Nottingham Community Housing Association Limited

280-282 Wells Road

Inspection report

280-282 The Wells Road
Nottingham
Nottinghamshire
NG3 3AA

Tel: 01159412743
Website: www.ncha.org.uk

Date of inspection visit:
10 January 2017

Date of publication:
15 February 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 carried out an unannounced inspection of the service on10 January 2017.

The service provides accommodation and personal care for up to six people living with a learning disability and or autistic spectrum disorder. At the time of our inspection there were five people living at the service.

A registered manager was in post. 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. At the time of the inspection a registered manager was in post.

People received a safe service. Staff were aware of the safeguarding adult procedures to protect people from avoidable harm and had received appropriate training. Risks associated to people's needs had been assessed and were known by staff and managed appropriately. Accidents and incidents were recorded and action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly.

People were supported by staff that received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs. People's dependency needs had been reviewed and were monitored for any changes. Staff were recruited through safe recruitment practices.

People were involved in the menu planning and their nutritional needs had been assessed and planned for. People's healthcare needs were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, preferences and routines.

People were involved in their care and support. There was a complaint policy and procedure available and confidentiality was maintained. People had access to independent advocacy services. There were no restrictions on people visiting the service.

People were supported to participate in activities, interests and hobbies of their choice. Independence was promoted and there were no restrictions placed upon them. People accessed the community independently

as they wished.

The provider asked people, relatives and representatives for their experience about the service. There were plans in place to drive forward further improvements. The provider had systems in place that monitored the quality and safety of the service. There was a registered manager in place.

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 avoidable harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks had been assessed and planned for and were regularly reviewed.

People were supported by a sufficient number of staff being deployed appropriately to meet their needs safely. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

Independent advocacy information was available for people.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and responsive to their individual needs. People were enabled to pursue their own interests.

People were involved in reviews and discussions about the care and support they received.

There was a complaints procedure available should people wish to complain about the service.

Is the service well-led?

Good

The service was well-led.

People were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service.

The provider had systems and processes that monitored the quality and safety of the service. The provider was aware of their regulatory responsibilities.

280-282 Wells 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2017 and was unannounced. The inspection team consisted of 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. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals, and Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with one person who used the service for their feedback about the care and support they received. Due to the person's communication needs their feedback was very limited. We also observed staff interacting with people to help us understand people's experience of the care and support they received. We spoke with the registered manager, one senior support worker and three support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we spoke with four relatives of people who used the service for their feedback about the service their family member received.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. One person told us they felt safe living at the service. Relatives were positive that staff supported their family member from harm. One relative said, "I've never had any concerns about safety." Another relative told us, "There are no safeguarding concerns, the residents seem to get on well together and the staff are good."

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from harm. One staff member said, "We've all had safeguarding training and there is a flow chart we follow if we have any safeguarding concerns." Staff also told us how they discussed safeguarding issues in resident meetings to support people's awareness and understanding. We saw records that confirmed what we were told.

Records reviewed confirmed staff had received adult safeguarding training and the provider had a policy and procedure to support staff that was available and up to date. This meant staff had the relevant information to refer to if required.

Risks to people's needs had been assessed and planned for. Relative's told us their family member was involved as fully as possible and they were also involved in discussions about how risks were managed. One relative said, "The staff are always very concerned about safety and take it very seriously. They look at ways to address any concerns." Another relative told us, "I feel we are involved and consulted in how risks are to be managed, we have input and our views are considered." A third relative said, "There are really no restrictions on [name of family member], they need staff support when out in the community and they get this."

During our inspection we saw people were supported by staff safely. One person smoked and was supported by staff when they had their cigarette.

Staff told us that they had sufficient information about how to support any identified risks people had, they said risk plans were informative and provided appropriate guidance and support. Additionally, staff said that any concerns about risks were discussed in staff handover meetings and risk plans were regularly reviewed. Records reviewed confirmed what we were told. We found staff were knowledge about risks relating to people's needs and that of the premises and environment to ensure people's safety.

