St Anne's Community Services

St Anne's Community Services - Dewsbury 1

Inspection report

2 Oxford Road
Dewsbury
West Yorkshire
WF13 4LN

Tel: 01924459028
Website: www.st-annes.org.uk

Date of inspection visit:
22 November 2017

Date of publication:
22 December 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 22 November 2017 and was unannounced. The service was previously inspected on 13 October 2016 and was at that time not meeting the regulations related to good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question well led to at least good. We found improvements had been made at this inspection to meet the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

St Anne's Community Services - Dewsbury 1 (known to staff, people who used the service and their relatives, as Oxford Road) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides support and personal care for up to five adult's aged18 upwards with a learning disability. The service is on the outskirts of Dewsbury town centre, which is easily accessible by public transport. On the day of our inspection there were five people living in the home.

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

At the time of this inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. Robust emergency plans were in place in the event of a fire or the need to evacuate the building.

A system was on place to ensure medicines were managed in a safe way for people.

Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse.

Sufficient staff were on duty to provide a good level of interaction and safe recruitment and selection processes were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the home supported this practice; mental capacity had been assessed when some decisions needed to be made, however, some best interest processes had not been evidenced. We made a recommendation about good practice where people may lack mental capacity to consent to certain decisions.

Staff told us they felt supported. Records showed they had received an induction, role specific training and regular supervision and appraisal. This meant staff were supported to fulfil their role effectively.

People told us they enjoyed their meals. People's nutritional needs were met and they had access to a range of health professionals to maintain their health and well-being.

The service worked in partnership with community professionals and used good practice guidance to ensure staff had the information they needed to provide good quality care.

Staff were caring and supported people in a way that maintained their dignity, privacy and diverse needs. People told us staff were caring and we observed staff interacting with people in a caring, respectful manner. Observation of the staff showed they knew people well and could anticipate their needs.

People were supported to be as independent as possible throughout their daily lives.

People were involved in arranging their care and support and staff facilitated this on a daily basis. Individual needs were assessed and met through the development of detailed personalised care plans which considered people's equality and diversity needs and preferences.

People had access to social and leisure activities in line with their preferences and interests, so people were supported to live fulfilling lives.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time and people told us staff were always approachable.

The registered provider had an effective system of governance in place and they had taken action to improve the quality and safety of the home. Everyone at the home knew their roles and welcomed feedback on how to improve the service.

The home was welcoming and comfortable and people told us they were happy. The registered manager had an overview of the service and knew people's needs well. Relatives and staff were positive about their input.

People who used the service and their relatives were asked for their views about the service and these were acted on.

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.

Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

The building was maintained and managed in a safe way and emergency plans were in place.

Staff had a good understanding of safeguarding people from abuse.

Medicines were managed in a safe way for people.

Incidents and accidents were analysed to prevent future risks to people.

Safe recruitment systems were in place and sufficient staff were deployed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's consent to care and treatment was always sought; however, some best interest processes had not been recorded.

Staff had received specialist training and regular supervision and appraisal to enable them to provide support to the people who lived at Oxford Road.

People were supported to maintain a balanced diet and healthy eating was promoted.

People had access to external health professionals and the registered manager worked well with other services to provide effective care.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy, dignity and diverse needs.

People were supported to make choices and decisions about their daily lives and to maintain and improve their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans contained sufficient and relevant information for staff to provide person-centred care.

People had access to activities in line with their tastes and interests.

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

Good

The service was well-led.

Action had been taken to improve the service and governance systems.

The culture was positive, person-centred, open and inclusive. The management team were visible in the home and knew people's needs.

The home was led by peoples' views and preferences and the registered manager used good practice and partnership working to drive improvement at the home.

St Anne's Community Services - Dewsbury 1

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 22 November 2017 and was unannounced. The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was with people with learning disabilities.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. 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 used this information to help plan the inspection.

Some people who used the service communicated using nonverbal, as well as verbal communication methods. As we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time observing the support people received. We spoke with three people who used the service and two of their relatives. We spoke with two care staff, one senior care staff, the deputy manager and the registered manager. We looked in the bedrooms of two people who used the service with permission.

