

# Embrace Lifestyles (FL) Limited

## Church House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Church House is situated in Harrietsham, Kent, it is a detached property set in its own grounds. The service is one of many services registered with the Commission under the company name of Embrace Lifestyles (FL) Limited. The service provides personal care, accommodation and support for up to eight people with a learning or physical disability. The purpose of the service is to support people with learning disabilities to be as independent as possible. At the time of the inspection there were five people living at Church House.

Church House also offers respite/short breaks for young people with a learning disability, physical disabilities and Autism. There were no people staying for planned respite at the time of the inspection.

The service became registered on 08 November 2016 to provide personal care in the community to support people with learning disabilities to live in their own accommodation. The service was not yet providing support to people in the community so this report only covers the regulated activity of accommodation for persons who require nursing or personal care.

At the last inspection on 06 January 2015, the service was rated Good.

This inspection took place on 21 March 2017 and was announced.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people and their representatives was excellent. Those people that used the service and their representatives expressed great satisfaction and spoke very highly of the registered manager and the staff. Everyone within the organisation was highly motivated and committed to ensuring people that used the service had good quality care.

Medicines were mostly managed safely. One medicine was in stock but there was no record of it. Expiry dates of medicines had not always been checked. This put people at risk of receiving medicines that were out of date. Policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely. Staff were observed by the provider and registered manager before being 'signed off' as competent. We made a recommendation about this.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support because employment checks and references had been gained before staff started their roles. The registered manager had not always identified where staff had gaps in their employment.

The safety of people was taken seriously by the registered manager and staff who understood their responsibility to protect people's health and well-being. Staff, including the registered manager, had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's and staff member's safety both internally and externally had been assessed and recorded, with measures put into place to manage any hazards identified. Staffing levels were kept under review to ensure staff were available to meet people's assessed needs.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same staff who knew them well. Staff were trained to meet people's needs. Robust induction procedures were in place to ensure staff were able and confident to meet people's needs. The provider encouraged staff to undertake additional qualifications to develop their skills.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their representative's and regularly reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

People received personalised support from staff. This encouraged and supported people to be active members of their community and involved in having a voice. Staff took people's views seriously and supported them to write letters to challenge issues that they had an interest in. People were supported to achieve goals to enable them to gain skills and greater independence. Each person had a specific goal plan in place which detailed what the desired outcome was such as managing their own money, self-managing medicines, acknowledging personal space boundaries and travelling independently. People's achievements were celebrated.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People had capacity to make their own decisions. Staff respected people's decisions.

People were supported to be as independent as possible to manage their own nutrition and hydration. People shopped for their own food and had support to prepare and cook food if this was needed. Staff had received specialist training to enable them to support a person with percutaneous endoscopic gastrostomy (PEG). This enabled the person to receive suitable nutrition and hydration. Staff ensured people remained as healthy as possible.

People had positive relationships with the staff. People were treated with dignity and respect by staff who also maintained people's privacy. Staff were kind and caring and enabled people to participate in various activities they enjoyed within the home and in the local community, enhancing people's well-being and sense of purpose.

The provider and registered manager were committed to providing a high quality service to people and its continuous development. Feedback from people, their representatives and others was continually sought and used as an opportunity for improve the service people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's medicines were mainly managed safely.

People were protected from the potential risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

There were enough trained staff to meet people's assessed needs. Recruitment practice evidenced that checks and references had been carried out before staff commenced employment.

### Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People received consistent care and support from staff they knew very well.  
Staff were aware of people's personal preferences and life histories.

People were supported to maintain relationships with their relatives, this included visits from relatives, support to visit relatives at weekends and telephone calls.

### Is the service responsive?

Outstanding 

The responsiveness of the service was outstanding.

People were actively encouraged to give their views on the service they received. The complaints procedure was available and in an accessible format to people using the service.

People were supported to maintain and develop their social activities and gain skills to prepare them for independence.

People were supported by staff to address matters of importance to them.

### Is the service well-led?

Good 

The service was well led.

