Cambridgeshire County Council

Cambridgeshire County Council - 20 Alder Close March

Inspection report

20 Alder Close
March
Cambridgeshire
PE15 8PY

Tel: 01354654146

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12 September 2016

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17 October 2016

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

Cambridgeshire County Council – 20 Alder Close March provides short stay accommodation and personal for up to five people, who have learning disabilities. There are external and internal communal areas for people and their visitors to use.

This unannounced inspection took place on 12 September 2016. There were two people receiving care at that time.

The service had a registered manager in place. 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported, by their managers. There were sufficient staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff considered ways of planning for emergencies. Staff were aware of the procedures for reporting concerns and of how to protect people from harm. People's medicines were well managed.

People's rights to make decisions about their care were respected. However, where people did not have the mental capacity to make decisions, processes were not always followed to protect people from unlawful restriction and unlawful decision making.

People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of and provided for people's dietary needs.

People received care and support from staff who were friendly, caring and professional. Staff helped people to feel welcome and "at home" at the service. People benefited from continuity of care because staff members worked closely with other services to ensure people's needs were met.

People were involved in every day decisions about their care and staff respected people's choices. People were encouraged to maintain cultural links through diet and language.

Care records were detailed and up to date. They provided staff with sufficient guidance to provide consistent and person centred care to each person. People were supported to occupy their time in stimulating and meaningful ways. There were opportunities for people to develop and maintain hobbies and interests.

The service was well run and staff, including the registered manager, were approachable. People and relatives were encouraged to provide feedback on the service. People had access to information on how to make a complaint and were confident their concerns would be acted on. People's views were listened to and acted on. Concerns were thoroughly investigated and plans actioned to bring about improvement in the service.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were systems in place to ensure people's safety was managed effectively. Staff considered ways of planning for emergencies. Staff were aware of the actions to take to report any concerns.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely

People were supported to manage their prescribed medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. However, where people did not have the mental capacity to make decisions, processes were not always followed to protect people from unlawful restriction and unlawful decision making.

People's health and nutritional needs were effectively met and monitored. People were provided with a balanced diet and staff were fully aware of people's dietary needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were friendly, caring and professional.

People were involved in every day decisions about their care. People benefited from continuity of care because the staff worked closely with other services to ensure people's needs were

met.

Staff treated people with dignity and respect and respected people's cultural choices.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with detailed guidance to ensure consistent and person centred care to each person.

People were supported to occupy their time in stimulating and meaningful ways. There were opportunities for people to develop and maintain hobbies and interests.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were managed and supported to provide people with safe and appropriate care.

People were encouraged and supported to provide feedback on the service in various ways. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

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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 unannounced inspection took place on 12 September 2016. It was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

Throughout our inspection visit we observed how the staff interacted with people who were staying at the service. We spoke with a senior support worker and a support worker. We looked at five people's care records, staff training records and other records relating to the management of the service. These included audits, rotas and meeting minutes.

Following our inspection we spoke with one person who used the service and five relatives. We also received feedback via email from a healthcare professional and another two relatives.

Good

Is the service safe?

Our findings

Nine people responded to the provider's survey. In this they all said they "always" or "usually" felt safe when they received the service. A healthcare professional told us that people seemed happy and settled at the service and this led them to believe people felt safe. Relatives told us that people enjoyed staying at the service. One relative said their family member showed this by quickly getting out of their car when they arrived at the service. They said, "[My family member gets out and is gone, we don't even get a goodbye." Another relative wrote to the service, "Most importantly my [family member] is made to feel totally relaxed and can talk to staff easily, [my family member] has a laugh with them, so a totally enjoyable time spent there."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff told us they felt confident that the registered manager would act on any concerns they raised.

Meeting minutes showed that "keeping safe" was a regularly discussed with people when they stayed at the service. Topics had included helping people to identify a person they can go to if you feel unhappy and safe hand-washing techniques.

Systems were in place to identify and reduce the risks to people who used the service. People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, for example, accessing the community, using transport, accessing kitchen equipment and assistance with moving. They also took account of people's health. For example, the risk of choking where a person had swallowing difficulties. Appropriate measures were in place to support people with these risks. For example soft food or pureed diet as well guidance on as safe moving and handling techniques.

Staff understood the support people needed to keep them safe, during periods of distress and behaviour that was challenging to themselves and others. Care plans provided staff with detailed guidance for each person to help prevent and reduce each person's anxieties.

Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and electricity were in place to support people's safety. A maintenance schedule ensured the building was maintained and helped to assure people's safety.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example where any untoward event had occurred, we saw that the potential for future recurrences had been minimised by staff reviewing the relevant risk assessment.

Staff considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

The staff we spoke with told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient numbers of staff to meet the needs of the people staying at the service. One relative told us, "There always seems to be [staff] available when [my family member] is there."

During our inspection there were two people staying at the service and two staff on duty. Staff told us, and records showed, that the number of staff on duty varied depending on the number and needs of the people staying at the service. Staff told us that they worked flexibly to accommodate the needs of the people staying at the service. For example, one staff member worked much later into the evening than they normally would to support a person to attend, and stay to the end of, a party. A relative told us, "A member of staff is often bought in to give [my family member] support to access the local community and carry out activities."

Staff told us that staff absence was usually covered by the permanent staff team. Occasionally staff from the provider's nearby service provided staff cover. These staff also knew the people staying at the service well.

Relatives were satisfied with the way staff managed their family member's medicines. One relative told us, "Medicines are given fine. [Staff] seem to cope really well." Another relative said about medicines, "[Staff] know what [my family member's] got to have and when to give it."

We saw that people were safely supported with the administration of their medicines. There were appropriate systems in place to ensure people received their medicines safely. Staff told us they were trained and that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered.

Clear protocols provided staff with the guidance of when these medicines were to be administered. This included, for example, medicines for pain relief and for reduction in levels of anxiety. We saw that where medicines were administered covertly, this was after discussion with relevant healthcare professionals and the person's family.

Staff regularly checked medicines and the associated records to help promptly identify and resolve any discrepancies.

Requires Improvement

Is the service effective?

Our findings

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that one application had been made to the authorising body and was awaiting a decision.

Staff had been trained in the principles of the MCA and efforts were being made to reinforce this information. This included the appointment of an MCA champion, notices around the home and discussions in staff meetings. However, we found these principals had not yet been embedded. Staff were not always aware of who had been granted a DoLS or what action to take in certain circumstances. Care records included a 'Deprivation of Liberty pro forma' to help staff understand their responsibilities in relation to each person. However, staff told us that one of these was inaccurate in that it said the person could not leave the building without staff support and that staff should call the police if the person left the service unescorted. Staff could find no mental capacity assessment in relation to this decision. Staff confirmed that no application had been made to the supervisory body to deprive this person of their liberty.

In addition, although a person's relatives and healthcare professional had been consulted before medicines were administered to a person covertly, staff confirmed that an application had not been made to the supervisory body in relation to this.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff continually checked for consent when providing care. For example, we heard staff member ask people if they wanted assistance before they provided it. Staff spoke clearly explained what they were going to do, and what they wanted the person to do. Staff talked about the using the "least restrictive option" when providing care. For example, one person with limited mobility repeatedly got out of their bed. Initially staff assisted the person back into bed. They told us they considered using bedsides to prevent the person getting out of bed but felt this was not safe. The person now has a mattress on the floor beside the bed, so if they move themselves onto this they can be comfortable there until they want to get back into bed.

The person we spoke with told us they liked the staff. They said the staff were, "brilliant" and "fantastic". Relatives also praised staff. One relative said, "[My family member] seems to like all of [the staff]. I think I'm the respite and they're the home!" Another relative said their family member "speaks well of all the staff." A third relative said, "[Staff] look after [my family member] fine… They are brilliant… They are so good." All

seven relatives that responded to the provider's survey said they "agreed" or "strongly agreed" that staff were competent to support their family member.

Staff received appropriate training that provided them with the skills to deliver care that met people's assessed needs. We saw that the provider had adopted the Care Certificate. This is a national induction programme tailored to develop staffs' knowledge and skills. Staff told us that all new staff would work through this when they were first appointed.

Staff told us that they felt that they had sufficient training. One staff member said, "I think the training side is really good." Staff told us there were various topics the provider viewed as mandatory training. These included, first aid, assisting people to move, equality and diversity, safeguarding and food hygiene. Other mandatory training included subjects linked to people's specific needs. For example, epilepsy awareness, dementia awareness and assisting people to move.

Staff were also supported to obtain other professional qualifications. For example, one staff member told us they had achieved a national vocational qualification (NVQ) level two in health and social care, and they were then working towards their level three.