During our inspection we spent time looking at two people's care and support records. We also looked at two records relating to staff supervision, recruitment and training, incident records, maintenance records and a selection of audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Oxford Road and the relatives we spoke with told us they felt confident their family member was safe. One person said, "I feel safe and the staff are very nice. There are enough staff around when I need them. We do regular fire drills and I help people. Our home is clean and tidy." A second person said, "Yes, I feel safe. Oh aye, there's enough staff. They are quite quick to help me if I need them to. We go outside for fire drills."

A relative we spoke with said, "My [relation] is safe. There are adequate staff levels. There are two on at all times and one does the sleep." Another relative told us, "I can honestly say that [my relative] is very safe there."

Systems were in place to manage and reduce risks to people. People's records were securely stored in a locked cupboard. The records we saw included comprehensive risk assessments in areas such as road safety, finances, safeguarding incidents between people and additional person specific assessments, for example; for a specific health condition. The risk assessments were legible and up to date and were available to relevant staff so they could support people to stay safe. Staff said they read people's care files and always had pre shift handovers, which had enough information to enable them to care for people safely. This showed the registered provider had taken action to deliver safe care and reduce risks to people.

Risk assessments and care plans also contained information about how staff would care for people when they experienced behaviours that may challenge others and the action staff should take in utilising de-escalation techniques. When we spoke with members of staff they were aware of this information. One staff member said, "There is no substitute for spending time with clients and getting to know them. We work on how we can diffuse and de-escalate incidents and we don't use restraint. I've done three days positive behavioural support training which I found very useful indeed." We saw a person become distressed during our visit and staff followed the new behavioural support plan recommended by community professionals to try to prevent incidents that may challenge others. This showed the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Staff were aware of any escalating concerns and took appropriate action. The incident records showed the event was subject to senior staff review with any lessons learned translated into care plans. An incident summary for each person was also present in the daily records folder to ensure information was easily accessible for staff.

We saw a log of any accidents or incidents was recorded using the registered providers on line system to look for patterns and promote learning from accidents and incidents. This meant the registered provider was keeping an overview of the safety of the service.

People had an individual personal emergency evacuation plan (PEEP) in their care records and also located

in a grab file by the exit door to the home. PEEPs are a record of how each person should be supported if the building needs to be evacuated. Regular fire drills were completed and staff and people were aware of the procedure to follow. This showed the home had plans in place in the event of an emergency situation.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. Checks had been completed on fire safety equipment, emergency lights and the fire alarm and action taken to rectify any issues. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing. A series of risk assessments were in place relating to health and safety.

Staff we spoke with understood their role in protecting people from abuse and discussed how knowing people well meant they could detect changes. Staff understood how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. One staff member said, "I would report it to safeguarding and my manager. If I was concerned about a manager I would go to the area manager and voice my concerns." We saw information around the home about reporting abuse and whistleblowing.

Records showed safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and the Care Quality Commission (CQC) had been notified. This showed the registered provider was aware of their responsibility in relation to safeguarding the people they cared for.

People and staff told us there were enough staff on duty. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support. The registered provider had their own bank of staff to cover for absence and asked familiar staff to do extra shifts in the event of sickness, as well as occasionally using agency staff. This meant people were normally supported and cared for by staff who knew them well.

We reviewed recruitment records for one person who had been recruited since our last inspection. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed recruitment systems were robust.

Medicines were managed safely. We saw the registered provider had an up to date policy and information leaflets for all the medicines prescribed for people living in the home were retained, so staff could readily consult relevant information about the medicines they administered to people.

Medicines were managed only by staff who had been trained and assessed as competent to administer medicines. Medicines care plans contained detailed information about medicines and how the person liked to take them, and staff we spoke with had a good understanding of the medicines they were administering.

The service had a system in place to ensure medicines were ordered and delivered before people needed them and a procedure to obtain emergency medicines if these were required. Medicines were stored securely in locked cupboards inside a lockable room. Each person had a section of the cupboard for their medicines with their photograph attached. Daily temperature checks of the room and medicines fridge were recorded and staff knew the safe temperature range for medicines storage.