The management team and provider carried out regular checks on the quality of the service.

The service had a clear set of values and these were being put into practice by the staff and management team.

Staff were positive about the support they received from the management team and felt valued.

# Church House

## 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 21 March 2017 and was announced. The provider was given 24 hours' notice because the service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with three people who used the service. We spoke with three staff including a support worker, a team leader and the registered manager. We contacted health and social care professionals to ask for their views and feedback about the service. After the inspection we spoke with two relatives to gain their feedback about the service.

We looked at the provider's records. These included three people's care records, which included care plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send us training records and policies. These documents were sent through in a timely manner.

# Is the service safe?

## Our findings

People told us they felt happy and safe. We observed that people were smiling and interacting well with each other and the staff team. One person told us they felt safe, they went on to explain "Otherwise I wouldn't be here would I". Another person told us, "Staff help to fix problems with the Wi-Fi".

Relatives told us there were plenty of staff to meet their loved one's needs. One relative told us there was "Ample staff, I'm so happy with the staff that are there". Another relative told us, "There's always staff. They keep in contact [with us]".

Medicines were mostly managed safely. Medicines records were mostly accurate and complete. We found one medicine in the medicines trolley which had not been recorded as being in stock. Optifibre was in stock, this did not have an opened on date on the packaging. This meant that staff would not know when it needed to be used by as this product only as a shelf life of 50 days once opened. We found a packet of Paracetamol tablets which had been prescribed for one person that was out of date. We brought this to the team leader's attention and they removed this from the person's medicines for disposal. Medicines were checked by staff on arrival to ensure sufficient quantities. Where medicines were prescribed 'as required' or 'as directed' there was guidance in place to ensure staff handled these consistently and safely. There was a safe procedure in place for medicines to accompany people on visits to families and to return medicines safely to the pharmacist if they were no longer required. Staff had received training in medicine administration. Once staff had received training they undertook a medicines competency check on an annual basis. Medicines audits took place on a monthly basis. The medicines audit which was undertaken on 05 March 2017 had not picked up that the Paracetamol was out of date.

We recommend that the provider and registered manager reviews medicines practice to ensure this meets the provider's policies, procedures and national good practice guidance.

Staff recruitment files evidenced that the registered manager followed the provider's recruitment and selection policy. We looked at three staff files. Two of the three files contained a full employment history and all gaps were explained. One staff member's employment history showed a gap in employment from 1988 to 1993. Interview records showed that this had not been discussed and explored at the interview. We spoke with the registered manager about this, they confirmed that this was missing and it was an oversight. All three staff files showed that the provider had gained two references before staff were able to start employment. The provider had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People benefited from living in an environment and using equipment that was clean and well maintained. People told us they were happy with their rooms and everything was in working order. People had access to equipment that met their needs. There were records to show that equipment and the premises received regular servicing, such as hoists, adjustable height beds, fire equipment, the boiler, electrical wiring and

electrical items. The maintenance department were available to respond quickly in the event of an emergency. Since the last inspection the home had been redecorated throughout. Further plans were in place to upgrade a bathroom.

Accidents and incidents involving people were recorded. The registered manager reviewed each accident and incident report, to ensure that appropriate action had been taken following any accident or incident, to reduce the risk of further occurrences. Reports were then sent to senior management who monitored for patterns and trends.

People told us they felt safe and would speak with the registered manager or a staff member if they were unhappy. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people. People were relaxed in the company of staff and staff were patient. People were able to make their needs known, either verbally or by using facial expressions, noises, gestures or by using electronic communication aids. Staff had received training in safeguarding adults and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People had their needs met by sufficient numbers of staff. People told us they felt there were sufficient numbers of staff on duty. Staffing numbers were calculated based on people's chosen activities, health appointments and needs. During the inspection staff were responsive to people and were not rushed in their responses.

People were protected from the risks of harm within their home and the local community. Action had been taken to ensure all risks associated with people's care and support were assessed and steps were recorded of action staff should take in order to keep people safe and in good health.