Staff members told us they felt well supported by the registered manager. Staff told us that they regularly received formal supervision and annual appraisal.
This shows that us that staff were supported to develop and maintain their skills and knowledge.

The person we spoke with told us that they liked the food they received at the service. They said, "The food's nice... It's what I like." Relatives told us that staff are aware of, and follow, people's dietary needs. One relative explained that it was important that their family member's weight remained stable to ensure the medicines they took worked properly. They said, "For [my family member] its time away from home, like a holiday, and he has [high calorie] things, but [the staff] do monitor [what my family member eats to prevent weight gain]."

Staff told us that menus were devised weekly based around the preferences of the people staying at the service. Staff were clearly familiar with people's dietary needs and preferences and these were recorded in people's care plans.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available. Staff offered people support with preparation of meals and drinks, if they needed assistance. Efforts were made to maximise each person's independence. For example, we saw staff talking one person through the process of making a drink and praising them when they had completed the task.

Staff understood the importance of following the guidance provided by the speech and language therapist (SALT) to minimise the risks of the person choking. The level of support people required to eat and or drink was clearly documented in people's care plans. For example, one person required full assistance. Their care plan advised staff of which side of the person to sit when helping them to eat and to, "Verbally prompt me to chew." Staff also showed us illustrations that the SALT had provided for them to follow to ensure a person's posture was appropriate before they assisted them to eat.

Appropriate diets were provided to people who required them. For example, we saw that some people's care plans included information about the consistency of food. Staff were fully aware of this and the other information in the person's care plan. This showed that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being.

Records showed that people's health conditions were monitored throughout their stay. They also confirmed that staff made appropriate referrals to, and supported people to access the services of a range of healthcare professionals, such as the chiropodist, the GP, and therapists. A healthcare professional told us that staff answer their questions and volunteer other relevant information during appointments. Both healthcare professionals who responded to the provider's survey said that staff shared information appropriately with them.

Each person had a "hospital passport". This provided information for healthcare workers to help them understand the health, communication and support needs of the person. This showed that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

The person we spoke with, and relatives, were complimentary about the staff. One relative told us, "The first time [my family member stayed at the service, staff] were so helpful and kind. We can go away with no worries." Another relative said, "You get the feeling [staff] really care about you as a person. They have empathy." A third relative said, "The staff are friendly, caring and professional at all times." A healthcare professional also praised the staff. They said that staff always responded to people, were caring and were interested in people they supported.

Staff helped people to feel welcome and "at home" at the service. The person we spoke with told us, "[Staff] get the bedrooms all set up and clean and ready." Staff told us they recorded which room each person preferred to stay in and accommodated this choice whenever possible. Relatives felt that staff understood their family members' needs. One relative told us that when their family member first stayed at the service they "displayed a lot of anxiety… because [my family member] did not want to leave [their] permanent home. The staff at Alder Close displayed a great deal of care and patience with [my family member] from day one and [my family member] has improved notably. [My family member] now is totally happy about [the] visits and is attending regularly." Staff encouraged people to make their own door signs that reflected their interests and were put on the doors when they stayed at the service. Pictures were on cupboard doors in the kitchen showing the contents. This helped people to orientate within the service.

Relatives and staff told us the staff worked closely with other services to ensure continuity of people's care. One relative said, "[Staff] are always very accommodating and considerate when preparing for [my family member's] visits. They work closely with [day care staff] which allows continuity and no disruption to [my family member's] routine." They went on to say that their family member, "Absolutely loves [their] stays at Alder Close and ... is eagerly awaiting [their] next visit."

Staff treated people with respect and dignity, addressing them by their preferred names. All nine people who responded to the provider's survey said they felt staff treated them with respect. Our observations of staff interacting with people found that staff knew people as individuals and discussed topics and that interested and engaged them. Relatives said staff involved their family members in the service and staff told us about the importance of involving people in every day decisions. One relative told us, "[The staff] involve [my family member]. They asked …what do you want to improve here?" They went on to tell us that their family member enjoyed gardening and staff had supported them with this during their stays.

Throughout our inspection staff maintained a caring attitude towards people. This included responding on all occasions to people's request, no matter how frequently these requests were made. We saw staff members were discreet in relation to people's personal care needs. For example, one person appeared in a state of undress in a communal area. The staff member calmly encouraged the person back to their room, closing doors behind them to promote the person's dignity. A healthcare professional told us that staff ensured they saw the person they were visiting in private and asked if the person wanted a staff member with them or not.