Where risks had been associated with people's needs, records confirmed these had been assessed and planned for. For example, one person was at risk of developing pressure sores, staff had received training in meeting this need and the person had a pressure relieving mattress in place. This told us people could be assured that staff understood their risks and these were planned and responded to appropriately.

Accidents and incident were recorded by staff and analysed by the registered manager for themes and patterns. The provider's quality audit team also reviewed this information as an additional check to ensure appropriate action had been taken to support the person. Where incidents had occurred we saw people's

care plans and risk plans had been amended to reduce further occurrence.

The accommodation was within safe and secure grounds that minimised restrictions on people's freedom. For example, we saw people could access the garden area independently. Staff also told us that regular fire drills were carried out and we saw records that confirmed this. This told us that people could be assured that the environment was safely managed.

People had personal emergency evacuation plans in place that informed staff of their support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment had been completed appropriately.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. One person told us that staff were always available when required and responded to their needs and requests for assistance. Relatives told us that they had no concerns about the level of staff available to meet their family member's needs. One relative said, "As far as I'm aware there are enough staff around." Another relative said, "I have no concerns, when [name of family member] goes into the community they have two staff to support them." A third relative said. "I visit regular and go unannounced and there is always plenty of staff on duty."

Staff told us about the staffing levels provided. One staff member said, "We could always do with more staff but it's okay. We don't use agency staff we cover for each other and have bank staff to cover sickness." Another staff member told us, "We have a minimum of two staff and have two additional staff during the day." Staff said that staffing levels were flexible and increased to support people to attend any appointments or events. Staff told us about the recent changes to the staffing levels provided at night. This had reduced to one staff on duty. Some staff had concerns about this change but told us about the out of hours emergency support team that could provide support in an emergency situation.

The registered manager confirmed what the staffing levels were and how they were regularly reviewed to ensure they met people's needs. They told us about the changes to night staffing arrangements and showed us the lone working policy and risk assessment that had been completed. This was to ensure people including staff, were safe with the changes made. The registered manager said, "The changes are fairly new but I'm monitoring how they go, if for any reason we needed to have two staff on due to people being ill or unsettled, this would be provided. I would not jeopardise people's safety."

We found the staff roster confirmed what we were told about staffing levels. One person who used the service had been assessed as requiring additional staff to support them due to safety reasons. The staff roster confirmed this support was provided as required. On the day of our inspection we observed that there was sufficient staff available that were appropriately experienced and trained to support people safely.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records.

This process was to make sure, as far as possible, that new staff were safe to work with people using the service. This showed that the provider had appropriate recruitment processes in place to keep people safe as far as possible.

People received their prescribed medicines safely. One person told us that they received their medicines safely and at the same time every day. Relatives were confident that their family member received their medicines appropriately. One relative said, "As far as I'm aware staff support [name of family member] safely." Another relative told us, "Yes, medicines are definitely managed properly, I have no doubt."

We observed a staff member administering people's medicines and this was completed using best practice guidance. They stayed with the person to ensure they had safely taken their medicines before leaving them. Records confirmed staff had detailed information about how each person preferred to take their medicines. This included a picture of the person to ensure medicines were safely administered to the correct person. Staff also, had detailed information and guidance for medicines prescribed to be administered as and when required such as for pain relief or anxiety.

Medicine Administration records (MAR) were used to confirm whether each person received their medicines at the correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly.

Staff told us they had received medicine training and annual competency observation and assessment and records confirmed what we were told. A staff member explained the process for ordering, safe storage and disposal of medicines. We saw medicines were safely and appropriately managed and stored in line with good practice guidance. The provider had a medicine policy and procedure in place to support staff. An audit system was in place to ensure medicines were managed appropriately. For example, daily and monthly checks were in place. We completed a sample stock check and found these to be correct.

Good

Is the service effective?

