. Records demonstrated that support workers talked about this with people to ensure they understood their rights, and could raise any concerns with those they trusted to protect them from harm. People were protected from abuse because support workers were trained and understood the actions required to keep people safe.

Risks specific to each person had been identified and assessed, and actions implemented to protect them. For example, risks affecting people's diets, such as an inclination to overeat or bolt food, were documented in people's support plans. Guidance was included to effectively manage known risks. We observed support workers followed this guidance, for example cutting people's food into bite size pieces and encouraging them to eat slowly. Support workers were able to explain risks associated with each individual, and the actions they implemented to protect them from harm. These risks and actions were reflected in each person's support plan. Risks affecting people's health and welfare were understood and managed safely.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. For example, gas and electric safety were reviewed by contractors to ensure any risks were identified and addressed promptly. People and others were protected from environmental risks in the home through safe implementation of checks and servicing.

Records demonstrated that monthly and weekly checks, such as checking emergency lighting and fire alarms, protected people from the risk of fire. A personal evacuation plan, specific to each person's needs, was included in their support plan. The impact of how people's conditions may affect their understanding and anxieties was clearly understood and documented. This meant that support workers were informed of how to support each person's mental and physical needs in the event of an emergency evacuation from the home.

A review of people's support needs in the event of a night time emergency had influenced the minimum number of support workers required at any time to keep people safe. This ensured sufficient staff were deployed to meet people's identified needs. Support workers' shifts were managed flexibly to support people's planned activities and appointments. People's preferred activities were understood, and staffing was arranged to support people as and when they wanted.

During our inspection we noted there were sufficient support workers to meet people's needs and wishes promptly. People were provided with one to one attention when they wanted, and were supported to attend planned and ad hoc activities.

Staffing levels were planned to support people's needs and wishes safely. Short notice absence and lack of availability of agency cover had affected staffing levels over the Christmas period. The registered manager had reviewed all known risks, such as people's health and wellbeing, changed shift hours and increased on call support, to ensure people had not been placed at risk of harm by reduced staffing levels.

A support worker told us the home "Has to use a lot of agency staff as there are not enough permanent staff". A senior support worker told us they were in the process of recruiting more staff. In the meantime, support workers from the provider's other homes and agency staff were used to ensure sufficient support workers were available to meet people's needs and wishes. The same agency was used, and where possible the same staff, to promote continuity of care for people. This meant that people were supported by sufficient staff who understood and met their needs safely.

People's support plans were detailed, with information held in several files. There was too much information for short term staff to take in. A 'slimline' file was available for agency staff that included a one page profile of important information agency staff needed to know to support people safely. Support workers explained that agency staff never worked alone, to ensure they were guided by support workers who understood people's needs and wishes well.

Recruitment information was stored centrally by the provider's HR team, but was made available electronically to the registered manager for review of applicants or to review staff's recruitment details. All required recruitment information had been checked before applicants were offered a support worker role, including a full employment history with explanation of any gaps. Identification checks and conduct references from previous employers were verified before applicants were offered employment. Criminal record checks provided assurance that applicants were suitable to safely support people in the home.

Support workers were confident about administering people's medicines safely. They completed training in medicines administration and their competency was assessed before they were permitted to administer people's medicines. Staff competency was reviewed at least annually to ensure they retained the skills and knowledge to administer medicines safely. Two support workers worked together to promote safe administration of medicines. They checked records and medicines to identify any errors before people were offered their medicines. People's medicine administration records (MARs) demonstrated that people took their prescribed medicines without any errors or gaps in administration.

People's support plans included an explanation of what people's medicines were prescribed for, and when they should be administered, including 'as and when required' medicines. People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. Support workers explained how people's moods sometimes affected their willingness to take their prescribed medicines. They had checked with people's GPs to ensure that occasionally refused medicines would not affect people's health. A relative told us how one person exercised their choice over taking their medicines, but would usually ask for them later in the day when they had initially refused. People were supported to take their medicines safely.

A weekly medicines audit reviewed medicines administration to identify any errors, and demonstrated that medicines were checked, stored and disposed of safely. Where an issue was identified, the subsequent audit demonstrated that the issue had been resolved. For example, the medicines audit on 17 August 2015

identified that some medicines no longer required should be returned to the pharmacy. The audit completed the following week documented that these had been returned. Safe medicine administration and internal checks ensured people were protected from risks associated with their prescribed medicines.

Is the service effective?