We saw medicine administration records (MAR) were printed and supplied by the pharmacy. These were clear and legible, included any allergies people had and photographic identification.

All of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. When people had been prescribed 'as required' medicines, information was available to help staff administer these appropriately.

One topical treatment was prescribed for a person with a specific skin condition and information was available about the condition in the person's records, along with a picture of the inflamed skin. The topical charts we saw had been signed by staff appropriately. We found eye drops were dated upon opening to ensure they remained effective. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place.

MAR's were checked daily and a weekly count of medicines was completed by staff. Medicines were audited monthly by the registered manager or deputy manager. This demonstrated the home had good medicines governance.

The home was clean and odour-free and there was a good supply of personal protective equipment, which staff used to prevent the spread of infections.

Requires Improvement

Is the service effective?

Our findings

Relatives told us they were confident the staff team at Oxford Road could meet their family member's needs. One relative said, "The staff are very good and [my relatives] care is very good."

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

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. No one at the home was subject to DoLS authorisations and the registered manager explained how she had discussed this with the registered provider for each person and agreed they did not meet the criteria.

It was clear from observations people's autonomy, choices and human rights were promoted. Staff we spoke with had a good understanding of the MCA and DoLS and they understood the concept of least restrictive methods and how people could often continue to make simple, everyday decisions even when they lacked the capacity to make complex decisions. One staff member said, "We listen and explain the pros and cons of decisions. A person has the right to make their own decisions, even if it is not the right decision. For a life changing decision, if someone lacks capacity, we go through family or an advocate if necessary in their best interests."

Decision making care plans were detailed and person centred. We found for one person there was evidence of good practice in the assessment of mental capacity for important decisions, such as accepting the administration of medicines or receiving support with personal hygiene. We found where mental capacity assessments had been completed; however, best interest discussions had not always been recorded to show the person's representative had been consulted. The registered manager told us they always discussed decisions with people's representatives and they would arrange to record best interest discussions with them as soon as possible. We asked them to send us evidence of this, which they did the week after the inspection.

The records we sampled contained risk assessments indicating people may lack capacity to decide to leave the service without support, as they did not understand the risks. The registered manager told us they would complete mental capacity assessments and best interest records around this decision, which they

completed immediately following our inspection.

We recommend the registered provider consults best practice in this area to ensure mental capacity and best interest processes are always recorded when decisions need to be made on behalf of people who may lack capacity.

Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance. The use of assistive technology, such as Skype, was considered to promote communication with relatives who lived at a distance.

Staff were provided with training to ensure they were able to meet people's needs effectively. We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the home. This included shadowing a more experienced staff member for three shifts or more, before they were counted in the staffing numbers. Staff new to care also completed the Care Certificate, which is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. Induction also included observations of staff practice. This demonstrated new employees were supported in their role.

Staff said they had received enough training to support people living in the home and had regular updates. One staff member said, "Training is one of the strengths here, if you need it they make sure you get it. I am still doing training in supporting people to take medicines. It's gradual, first I observed a member of staff doing it. Then I did it with supervision, until I was ready to do it unaided. It's step by step and it's good."

We looked at the training records for three staff and saw training included infection prevention and control, emergency first aid, food hygiene, moving and handling, equality and diversity, the Mental Capacity Act and Deprivation of Liberty Safeguards and safeguarding adults. Staff told us they were supported to complete nationally recognised qualifications at level two and three and staff had received additional training and advice in catheter care, end of life care and positive behavioural support. We saw from the training matrix training was up to date and further training was planned onto the rota.

Staff competence was also assessed in areas such as moving and handling and medicines management. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and had regular supervision and staff meetings. Regular supervision of staff is essential to ensure people are provided with the highest standard of care. We looked at two staff supervision records and found staff received regular management supervision and competence assessments to monitor and improve their performance and development.