The provider had a policy on fire safety in place. Action had been taken and records showed that tests were carried out in line with the policy, mitigating risks to people. Staff knew how to safely evacuate people from the building in the event of an emergency and had taken part in fire drills. The fire alarm panel was checked daily by the shift leader to ensure it was in good working order. Each person had a personal emergency evacuation plan (PEEP) which detailed what care and support they would need from staff in the event of an emergency.



# Is the service effective?

## Our findings

People told us they received effective care and were involved in the day to day running of the home. One person told us, "I went shopping today to [supermarket] at Grove Green" another person said, "My favourite food is spaghetti bolognese, tonight it's Mexican [food]" and "I am involved with the food shopping".

Relatives told us their loved ones received effective care from staff. One relative told us, "They [staff] get him involved with doing lunch, go out shopping for meals and do a special menu".

People had access to food and drink which met their needs and to maintain good health and were supported to be as independent as possible at meal times. People were supported to buy their own shopping and each had space within the shared kitchen to store this. Staff supported people to make their own meals if support was required. We observed that people made their own choices. A rota was in place for people to take it in turns to help prepare and cook the evening meal. Meal times were relaxed and calm; people chose when they wanted to eat and where they wanted to sit to have their meal. One person received their food and hydration through percutaneous endoscopic gastrostomy (PEG). This is where specialised food is passed into a person's stomach through a tube. This procedure is used when people are unable to have food orally because of difficulty or inability to swallow. Staff had undertaken specialist training to support them to meet people's needs in relation to supporting the person with their PEG feeds. Records showed that staff had followed guidance in relation to PEG feeds and the rate at which the food is administered.

People's physical health and mental wellbeing were protected by staff who were qualified and trained to meet these needs. Staff continued to receive training to enable them to meet people's needs. Staff training records evidenced that all staff had undertaken Autism, conflict resolution, fire, first aid, moving and handling and fire training. New staff were in progress with completing training to support them in their new role as well as learning about people and their routines. New staff were allocated mentors to work with during the start of their employment to help them settle into the role and learn.

Staff supervision and annual appraisals had been recorded in their files. All staff confirmed they had received regular supervision with their line manager. Staff confirmed that supervision times were rostered so that they were available to attend.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made one DoLS application to the local authority in relation to one person as they needed supervision at all times when leaving the home; this had not yet been approved. The registered manager had a good understanding of MCA and DoLS.

All of the people living in the home had capacity to make their own decisions and choices. Staff respected people's choices and decisions. People had signed consent forms for care. Staff recognised that people had

capacity and were able to make choices. One staff member told us, "People have capacity, [Person] sometimes makes unwise choices, we can offer advice, but it's his choice". Another staff member explained that people all had capacity to make choices. They carried a small pocket sized information booklet about the MCA to aid as a refresher should they need it. We observed staff supporting people to make day to day choices.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Relatives told us that their family members received appropriate support to maintain good health. People had a health action plan in place. This outlined specific health needs and how they should be managed. Staff had sought medical advice when required and had discussed concerns with relatives. Records demonstrated that staff had contacted peoples GP, community nurse, dentist, psychiatrist, blood test, dietician, wheelchairs services, specialist nurses, 111, hospital, Occupational Therapist when required. People received effective, timely and responsive medical treatment when their health needs changed.

## Is the service caring?

### Our findings

People told us that they liked the staff. One person told us "I am happy". Another person said, "Staff help me with communication" and "[staff name] is my favourite as he's funny". Another person told us, "I like the staff, they are friendly. It would be boring if they weren't funny".

Relatives told us that the staff were kind and caring. One relative told us, "Staff are very respectful, he is treated the same as everyone. There is good banter and good relationships. They [staff] go above and beyond what they need to do". Another relative said, "Staff are respectful. They treat him like an adult like I would".

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people to be more independent. Daily records evidenced that people were making choices about all aspects of their life. People were supported to make decisions, choices and to be as independent as possible. People were encouraged to do their own washing, cleaning and meals with support. Relatives told us they had noticed huge improvements in their family member's skills.