Our findings

New staff completed the provider's induction programme of training and learning to provide them with the skills and knowledge required to support people effectively. Mandatory training, for example in topics including safeguarding people from abuse, fire and food safety, and infection control, ensured support workers understood how to meet people's support and care needs. This training was refreshed regularly to ensure support workers retained and updated the skills and knowledge required to support people effectively. Records demonstrated that support workers had completed and updated their required training in accordance with the provider's training policy. People were protected from the risk of ineffective support from staff who did not have the skills or knowledge required to meet their needs.

Support workers told us they were encouraged to attain qualifications in health and social care. They explained that the home's management structure had been reviewed, because the registered manager's other responsibilities meant she was not always available in person. A senior support worker now provided daily leadership in the home. Support workers told us this gave them more confidence in delivering their role. One support worker stated "If I don't feel confident, there is always someone I can go to for support".

The registered manager planned to complete staff supervisory or appraisal meetings at least quarterly. A log of meetings demonstrated that these meetings were held regularly, in accordance with the provider's policy. These meetings provided the opportunity to review support workers' training needs, discuss any work issues and ideas to support people effectively, and consider support workers' aspirations and development opportunities. Support workers were supported to develop the skills and knowledge required to meet people's needs effectively.

Staff meetings provided support workers with the opportunity to raise and discuss issues and ideas to support people. The minutes from a meeting in December 2015 documented discussion of choice and duty of care. A review of cleaning tasks agreed to inclusion of these on the handover sheet to ensure all actions were completed. We noted this was documented on the handover sheet used during our inspection. This demonstrated that support workers were encouraged to discuss and resolve issues to effectively manage people's care and support.

A relative told us support workers listened when their loved one refused care, and followed their wishes. They said support workers "Understand and manage anxieties well. She couldn't be anywhere better". Support workers understood the principles of the Mental Capacity Act (MCA) 2005, and described how they put this into practice by supporting people to make decisions and choices about their care.

Information important for people to know, such as charters regarding their living arrangements or health care, were provided in a format appropriate to people's needs. Notes explained how explanations of the content had been discussed with people, for example by reading the content with them, and how people had indicated their preferences and wishes. This ensured that people were informed about their rights, and involved in decision-making about topics important to them.

Each person's support plan included a decision making agreement. This described how people indicated their preferences, and areas where they may require assistance, support or best interest decisions to promote their health and wellbeing. For example, all people were able to choose their clothes and meals, but required support to ensure medical conditions were managed effectively. For one person who required time to process information to make a decision, their support plan reminded support workers not to rush them, and to ensure that options were understood through the use of pictures of reference. People were effectively supported to make informed decisions about their care and support.

The MCA 2005 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's support plans contained details of best interest decisions made on people's behalf, for example on sharing of information when this was important to manage known health conditions or recommended check-ups. Documentation demonstrated appropriate assessment of people's mental capacity to consider information and make an informed decision about their care. Where they had been assessed as lacking the capacity for this, the process of best interest decision-making was recorded. This included a list of those involved, such as support workers who knew them well, relatives who represented people's wishes and knew their anxieties, and where appropriate health professionals who understood the person's medical conditions and could advise on the health risks associated with the decision to be made. This ensured that people were appropriately supported through lawful actions to make decisions about their care and support.

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 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for all five people in the home, because external doors were kept locked to protect people, as they were unable to recognise traffic risks. At the time of our inspection three of these were authorised, with the other two in the process of review and authorisation. Paperwork associated with applications demonstrated that the lawful process of mental capacity assessment and best interest decision was completed before applications were submitted.

People were encouraged to prepare their own meals and drinks, and help themselves to snacks throughout the day. We observed people made drinks or selected snacks as they wished. Support workers encouraged people to select healthy options from their snack boxes, and praised them when they did so. People were supported to maintain a healthy balanced diet. One person's diet plan reminded support workers to support them to plan for healthy meals, but stated that the person had the 'final choice' on meals they ate. Some people chose a mix of food items that others may not find well balanced, mixing savoury and sweet flavours. Documents reminded support workers to meet people's choice, even when it did not meet conventional meal choices. We observed that this was demonstrated in practice by support workers, who understood a person's preferred choices, and ensured their wishes were catered for. This ensured that this person ate well at lunchtime, because their dietary wishes were effectively met.

Records demonstrated that people were supported effectively to maintain their health and wellbeing through health appointments. Support workers were aware of people's health needs, and recognised when people were unwell. They understood the impact of health appointments on people's anxieties, and worked with health professionals to address people's health needs without causing them distress.