One person said, "I get a choice of food and there is enough. I'm not over keen on some stuff but can pick something else." Another person said, "The food is alright. I get a choice. I like Ready Brek, beef burgers and fish pie. I can have a snack and drinks when I want."

Meals were planned around the tastes and preferences of people who used the service and staff cooked the main meal of the day. People helped themselves to breakfast, drinks and snacks. We saw a menu was displayed on a notice board, in large lettering to help people read it for the evening meal. Each person chose a meal for the menu each day and people were offered an alternative if they didn't like this.

We saw the individual dietary requirements of people were catered for. We found kitchen refrigerator checks were completed daily and were within a safe range. Food temperatures were also checked before food was served.

People who wished to, sat together in the dining room to eat their evening meal alongside staff and this made for a family atmosphere. People chatted with one another and people were offered extra if they were still hungry.

Meals were recorded in people's daily records. This included a record of all food consumed, including where food intake was declined and details of the food eaten. People were weighed monthly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and action taken if required.

The service had good relationships with community health services and we saw the advice of professionals was included in people's care plans and used to achieve best practice and help people to achieve good outcomes.

Records showed people had access to external health professionals and we saw this had included GP's, psychiatrists, community nurses, chiropodists, dentists, speech and language therapists, physiotherapists and district nurses. People also had an up to date hospital passport in their care records to share information when going into hospital. This showed people received additional support when required for meeting their care and treatment needs.

People's individual needs were met by the adaptation, design and decoration of the service. We saw the home was comfortably furnished and there were pictures and photographs in the communal areas. The registered manager told us the spacious hall and large bedrooms had reduced behavioural issues for some people who had moved to the home from a less spacious environment. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "The staff listen to me. They are alright." Another person said, "The staff do listen to me. They take me out when I need to go out and are kind and helpful."

We asked relatives if they thought staff were caring. One relative said, "Staff are kind and caring. The ones that I've had interaction with, and I'm not saying that I've met them all, are lovely. They always ring if there are any problems and they always make you feel welcome. They are very nice." Another relative said, "The staff, and the service they give, are brilliant. [My relative] is never left alone, and always looks clean when we've seen them. All the time [my relative] has been there they have been happy."

People told us they liked the staff and we saw there were warm and positive relationships between them. Staff we spoke with enjoyed working at Oxford Road and supporting people who used the service. One staff member said, "I do really enjoy working here and supporting the clients." A second staff member said, "I feel I can make a difference. Help them to achieve what they want to in day to day life, holidays and health."

We observed staff speak to people gently or with appropriate humour and they were kind and compassionate. We asked staff to talk about individuals living in the home and they talked with genuine care and concern and assured us they knew people well. They used this knowledge to engage people in meaningful ways, for example, with conversations about activities or music they knew the person liked. We saw people laughing and smiling with staff.

Staff told us they respected people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families and supporting their cultural and lifestyle choices. This demonstrated the service respected people's individual preferences.

People told us they had been consulted about the care provided for them and we saw staff asked permission before providing support. Staff used speech, gestures, and facial expressions to support people to make choices according to their communication needs. Staff told us they showed people a choice of clothing or food to support them to make every day decisions if their verbal communication was limited. Information was presented in easy read formats to promote good communication and care plans contained details of how to recognise when a person was unhappy or happy using non-verbal cues.

People were supported to make choices and decisions about their daily lives and care records evidenced this. People told us they had a choice of meals, what time to get up or go to bed, clothing, activities or when to have a bath or shower.

One staff member said, "We ensure privacy and dignity by always knocking on the clients' bedroom doors before going into their rooms. They each have their own bedroom where they can go for privacy and if they ask to be alone, we give them space for a while." One person had their own bedroom door key; whilst others agreed staff could lock their doors whilst they were out, for security. We saw staff knocked and asked permission before entering people's bedrooms. People's private information was respected and records

were kept securely.

People appeared well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. People's individual rooms were personalised to their taste with furniture, personal items, photographs, ornaments and bedding they had chosen. The registered manager told us people had chosen their bedroom wall colour before moving to the home. Personalising bedrooms helped staff to get to know people and helped to create a sense of familiarity and make people feel more comfortable.