There was a relaxed atmosphere in the home. People and staff used humour and friendly banter as part of their communication.

Staff maintained people's privacy and dignity. One person told us "Staff knock on the door and give me privacy". We observed staff knocking on doors before entering and giving people privacy when they wanted it. Several people told us how they liked to spend time in their bedrooms on their own and staff respected this.

Staff shared with us the different ways in which they worked with each person which showed they knew people well. The rota's evidenced that people had consistent staff providing their support.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff supported people by providing reassurance to their questioning. Staff told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach.

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included information about where they had lived, who their relatives were, important dates and events and what people's favourite things were. People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The office area was

locked and secured when not in use to ensure people's confidential information remained private and confidential. Staff had a good understanding of maintaining people's confidentiality.

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. One person had used an advocate to support them with decision making.

Relatives were able to visit their family members at any time. One relative told us, "I'm always made to feel welcome". We observed the home had a homely feel and a relaxed atmosphere. People were supported to maintain relationships with their relatives, this included support to visit relatives at weekends and telephone calls. One person told us, "Staff help me see mum and daddy. I am seeing mum on mother's day".

## Is the service responsive?

### Our findings

People told us the registered manager and staff were very responsive to their needs. One person told us that staff helped them to write letters about matters which were important to them. The person's relative confirmed that staff helped their loved one to write important letters. They said "Staff help him to write letters, he likes to keep up to date with the news, he's writing to the queen".

The walls of communal areas around the home displayed pictures and stories about people who lived in the home and people that had recently moved on to independent living. The pictures and stories shared information about the things people liked to do and how people had become more independent. Relatives told us, "They've done really well with [person], he has come on leaps and bounds"; "I can't fault them at all, they have been supporting him with a planned move" and "His independence has come on a long way".

The walls of the lounge/dining area showed 'You asked we did' information. Each person living in the home had made a request of something that was important to them. The pictures and information showed everyone's request had been met. One person had written a letter to their local member of parliament (MP) about entry fees to a local attraction. The MP had written back to detail what action they had taken and checked that the person was happy with this. The MP had also visited the person at the home and had their photograph taken with them. The person told us staff had helped them contact gaming companies and online video streaming companies too, which was very important to them. Another person was supported to go on a train ride, the photographs showed them smiling and enjoying a ride on a stream train. Another person's wish was to go bowling with friends, photographs showed them participating in this. The registered manager and staff worked in a person centred way with each person to help them identify goals and had supported people to fulfil their dreams.

The registered manager explained how the service was supporting people to meet goals so that the service was outcome focussed. Each person had a specific goal plan in place which detailed what the desired outcome was such as managing their own money, self-managing medicines, acknowledging personal space boundaries and travelling independently. Records showed that people were supported with each step in order to meet their goals and the progress was regularly checked by the person's key worker. People who had achieved their goals were moving steps closer to independence. For example, one person managed their own medicines and money independently. People's successes were celebrated, the registered manager had written to the person who had achieved independence in these areas to congratulate them. People's support plans were detailed and clear, they incorporated the goals people had set. The plans gave staff good information about people's abilities and listed the care and support people needed to live as independently as possible. People's needs and abilities were reviewed every month and their care plans were updated when their needs changed.

The registered manager and staff were flexible and responsive to people's individual preferences and ensured people were supported to live the lives they wanted, in accordance with their needs and abilities. People had said that they wanted to keep chickens. The service had responded to this and set up a chicken house a large run and had four chickens. People were supported to look after the chickens and collect the

eggs. The eggs were cleaned up and used by people for cooking in the home.