Our findings

People received effective care and support from staff who understood their needs. Staff were knowledgeable and appropriately skilled to carry out their roles and responsibilities. A person we spoke with were positive about the staff that supported them. Relatives were positive about the staff team in meeting their family member's needs. One relative said, "There has recently been staff changes and I'm still getting to know the new ones, but staff have been and are brilliant." Another relative told us, "The staff know what they are doing and they are very good at meeting and understanding [name of family member]'s needs." A third relative described staff as, "Top notch."

One staff member told us about the induction they received when they started their employment. They said they shadowed experienced staff before providing support independently. Comments included, "The induction was really in depth, I'm new to care so the induction was important. I got brilliant support and learnt so much from my mentor and other staff."

We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive.

Staff described the training opportunities they received; this included food safety, fire safety, first aid and lone working. We found the staff training plan and staff training certificates, confirmed what we were told. The registered manager told us how they continually monitored the training plan. This was to ensure staff received refresher training when required, to keep their skills and knowledge up to date.

Staff also said that they had received training from healthcare professionals such as a speech and language therapist about a person's swallowing difficulties and a district nurse about catheter care. One member of staff said and others agreed that they would benefit from training in learning disability, autism awareness and communication needs. We discussed this with the registered manager who said that they would contact the provider's training department to discuss staff receiving this training.

Staff received appropriate support, supervision and opportunities to review their work and development. One staff member said, "We have regular meetings with the manager, it gives us time to reflect on our work." Another staff member told us, "We have meetings about every six weeks, we can get things off our chest, we receive feedback from the manager which is constructive and helpful."

We saw the registered manager had a supervision and appraisal plan for 2017. This told us the registered manager had appropriate systems in place to support the staff team.

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.

Relatives told us that they felt their family member was involved as fully as possible in decisions about their care. Relative's also said that they had been involved in best interest discussions and decisions, when their family member had been assessed as not having mental capacity to consent to a specific decision. One relative told us, "[Name of family member] is always involved in discussions and decisions which is important to them. I've felt better involved and my opinions considered more with the current registered manager."

People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and the registered manager had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people 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 people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

We observed staff interaction with people and saw that staff were courteous and respectful with regard to consent. People were given choices and explanations, and staff were seen to respect people's decisions. We saw examples within support plans that showed people's capacity to consent was consistently considered.

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 are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working within the principles of the MCA.

At the time of our inspection one person had been granted an authorisation from the supervisory body that meant their freedom and liberty was restricted. Other applications had been made and were waiting to be assessed. We saw the authorisation included conditions that the service had to adhere to. In discussion with the staff, including the registered manager and by looking at this person's care records, we saw these were being adhered to.

Training records confirmed staff had received training in MCA and DoLs. The provider had a policy and procedure to support staff of the action to take to ensure they applied the principles of MCA and DoLs when required.

People were protected from the use of avoidable restraint. Some people experienced periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs, including triggers and what their coping strategies were at these times. Staff told us about the different techniques used to distract and support people and we saw staff supported people as described in their support plan. Staff were clear that although they had received training in how to restrain people this was used as the last resort and in the most least restrictive way.

We found support plans provided staff with detailed information of what may trigger people's behaviour and detailed how staff should respond. We saw records that confirmed staff were given training on how to respond to behaviour using least restrictive methods and the techniques which worked for each person were clearly recording in people's support plans. We found that staff we spoke with had a good knowledge of these plans and applied this knowledge when supporting people throughout our inspection.

People were supported to eat and drink sufficiently and received a balanced diet based on their nutritional needs and preferences. One person named a staff member who they thought was a good cook. Relatives were positive that staff understood and supported their family member appropriately with any dietary needs. One relative said "Yes, staff knows [name of family member] needs and preferences. They have complex needs with eating and drinking." Another relative told us, "[name of family member] has their ups and downs with their diet, but staff are really on the ball and understand." A third relative added, "I know they [name of family member] gets a choice and have an alternative to what's on the menu."