Relatives and other visitors said they were made welcome by staff. They said they were treated well and offered tea and coffee whenever they visited. A visiting professional wrote to the service, "I have found staff at Alder Close to be very welcoming at every visit. Alder Close has a homely, friendly atmosphere which I would recommend to other professionals and service users alike."

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. Care plans were provided in appropriate formats. For example, one person's care plan had been translated into another language to ensure they and their relative understood it. A staff member had spent time with another person with different colour cards, supporting them to decide the colour of the border for their care plan. This helped people have ownership of their care plans.

Staff respected people's cultural choices. For example, a person preferred to eat foods in keeping with their culture. Staff were aware of this and where to buy these foods. Relatives had provided staff with recipes of the person's favourite dishes that they cooked when the person stayed at the service.

We saw that people could choose where to spend their time. During our inspection, one person chose to spend time in the lounge watching television. The other person moved between the lounge, kitchen and their bedroom. A relative told us, "Sometimes [my family member] prefers to stay in [their] room for half a day. Staff are all flexible with what each individual wants to do." Staff had used a variety of methods, for example, pictures of places to visit, to help encourage people to express their views and empower them.

Staff told us an advocacy service was available if people required it and had been used in the past. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

The person we spoke with and relatives felt that staff understood, responded to and met people's needs. The person told us, "Staff look after me really well." All nine people who responded to the provider's survey said that staff knew how to support them. A relative said, "[Staff] take care of [my family member] very well. They are absolutely brilliant with [them]." Another relative told us, "[Staff] always seem to be aware of each person's individual needs."

People's care needs were usually assessed prior to them staying at the service. This helped to ensure staff could meet people's needs. Staff routinely liaised with the person, their family and other care providers, including day care and home care workers, while carrying out the assessment. This assessment included people's life history, support and health needs, preferences and hobbies and interests. This assessment formed the basis of people's care plans. This helped ensure all staff maintained a consistent approach and effectively met people's individual care needs. For example, there were clear instructions for staff when bathing a person. This included details such as a person not liking their hair washed and for staff to use a flannel to cover the person's face while doing this.

People also stayed at the service for assessment of their needs. Where this was the case we saw staff had obtained basic information prior to the person's stay, such as family contact details and medical information. We saw that the daily records in this case were particularly detailed and included clear information on how much support the person had requested, needed and or accepted. Staff explained that a basic care plan was in place when the person came to stay at the service, but that this was "a work in progress" and developed as they got to know the person better. We saw that all care plans were reviewed and amended when people's needs changed.

Staff talked passionately about the people they supported and had a good understanding of their individual personalities. Care plans included details on how people communicated. For example, where a person was not able to communicate verbally, their care plan provided staff with information on what the person's gestures meant and what objects of reference indicated. Through discussion with staff we found they were familiar with the content of these care plans and understood how to meet people's needs effectively. Relatives confirmed care plans were accurate. One relative said, "Their paperwork – they've got [my family member] down to a tee, so they obviously know [them]. That's reassuring."

Some charts were in use to record individual aspects of people's care where additional monitoring was needed. These included food and fluid intake charts, and charts to record behaviour and seizures. We saw staff were proactive about introducing and completing these charts to ensure healthcare professionals had detailed information to direct and monitor the care provided.

Relatives told us staff keep them informed of their family member's well-being to the extent they wishes. One relative said, "They do listen. When you ring up you can have a laugh and joke. They're very welcoming. If there are any problems they let us know. They ring or write in our communication book." Another relative told us, "When [my family member] first went there [staff] used to phone [me] about everything…. I said not

to worry so they only phone if it's something serious now."

People were supported to occupy their time in various and stimulating ways. The person we spoke with told us they enjoyed the opportunity for meeting people at the service. They said, "I settle in and then I make new friends." Relatives told us that their family member had numerous social opportunities while staying at the service. One relative explained their family member was a person in their mid-twenties and the service provided them with "some good social opportunities that [they] need." We saw these social opportunities included visiting local venue's such as pubs and sporting facilities. People were often supported to visit local shops and amenities. A relative told us, "[My family member] loves the things they do: snooker, fish and chips, shopping."