The registered manager and staff took particular care to respond to the needs of people who were not able to express themselves verbally. People's communication needs were met well through speech, use of communication aids and pictures. Staff took the time to understand what people wanted to say. One person communicated using their electronic speech device with staff that they wanted to see a pantomime; they could not remember the name of the pantomime but said they had heard about it on the radio. The registered manager spent time with the person to help them research what the pantomime was. The registered manager managed to find out the name of the radio station that the person had been listening to and between them they used the internet to research and find the name of the pantomime. We observed that the person was smiling and laughing when they found the name and the registered manager assured the person that they could try and get tickets to watch this. Discussions that took place and people's daily records evidenced that this was usual practice. Staff recognised one person's facial expressions which they used to answer questions. Staff were able to quickly determine whether the person was communicating yes or no.

People told us they were supported to maintain their interests and preferred pastimes. People's care plans included a social history record, which outlined people's previous lives, family, hobbies and experiences. This gave valuable information for staff to know and understand how people might choose to live their lives.

People were able to please themselves about how they spent their time. One person told us they liked to read books and watch DVDs as well as shopping. They told us they liked going to the cinema. Another person liked to play video games and spent time on the internet. Staff told us that activities for each person was individual to the person. Each person had their own shopping day, cleaning day and they did planned activities such as cycling, swimming, trampolining, hydrotherapy and sensory activities. The activities and tasks that people completed enabled them to learn skills, grow in confidence and helped people prepare for living independently. Everybody was at different stages of learning and therefore needed different levels of staff support. People were supported with each stage at their own pace. Relatives explained to us the impact this had on their loved ones. One parent detailed how their loved one had become more settled and less anxious. They detailed their family member was undertaking tasks for themselves that they had never done before such as preparing and making food and drinks. They were healthier as they were undertaking sports and frequently exercising.

One relative told us, "They go to the pictures, the gym, Cyclopark, shopping, do cleaning, go to the park and the pub". Another relative said, "They are always arranging themed weeks and events. The good thing is that he goes trampolining, bowling, swimming, all the things he really enjoys. He's very busy and active". One person invited us to look at their bedroom and look at their photographs. The person was proud to show us the photographs of them enjoying themselves and the special people in their life such as their family. Community activities and sports enabled people to spend time out of the home, learning about their community and helped people develop and nurture important relationships with their friends. People had access to a number of vehicles so they could access the wider community. One person had their own car which staff drove to support them to access the community. The staff and people living in the home had won a runner up award from the provider for recycling innovation. People and the staff had reused some old fencing around the home to make planters for flowers and vegetables, which they planned to start sowing when the weather improved.

During the inspection people were involved in a number of activities, two people went food shopping for the house, one person went food shopping to buy their own food, one person went with staff to the local town to do some banking and one person went out with a staff member to visit a museum. One person told us

they had planned to go to the cinema in the afternoon and other people walked to a local park to make the most of the sunshine.

Before people moved to the home, the registered manager visited them, to assess their needs and to understand how they wanted to be cared for and supported. Assessment records showed that this was a comprehensive assessment which involved the person and their relatives. Referrals to health and social care professionals such as Occupational therapists had been made as a result of assessments to ensure that suitable equipment was in place if required. One person had lived several hours away from the home, however all staff visited them at their previous residential placement to get to know them and build up a rapport. One relative told us how their loved one had stayed at the service for a short stay before they moved in permanently which helped them settle in.

People and relatives told us they were confident any concerns would be dealt with appropriately. The provider's complaints policy was shared with people and their relatives and was displayed in the reception area. An easier to read version of the complaints procedure was in place. CQC information had been shared with people so that they knew who to contact if they wanted to talk about their care. Staff had actively encouraged people to report concerns about their care. One person had made regular contact with CQC to discuss their care and were supported by staff to make complaints about elements of the service such as when the Wi-Fi stopped working. The registered manager logged all issues raised, not just formal written complaints. One member of staff told us, "With complaints, we offer service users the choice to write it down and then it's picked up by [registered manager]". Complaints records showed these had been formally logged and responded to in line with the provider's policy. The registered manager checked with people if they were happy with the outcome of their complaint. A relative told us, "I have no concerns; if I did I would tell them".