People were encouraged to do things for themselves in their daily life. We saw from records they took part with food shopping, cleaning their own rooms, helping prepare meals and household chores such as loading the dishwasher and laundry. This showed people were encouraged to maintain their independence. Care plans detailed what people could do for themselves and areas where they might need support. This showed us the home had an enabling ethos which tried to encourage and promote people's choice and independence.

One relative said, "The staff have always been lovely. My [relative] loves their home and the staff treat me like they are one of the family." Relatives told us they were welcome to visit any time. This meant people were supported to maintain contact with people who were important to them.

People's diverse needs were respected and care plans recorded the gender of carer they preferred to support them, as well as their religious, cultural and sexuality related needs. Advocacy and eligibility to vote information was on display on a notice board to promote people's citizenship and human rights. Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to, or may need assistance in doing so, for themselves.

Good

Is the service responsive?

Our findings

Through speaking with people who used the service and their relatives we were confident people's views were taken into account in planning their care.

Staff said they had read people's care plans and were able to tell us details about individual's care and support needs, as well as information about people's personal preferences and lives before coming to live at the home. We looked at two people's care plans. Care plans contained detailed information covering areas such as personal care and appearance, daily living, socialisation and independence, medication, diet and communication. Care plans specific to people's individual needs or medical conditions were also completed and contained information and guidance for staff.

We found care plans were person-centred and explained how people liked to be supported. This was important as some people who used the service were not always able to communicate their preferences.

People's needs were reviewed regularly or as soon as their situation changed and they had regular person centred planning reviews with those people important to them. Goals were set with people and these were reviewed and updated regularly. These reviews helped monitor whether care plans were up to date and reflected people's current needs so any necessary actions could be identified at an early stage.

Daily records were kept, detailing what activities the person had undertaken, what food had been eaten, their mood and any incidents.

We saw staff at Oxford Road were responsive to people's needs, asking them questions about what they wanted to do and planning future activities. Staff were patient with people and listened to their responses. This meant the choices of people who used the service were respected.

People were able to access activities and outings in line with their tastes and interests. One person said, "I've left day centre now. On a nice day I go shopping. I go out for walks. I like to go on the bus too. I like books at home, and colouring in. I watch TV as well. We go on day trips sometimes and I've been on holiday to Blackpool. I went on the Pleasure Beach, I don't like the high rides though." Another person said, "I go shopping in Asda, sometimes Sainsbury's. For day centre I go to [name of day centre] Tuesday, Thursday and Friday. I do have visitors and they come when they want to. I watch TV in the lounge, but I sometimes watch football in my bedroom so I'm not disturbed. We play games here sometimes and we go on day trips."

One relative said, "They go on trips out, they go to the Theatre regularly, they eat out often. They generally support [my relative] to do what [my relative] wants."

Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given opportunities to pursue hobbies and activities of their choice. For example, one person's goal to see a number of shows had been met and further shows were booked on their behalf. On the day of our inspection two people went out separately for lunch and shopping and three people attended different day

services in the community. One person who was a keen gardener was developing a vegetable plot and greenhouse with staff support.

People were supported with an annual holiday and a car was hired for a week in the summer to take people on day trips they had chosen, such as visiting a zoo and the seaside. One person who had never been abroad and was scared of flying was supported to go on a cruise to achieve their goal.

Staff told us and we saw from records how they enabled people to see their families and friends as often as desired. During our inspection we saw staff spent time with people chatting and supported people with their social and emotional needs.

People we spoke with told us staff were always approachable and they were able to raise any concerns. We asked people if they had complained about anything. One person said, "I haven't had to complain about anything." Another person said, "No, I haven't complained."

One relative told us they had complained about an incident between people at the home and they were satisfied with the action taken by the registered manager. We saw there was an easy read complaints procedure on display. Staff said they would deal with any issues or complaints if they could, would record verbal complaints and inform a manager. The registered manager was clear about their responsibilities to respond to and investigate any concerns received and compliments were recorded and made available for staff to read.