Support workers had been trained by health professionals to manage people's non clinical needs, for example to provide foot care and address continence issues. This meant that people were more likely to consent to their regular care needs, because a support worker they knew and trusted provided this for them.

People were supported to maintain regular check-ups, for example with the optician and dentist. Each person had a medical records book which documented their health appointments and reviews, and advice and guidance from health professionals. This demonstrated that health issues or concerns identified by support workers were raised with and addressed by health professionals promptly.

Specific indicators associated with people's health conditions were described in detail to ensure support workers were aware of signs to identify potential health issues. The actions required in response to these indicators were also detailed. For example, the GP was concerned about one person's weight loss in November 2015. Weight records demonstrated that this person had subsequently gained weight. Support workers liaised effectively with health professionals to promote people's health and wellbeing.

Is the service caring?

Our findings

One relative described support workers as "Marvellous", and another told us support workers were "Wonderful, wonderful people". A relative described their loved one as "Always happy" in the home, and another told us their loved one was "Contented" and provided with plenty of choice in their life.

Support workers described people in kindly terms, demonstrating their care and liking for the people they supported. People were described as "Great fun to be with" and showing affection for staff or others "On their own terms". We observed support workers linked arms with people or held their hands to provide physical comfort and reassurance. They spoke kindly with people, and smiled and joked with them throughout our inspection. They listened and watched people carefully to ensure they understood people's meaning when they gestured or vocalised their wishes. People readily approached support workers for comfort, guidance and reassurance, indicating they felt relaxed and content with those supporting them.

A board displayed pictures of support workers on duty for each shift. This ensured that people were informed of who would be supporting them during the day. Support workers understood how important this was for people to refer to, and ensured it was updated daily. We observed one person checked this regularly, and enjoyed offering to support the night staff with their overnight bags. Support workers thanked them for their assistance, demonstrating that they appreciated the person's kindness.

People were thoughtful about others in their home. For example, one person encouraged support workers to consider taking others for a drive when they went to a planned appointment, and another person helped to clear their peer's breakfast items from the table once they had finished eating. People took pride in completing household tasks, and showed support workers what they had done. Support workers praised people for their efforts, which pleased them.

People enjoyed art and craft activities. Their creations were used to decorate their rooms and communal areas of the home, demonstrating that their work was valued and appreciated. People's rooms were personalised to reflect their preferences and interests. Support workers were aware of items of particular importance to people, such as dolls and clothing, and ensured these were to hand as people wanted. They understood how important it was for some people to look smart when they left the home, and cleaned their preferred outfits in readiness for this.

A relative told us their loved one was "Ideally suited" to their home, as they appeared "Ever so happy" and "Never quibbled" when it was time to return after visits to the family home. They told us support workers arranged family visits to fit in with the relatives' plans. Photographs of families and activities were displayed in the home to remind people of events and others important to them. This ensured that relationships were maintained and supported to promote people's wellbeing.

Support workers were aware of people's preferences. For example, one person chose to only be supported by female staff. Support workers understood how people's moods, and busyness the previous day, affected their engagement in activities and events in the home. They explained how they suggested short trips out,

for example going for a drive or a coffee, to try to raise people's spirits or engage them in a short activity to provide some stimulation each day. When people wished to rest during the day, this was respected.

People were supported to promote their independence. For example, some people made their own snacks and drinks. Support workers remained close by to prompt and encourage people's independence, and to ensure risks such as pouring boiled water were managed safely. People were constantly offered choices, for example in their meal and drink choices, clothes they wore, and activities and trips they participated in. Pictures and objects of reference helped people to make their choices known, such as their preferred drink flavour or toppings for sandwiches. Although meals were planned, we observed people were supported to choose alternatives if they wished.

A relative told us support workers respected their loved one's privacy when they chose to be alone. Support workers explained the actions they took to promote people's dignity when they left the bathroom, or used communal areas following personal care. People's independence, dignity and privacy were promoted through the actions of those supporting them.

Is the service responsive?

Our findings

Relatives told us support workers understood people's methods of communication. One relative stated support workers "Watch her gestures and follow her wishes". Another relative told us how their loved one's "Level of understanding and wellbeing has accelerated" since they had been living in the home, and stated "I have nothing but praise" for the care and support provided.