People were given opportunities to meet with the registered manager and share feedback about the service they received. The meetings were held every other month. Meeting records showed that people participated and their voices were heard. They discussed important topics such as how staff should show that they treat people with dignity. The meeting records showed they provided examples and discussed people's experiences. This evidenced that people were at the heart of the service provided by staff, the registered manager and the provider.

The provider carried out an annual survey of people through a market research company. The registered manager explained that the surveys were sent out to people and relatives and the responses were collated by the external company, who then produced a report. There were no survey results available to view for the most recent survey which had been carried out in late 2016. However the registered manager had received some feedback from locally sent surveys. One professional had responded, they had commented, '100% happy with all care, knowledge of clients needs and way they are treat[ed]. Would highly recommend this place'. One relative survey stated, 'We are extremely happy with our son's [name] care at Church House. All the staff make us feel welcome on each visit and are always professional at all times'.

## Is the service well-led?

### Our findings

People told us the service was well led. They liked the staff and the registered manager. One person told us, "It's a nice building, I know [registered manager]. He is nice". We observed that the registered manager was known by all people living in the home.

Relatives told us the service was well managed. One relative said, "I know the registered manager, he has got good ideas and he's very nice. He's excellent". Another relative told us, "I feel the service is well run".

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that detailed who staff should report concerns to should staff feel they need to blow the whistle on poor practice. The policy contained telephone numbers for staff. Effective procedures were in place to keep people safe from abuse and mistreatment.

The provider's statement of purpose details 'The aim of Church House is to offer high quality support to young people within a homely and caring environment that meets the specific physical, social, intellectual and emotional needs of the young people supported. The home has a strong belief in and commitment to the importance of boundaries and routines for young people which are provided by a dedicated team offering leadership, guidance and positive role modelling to young people. Our aim is to deliver a service which provides real choice and control over how people want to live their lives, enables independence and support to achieve their own personal goals and aspirations. This will include supporting young people to move on from Church House Care Home into a community setting when ready, as well as additional community based support'. We observed staff supported people to live as independently as possible and the providers' vision and values were embedded into practice.

Staff told us that communication between staff within the service was good and they were made aware of significant events. Handovers took place daily and included relevant information such as health conditions that needed to be monitored. Staff meetings were held frequently, staff felt confident to add items to the agenda and felt their voices were heard. Staff told us communication books were in place so that important messages and information was logged. One staff member said, "It's so nice to work here, we are a laid back team but a team that pulls together".

Staff felt valued by their managers and the organisation. One staff member told us, "We get good support from [registered manager], he's really approachable". Staff had a good understanding about their roles and responsibilities. They received effective support from the management team and provider.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and Deprivation of Liberty Safeguards (DoLS). The registered manager explained that they had good support from their manager, who was the regional manager and the provider. They were encouraged to develop within the organisation. The registered manager had regular meetings with other registered managers within the organisation in order to share information and good practice. The registered manager had also attended



local authority run provider forums to engage with other registered managers and providers.

The registered manager kept up to date with events, changes and information relating to the health and social care sector by receiving weekly communications from the provider, a monthly electronic brochure, CQC newsletters and through links with the Skills For Care network. The registered manager had won the 'manager of the year 2016' for the provider organisation for the hard work and effort they had made to develop the service.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and relevant. The office contained a number of reference books and guidance to help staff and the registered manager.

The quality assurance procedure set out key responsibilities of the provider, regional managers, finance, the registered manager and quality team and clarified the frequency of meetings and quality checks. A number of audits were carried out by the management team in order to identify any potential hazards and ensure the safety of the people. This included weekly finance audits, fire safety records audits, staff files, kitchen audit, laundry audit, medicines audits and health and safety audits. Actions identified were time limited and allocated to individuals, actions had been completed.

The provider had a quality team based at the head office which also carried out an annual quality visits and regular audits such as; involvement and inclusion audits, medicines and infection control audits. Actions plans from audits had been updated to show when and what action had been taken to address any issues identified. Action had been taken in a timely manner. The regional manager carried out a monthly visit; this included a check of the environment, maintenance, training staff, health and safety, people's care files.