Staff told us how they provided meals and support that met people's individual needs. For example, one person was at risk of malnutrition and choking and support plans were in place to advise staff what support the person required. This included the person having a fortified diet to increase their calorific intake. Full fat, milk and cheese were available in the food stocks.

Care records demonstrated people's dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were supported to have their weight monitored so action could be taken if changes occurred. We saw that appropriate action had been taken when concerns were identified. This included contact with external healthcare professionals for further assessment and advice and support.

We observed people were offered a choice of meals and these matched the menu that was on display for people. Staff told us how they involved people in weekly menu planning meetings, and care records confirmed how staff should involve people and how they were to do this. For example, to support people to make informed choices, visual pictures of different foods were available to support people's communication and decision making.

People received appropriate support to manage their health care needs and attend external health appointments. Relatives were positive that their family member's health needs were understood by staff. One relative said, "My [Name of family member] health needs have greatly improved in the last six to nine months. The registered manager ensures they attend heath appointments now. They have recently seen the dentist and an optician visited, there has been a lot of progress."

Staff demonstrated a good awareness of people's healthcare needs. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. People had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication, physical and mental health needs and routines. Health actions plans were also used as a method to record health needs and appointments attended. These were found to be up to date and used effectively. We found care records gave examples of the service working with external healthcare professionals such as the GP, district nursing service, occupational and speech and language therapists and consultant psychiatrists.

Good

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. One person told us they liked the staff and that they were happy living at the service. Relatives spoke complimentary about the approach of staff and described staff as caring, kind and supportive. One relative told us, "I trust all the staff to care for [name of family member], I wouldn't take them anywhere else to live." Another relative said, "Staff are excellent, they are welcoming to visitors and are really good to people that live here." A third relative added, "Staff go the extra mile, an example of this was when it was [name of family member]'s birthday they arranged for them to have their birthday cake made, so it was special for them."

Staff spoke positively about working at the service. One staff member said, "It's a good place to work, it means more to me than just about coming to work and doing a job. I really enjoy what I do." This was echoed by another staff member who said, "It doesn't feel like coming to work." Staff said that the staff team worked well together, and that they were all caring and went the extra mile at times to provide good care. An example was given how staff worked longer hours when required. One staff member said, "If we are supporting a person on a community activity then we wouldn't rush back to go off duty, we would return when it suited the person." Staff also said that if they called in sick at late notice that they volunteered to cover the shift. Another staff member gave examples where staff often worked in their own time. This included researching activities for people.

Staff demonstrated they understood people's individual needs and preferences. Staff talked to us about people's routines and what was important to them, clearly showing that they had developed a good understanding of people's needs.

We observed staff to be kind and caring and that they encouraged people's independence at every opportunity, no matter how small this was. For example, one person was in the kitchen whilst a staff member was preparing their breakfast. Individual choice was promoted and the person was encouraged to participate as fully as possible. People's independence was also promoted by the use of adapted cutlery and crockery. A staff member told us, "The new manager has a lot of fresh ideas and they have changed our approach, we encourage independence much more. It's about enabling people to do as much as possible for themselves."

We observed a staff member supported a person to contact their family member as it was their relatives birthday but they were too unwell to receive a visit from the person. The staff member was sensitive and supportive making sure the person had privacy from others to make the call. We spoke with another family member of this person, who told us the birthday call was important and that staff supported the person to send a birthday card and present. They said that this was very kind and thoughtful.

Staff were seen to respond quickly and effectively to people's comfort needs. For example, one person was watching a police television programme when their anxiety started to heighten, a staff member picked up on this and went and sat with the person and gave reassurance. This had a positive effect upon the person who quickly relaxed. Another person started to become agitated and a different staff member responded

quickly by using diversional tactics that calmed the person.

Staff had time for people and responded and engaged with people in a friendly, patient and caring manner. People were seen to be at ease within the company of staff. We observed how one staff member complemented two people who used the service on two separate occasions about what they were wearing. This compliment was thoughtful and kind. Some people required encouragement and supervision with their eating and drinking and staff were seen to be unhurried and supportive.