Support workers understood people's preferred communication methods. For example, they knew one person responded well to pictures of reference, but not to objects of reference unless this was to support immediate choice. We observed pictures and objects were used appropriately with this person to promote their understanding and support their choices. For example, snack boxes had people's photographs on them, to help people identify which snacks were theirs, and which belonged to others. These reference pictures were used to remind people which box to select from when they wanted a snack. Where people were offered drinks, support staff showed them a tea bag or coffee pot to select their hot drink, or a choice of squash bottles for cold drinks. All the people in the home were able to indicate their preference, and were effectively supported to do so.

Support workers were able to describe each person's specific care and support needs. This was documented in their support plans, and demonstrated in the actions support workers took to support people during our inspection. For example, one person was unsteady when walking. Support workers held her hand when she walked around the home to ensure she did not fall. A wheelchair was available to support her needs when she went outdoors. A relative explained how their loved one's short attention span, age and dislike of changes to their routines was effectively supported through the provision of a range of preferred activities and rest periods. The relative told us support workers "Do incredibly well", providing the stimulation the person required without over-tiring them.

The communications book and diary ensured support workers were informed of planned activities and appointments. It was also used to update support workers of changes to people's support needs, for example with advice following health appointments. Handovers between shifts ensured support workers were informed of planned activities and appointments. Information about each person's day was shared to inform support workers of those experiencing low moods or requiring a change in their support. This ensured that each person was supported appropriately according to their current needs and wishes.

People's support plans demonstrated evidence of review and updates reflecting people's changing care needs. One person's mobility had been affected following a required medical procedure at the start of 2015. Their support plan explained actions successfully implemented to return them to full mobility.

Annual reviews of people's care and support plans were completed with each person and their relatives. These reviews documented events that had affected people's health and wellbeing, people's achievements, and aspirations and support needs for the future. Information listed under the headings 'What is working' and 'What is not working' demonstrated that support workers were aware of factors that were important to people. For areas where changes were required to meet people's needs and wishes, monthly review records

demonstrated that these changes had been discussed. Actions were considered and implemented in response to identified needs to support people to live fulfilled and healthy lives. For example, for one person who experienced mood swings, support workers had ensured they went out regularly to venues and activities they enjoyed, with a support worker whose company they preferred. They had identified actions that helped to lift the person's spirits. This ensured that they had activities to look forward to or enjoy spontaneously. Reviews of this person's support plan noted that these actions had positively supported and improved this person's mental health.

People's daily records were updated regularly throughout the day and night, reflecting people's activities, meals, drinks and mood. A description of each person's 'perfect week' was included in their daily record book, to remind support workers how to promote people's satisfaction with their care and support.

One relative told us their loved one "Does more than I do. She has a nice time" at the range of activities support workers helped her to attend. The relative was confident that support workers listened to their loved one's wishes and preferences in the range of activities offered. Another relative told us their loved one "Does what they want when they want". They praised support workers' understanding of the person's wishes, and commented that changes in support worker personnel had been managed well to ensure they had not created anxieties for the person.

People were supported to attend planned activities, and support workers took care to include others on drives if they were dropping people at the day centre or another activity venue. This ensured that everyone had the opportunity to go out daily. They understood that people's interest and engagement with activities was affected by their mood and energy levels. One support worker told us "We go along with how [people] feel".

Some people went to day centres or the local library, where special events had been provided by library staff to support their use of the venue. People were excited about their trips to the library, and indicated that they enjoyed visiting. People visited other venues, such as cafes and garden centres, regularly. For one person interested in wildlife, support workers had arranged for them to meet with their family at a safari park. A support worker explained how vouchers awarded for the home's supermarket shopping were used at a local restaurant. They told us how restaurant staff now knew people well and welcomed them when they dined there. People were supported to be socially active in the community. People's interests, engagement and anxieties had changed as they aged. Activities, and timing of these, had been reviewed and changed in accordance with people's preferences. This ensured that people's planned activities continued to reflect their wishes.

Meetings were held monthly for people to share their comments and preferences for support and activities. Minutes from these meetings described how people participated. For example, the December 2015 minutes explained how people had decorated their home for Christmas. It noted how each individual had been engaged in a particular activity or discussion, such as hanging tinsel or deciding whether to attend church services. Minutes noted when people had declined to participate, demonstrating that people exercised their right to join in or not, and this decision was respected.