People and their relatives had discussed preferences and choices for their end of life care including in relation to their spiritual and cultural needs. This was clearly recorded and kept under review, for example, one person had recently purchased a funeral plan. This meant people's end of life wishes were clearly recorded to provide direction for staff and ensure people's wishes were respected.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well managed. One person said, "The Manager is [name of manager]. She's easy to talk to and she is nice." Another person said, "Yes, I know the managers [name of manager and name of deputy manager], they are easy to talk to."

A relative said, "I can't speak highly enough of the manager, the assistant manager and the staff team." Another relative said, "I've met the manager once at a review meeting. She was polite and nice, but to be honest it is more the support staff that I have dealings with."

At the time of this inspection the service had a registered manager, who managed three small services and a deputy manager was also on duty between the three services.

Staff we spoke with were positive about the registered manager and told us the home was well-led. One staff member said, "I feel supported by the managers and our opinions are listened to at team meetings." They said management support was always available in person or at the end of the phone.

At our last inspection the service was not meeting the regulations related to good governance because audits were taking place but were not always effective. Some care records and risk assessments were not up to date; there was a lack of management overview around safeguarding, and some systems for the safe management of medicines. At this inspection we found improvements had been made.

Effective systems were in place to assess, monitor and improve the quality and safety of the service. Care plans and risk assessments were reviewed and audited regularly and were up to date. Any actions required had been completed. Audits were also completed in relation to premises and equipment, such as fire safety, building and cleaning checks. This showed staff compliance with the registered provider's procedures was monitored.

The registered manager told us the aim of the service was, "To make people as independent as possible, enjoying life and involving people."

The registered manager said they operated an 'open door policy' and people were able to speak to them at any time. People we spoke with confirmed this. The management team were visible in the home and regularly worked with staff providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported.

Staff said they had staff meetings regularly, and talked about what was good and what could be improved. Meetings were held every few months and topics discussed included individual people's needs, reviews, funeral plans, finance procedures, safeguarding and improvements to the garden. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

People who used the service and their representatives were asked for their views about the service and they were acted on. A monthly 'clients' meeting was held and issues discussed included satisfaction with household jobs, feedback on tea and coffee flasks being used for safety, Christmas dinner, the new entrance hall carpet, fire drills and personal safety. Holidays were discussed and one person was happy to receive their first passport to travel abroad. Any issues raised had been followed up by managers.

An annual survey of relatives, professionals and clients was conducted by the registered provider and the latest results of these were all positive. The client's survey was produced in an easy to read format with symbols to support good communication. This meant people's views were taken into account and they were encouraged to provide feedback on the service provided.

We saw there were links with the local community and the home held occasional parties and a barbeque in the summer where people invited friends and family. We found the service worked in partnership with health and social care professionals and there was no delay in involving partners to ensure the wellbeing of the people living at the home.

The registered manager told us they attended training, managers' meetings and good practice events and had completed nationally recognised qualifications in managing health and social care. They were signed up to safety alerts and used CQC and NICE guidance to improve their practice. National guidance and safety alerts were taken into account for example; a medicines safety alert had led to completion of a risk assessment and care plan for an affected person. This meant the management team were keen to promote the best outcomes for people who used the service.

Information was passed to the registered provider on an on-line system in areas including incidents and accidents, safeguarding, training compliance and staff supervision. The registered provider had a system in place for analysing accidents and incidents to look for themes and the learning from this was implemented through staff meetings and reviewing their action plan. This demonstrated the registered provider was keeping an overview of the safety of the service.

The senior staff told us they felt supported by the registered provider, and were able to contact a manager at any time for support. They said they enjoyed working for the organisation and worked well as a team to support each other.

The operations manager visited the home regularly to provide support and the provider's compliance team also visited to complete quality and safety audits and ensure compliance with the provider's policies and procedures. The registered manager worked to an action plan completed in conjunction with the registered provider and we saw action had been completed within the timescales set. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation.

The registered provider understood their responsibilities with respect to the submission of statutory notifications to CQC. Notifications for all incidents which required submission to CQC had been made.