Some people chose to show us their bedrooms. These were personalised to people's individual preferences showing what was important to them was understood and respected.

Staff used effective communication skills with people. Staff considered the language used, the tone of voice and the amount of information they gave a person. Some people had specific communication needs and from a choice would only pick the last option given. Staff were aware of this and offered choices in a variety of ways to ensure they understood what the person wanted. This reflected what was in people's support plans. Staff told us how they involved people in their care and support. We saw from care records that people's support plans were regularly reviewed. Staff included people in opportunities to discuss their support needs and this was recorded. Relatives told us that communication was good and they too were involved in discussions and decisions. One relative said, "We are invited to meetings to discuss [name of family member]'s needs. This can also be via the telephone or we can ask for a meeting ourselves."

People had access to a service user guide that informed them about what the service provided. This was presented to people in different formats including different languages dependent on their communication needs.

Information about independent advocacy services was available should this supported have been required. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes. We saw from care records that one person had an independent mental capacity advocate [IMCA] that supported them. This was with decisions about some of their care and welfare needs where they lacked mental capacity to make decisions independently.

Relatives were positive that their family member was treated with privacy, dignity and respect.
Staff gave examples how they respected people's privacy, and dignity. This included respecting choices people made, recognising when people required personal space, knocking on people's doors and waiting for a response before entering.

Relatives told us that there were no restrictions on them visiting their family member. One relative said, "I always turn up unannounced, this can be at different times and days and it's never a problem."

We observed staff supported people in a respectful manner, offering choices and respecting people's decisions. Staff were polite and gave people their personal space and were sensitive and discrete when providing assistance with personal care.

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Good

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. Relatives were positive that their family member received support that was individual to their family member's needs and wishes. One relative said, "Staff support [name of family member] with a variety of activities, they really cater very well and meet their needs." Another relative told us, "[Name of family member] is always out and about with the staff, they get a lot of personal one to one support time." Some relatives told us that their family member was supported by staff to maintain contact with them, and this included transporting and remaining on visits when visiting their family. This told us that staff provided a personalised service that was responsive and based on individual needs.

People received a detailed pre-assessment before they moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Support plans were then developed that detailed people's physical and mental health needs, including diverse needs, routines and preferences. Relatives told us their family member including themselves, was involved as fully as possible about how care and support was provided. We saw examples in people's care records that confirmed what we were told.

Staff told us that they had appropriate information available to them about how to meet people's needs. They said this enabled them to provide an effective and responsive service. Staff said support plans were reviewed on a regular basis to ensure they reflected people's current needs. We found staff knowledgeable about people's needs. For example, a staff member told us about a person who had a particular religious faith that was important to them. Another person kept a file that contained information such as agreements they had made with staff about the support they received. These were related to issues that were important to them and could cause them some concern. Staff said that the person having easy access to this was important to them and gave them reassurance.

Staff gave good examples that demonstrated they provided a service that was responsive to people's changing needs. For example, the refurbishment and building work completed in 2016 enabled a person to move from an upstairs room to a ground floor room. Their mobility needs meant it was better for them to be on the ground floor. Records also confirmed that an occupational therapist had also assessed their bathing needs to ensure the ensuite met their needs appropriately. This person showed us their room which they were clearly proud of and from their happy and smiley demeanour was very happy with.

People's care records contained individual profiles that identified their likes and dislikes, things that were important to them and things they enjoyed doing. Staff told us that people received regular daily and weekly opportunities to access community activities. Daily choices were also offered from activities that people liked to do. We saw there was information in people's care records and on display that confirmed what we were told. The registered manager said that they were encouraging the staff team to explore new opportunities and experiences for people to try and staff confirmed this to be correct. A relative told us that under the leadership of the registered manager their family member was receiving opportunities to access the community more.