The registered manager explained that effective liaison with people's relatives, often weekly, ensured that any concerns were addressed promptly and informally before complaints arose. The registered manager told us support workers had developed "Really good relationships" with people's relatives, who could "Come and discuss anything with us". No complaints had been logged since our last inspection, and relatives we spoke with confirmed that they had no reason to make a complaint. One relative told us "I have confidence in [the provider's] policies. If anything worried us we would raise it, and we would be taken

seriously. Staff have [people's] wellbeing at heart".

Is the service well-led?

Our findings

The provider's statement of purpose was to meet the needs and aspirations of each person they supported, in a warm friendly home environment that enabled people to confidently express their individuality. They aimed to support people with respect, upholding their chosen beliefs, traditions and culture, and promote people's social choices, independence and life experiences. Support workers were aware of the provider's aims, and described how they were encouraged to share stories demonstrating implementation of these on the provider's online portal.

The provider's strategy of care, reflecting the statement of purpose, was displayed in the home to remind support workers to promote the provider's aims for each person they supported. We observed people's wishes and preferences informed the care they experienced, and relatives confirmed that people led well supported and fulfilled lives. Support workers were aware of their responsibility to support and empower people in accordance with the provider's aims, and demonstrated these in the support they provided for people. The provider's aims underpinned people's care in the home.

Support workers told us the provider supported initiatives to develop their skills and careers. A senior support worker described how they had been supported to develop management skills, and another support worker told us of their engagement in the provider's 'Aspire' programme. This helped staff to consider the direction they wanted their career to progress in within the organisation.

Reference information was made available for support workers to ensure they were aware of the provider's policies and procedures, had access to guidance to manage people's known health conditions, and were aware of how to access the provider's support process in times of personal difficulty. Staff appraisals included feedback from people, their relatives and support workers' peers. This meant that support workers were encouraged to reflect on other's perception of their skills and care, and could use this feedback to develop and improve the effectiveness of the support they provided for people. Effective systems were in place to promote a positive culture supporting the development of people and the staff who supported them.

One person stated that they "Really liked" the registered manager, and appeared pleased to hear she would be in during our inspection. When the registered manager arrived, she spent time sat with people, chatting with them about their planned activities, and asking them how they felt. She treated people with respect and kindness, and took time to listen to their comments.

In addition to managing this home, the registered manager was responsible for managing other services for the provider. It had been acknowledged that this had an impact on her physical availability for support workers in the home, although she was available by telephone. A senior support worker provided dedicated managerial support during the week for colleagues when the registered manager was not on site. In addition, the assistant locality manager was also available as required. This ensured that support workers had ready access to support, reassurance and guidance. A support worker described the registered manager as "Supportive", and stated she "Tries to get the best out of all of her staff".

Monthly manager meetings provided the registered manager and assistant locality manager with peer support and provider guidance to discuss and resolve issues, and share learning across services. Action learning sets were led by the provider's performance coach to develop understanding of key topics of care and support for people. This encouraged the provider's services to provide consistent and high quality care and support for people.

Feedback from people, their relatives and support workers was sought by the provider. This was used to inform them of required changes, and drive improvements to the quality of people's care and support. Although relatives confirmed that they were asked for feedback, no documents regarding recent results for this home were available at the time of our inspection. However, no one that we spoke with stated that changes were required to effectively meet people's care or support needs, as they were already highly satisfied.

Accidents and incidents were logged on an electronic system and reviewed by the provider's health and safety team as well as the registered manager. This ensured provider accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively.

Compliance audits were completed by the provider's auditing team quarterly, reviewing various areas of care at each visit, including support planning, medicines administration and finance management. Findings indicated the level of compliance identified at each visit. Where issues were identified, these were used to inform the service improvement plan. This was monitored by the registered manager and the provider's auditors to ensure effective actions were completed in a timely manner to drive the improvements required. The most recent audit, completed in October 2015, did not identify any issues, and documented changes to one person's support plan and room layout in response to incidents affecting their health and wellbeing. This demonstrated an effective response to issues identified, and evidence of learning driving improvements to people's care and support.

The registered manager maintained and reviewed the service improvement plan. Findings from provider and internal audits were included in this to drive improvements to people's care and support. The document was reviewed by the provider's audit team to ensure that required actions were completed. The service improvement plan demonstrated that most actions had been completed in a timely manner, for example reviewing risk assessments and updating people's support plans. Where there had been delays, for example in completing supervision meetings, the reason for this was documented. The provider's audits and internal checks ensured actions were implemented to address any issues identified. Systems were in place to review the quality of care people experienced, and drive improvements as required.