During our inspection we saw how staff supported people with activities. For example, one person had a collection of tea sets, this comprised of different tea pots and milk jugs. This person's care records said that they liked to collect these and we saw these were displayed in the kitchen window. Care records also said that the person liked to finish off an activity with making a pot of team in their chosen tea pot. We saw that after they had completed a one to one activity with a member of staff, they finished it off by being supported to make a pot of tea as described. We observed the person with a staff member, enjoy this time together relaxing, chatting and drinking tea.

Another person enjoyed eating out at a local pub and we saw they were supported to go out for lunch with a member of staff. Another person was given a choice of activity and staff respected their choice and supported them.

The registered manager told us that joint activities were also arranged with other services within the organisation. They said this gave people an opportunity to widen their friendship groups.
Staff told us how people were supported on a holiday during 2016 to enable major building works to be completed at the service. Staff and relatives told us that this work had made a huge difference and was a good outcome for people. The environment provided more space and created more light that all contributed to a relaxed and pleasant atmosphere and environment. The registered manager said they were exploring opportunities for people to have another holiday.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. Relatives told us that they were aware of the complaints procedure. One relative told us about a formal complaint they had made under the leadership of a different registered manager. They said that the current registered manager was much more effective and proactive in meeting their family member's needs.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed no complaints had been received.

Good

Is the service well-led?

Our findings

People who used the service and their relatives or representatives were asked for their feedback about the service and this information was used to make improvements to the service. We saw the 2017 survey that was in the process of being sent out to people. Relatives confirmed that they were asked annually to complete a quality assurance survey requested by the provider. One relative said, "Yes we are asked to complete surveys and we get to know the results, but I refuse to answer on behalf of [name of family member], they cannot verbally express themselves, it wouldn't be right." The registered manager told us that they needed to be more creative about enabling people to fully participate in providing feedback and was exploring this.

We saw the survey results received in 2015/2016. The registered manager showed us a strategy plan they had developed to further develop the service. Included was exploring ways of promoting people's independence and providing new recreational and leisure opportunities. Creating a more person centred external and sensory environment. Also, regularly completing observations of staff engagement with people to ensure person centre approaches were used in the care and support provided. This told us that there were continuous plans in place to develop the service.

We saw copies of resident meetings that had taken place on a regular basis. We saw people had been consulted about things that were important to them. Discussions had taken place with regards to issues relating to health and safety, what was working well, what people were happy about and anything relating the service such as the environment and staffing.

Relatives were positive about the leadership of the service. They were complimentary about the registered manager and said they had great confidence in their ability to effectively manage the service. One relative described the registered manager as, "Excellent." Another relative said of the registered manager, "They are very good, I would even say excellent and all the staff are very welcoming." A third relative added, "The refurbishment and building work has been a hugh benefit to all the people, it's so much better. I'm pleased with the progress and the new blood [refereeing to the registered manager] I'm very grateful."

A registered manager was in post. Staff we spoke with felt the registered manager was approachable and listened to their views or concerns. One staff member said, "The manager is clear about their expectations of staff, they are supportive, always ensuring the safety of people and looking at ways to improve how we do things." Another staff member told us, "The manager is very good, they are knowledgeable, have fresh ideas, lead by example and respond to requests."

We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Staff told us they had good communication systems in place to exchange information to ensure all staff were continually aware and up to date with people's needs. This included written handover information that we saw was detailed.

We found there was a positive culture amongst the staff who had a strong understanding of caring for, and

supporting and enabling people to lead full and active lives. Staff were found to be well organised and clear about their role and responsibilities.

The provider had a clear vision and set of values for the service and staff demonstrated they understood these. One staff member said that during supervision meetings, they were expected to show how they met the provider's values.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The registered manager told us about quality assurance systems and processes in place that monitored the quality and safety of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as the environment, staff training, supervisions care records, health and safety.

The provider also had representatives from the organisation that completed audits that monitored the effectiveness of the service. We saw records that showed where improvements had been identified action plans were in place to make these required changes. This told us that the provider was continually reviewing and improving the service.