Staff told us that they tried to arrange activities to suit the people who were staying at the service. One staff member told us, "We try to have people with similar interests coming in together. We have a lot of flexibility to adapt our style to each person." One relative told us that staff had tried hard to ensure there were other female's staying at the service when their female family member visited. A healthcare professional told us that staff had supported a person who particularly liked bingo to attend bingo sessions in the town. Staff told us that another person enjoyed a local disco so the person's stays were planned to coincide with this so staff could support them there.

Staff also supported people to pursue their hobbies and interests. One relative told us, "They cater for [my family member's] interests and what [they] like. [My family member] loves photography, and they took [them] to an old car show." During out inspection staff were arranging a trips for the coming months including a trip to a local wildfowl centre.

Staff told us that they to ensure people were occupied when they were within the service and we noted information on what people liked was included in their care plans. For example, one person's care plan said they enjoyed doing puzzles and word searches. We noted these were available for the person during our inspection. A relative commented that there was a, "DVD and TV in the bedrooms" and told us people were supported to spend time there if they preferred. Other relatives said that staff had supported their family members to maintain the garden during their stays. One relative commented, "[My family member] enjoys gardening. They did some painting and growing vegetables there." Another relative told us their family member was always "busy" when staying at the service. They went on to tell us, "[My family member is happy doing jobs that they find for him or going out on accompanied trips or walks. [My family member's] time is managed sensibly whilst respecting his independence."

Staff had arranged various events during the last year. These included a cream tea for the Queen's birthday. People staying at the service and staff had hosted this occasion and invited people who lived locally into the service. Several relatives commented on this and a singing event which had raised funds for the service. They said they and their family member's had thoroughly enjoyed both events.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One relative said, "If I've asked for things [the staff have] tried to accommodate. I asked for more females when [my female family member] visits and they try to do that." Another relative said staff were, "open and approachable."

Information about how people could complain, make suggestions or raise concerns was available at the service. This was also in an appropriate format if people preferred to express their wishes in a different way. Staff had a good working understanding of how to refer complaints to senior managers for them to address.

We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate. For example, discussing the issue raised with at staff team meetings and in formal supervision.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the person we spoke with, visitors, including relatives, and staff. One relative told us, "I am really pleased with the service that Alder Close provides. It means that my [spouse] and I can enjoy our occasional rests without worry or concern. Well done Alder Close, you do a great job." Staff told us they would be happy for a family member to be cared for by this service. One staff member said this was because, "The standard of care is so good."

The service had a registered manager in place. 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.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

The registered manager was supported by a staff team that included senior support workers and support workers. Staff were clear about the reporting structure in the service. From discussion and observations we found the staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service. Throughout our inspection, and from feedback from relatives, it was clear staff encouraged people to be as independent as possible.

The registered manager was approachable and supportive. A staff member said, "[The registered manager's] been great, she's really motivating." Another staff member said, "The registered manager is here most days. People know her. She's very good and pitches in." Staff members had regular formal supervision and attended team meetings. Minutes from these meetings showed a variety of issues raised and included manager's cascading information and staff raising issues that concerned them.

The staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. We saw that concerns were addressed and actions taken to bring about improvement in the service. Relatives said they felt listened to and were confident their views would be taken seriously.

The registered manager sought feedback from people in various ways. This included an annual survey to people, their relatives, staff and other stakeholders. One relative confirmed they received this. They told us, "survey every so often asks us if happy with the service and staff." The results of this year's surveys were very positive. Where issues of concern were highlighted, we could see that action had been taken to bring about improvement. For example, staff morale was highlighted as a concern. The registered manager told us they had held a team meeting that focused on all the positive responses we had received from service-users, parents and other professionals. The staff we spoke with told us that they felt staff morale had improved

since the survey was carried out. One relative commented that they were aware that a relatives meeting had taken place but they had been unable to attend.

The survey had also raised issues that people and their relatives were not always aware of how many nights they accommodation was available to the person. Two of the relatives we spoke with also raised this. The registered manager told us that this information was now recorded in the booking confirmation letters sent to relatives. This showed the registered manager listened to people's views and took action to make improvements.

The quality of people's care and the service provided had been monitored in a variety of ways. This included an annual health and safety audit and a "peer audit" where another manager carried out an audit of the service of the service. In addition staff regularly carried out audits of various aspects of the service. For example, of equipment, including slings for hoists; medicines; people's finances; and that training and supervision had been completed. Where actions were required, we could see these had been progressed. The senior support worker also stressed the importance of spending time with the people who received the service, and with other staff. As well as mentoring staff in their role, this helped the provider to ensure that staff were working to the expected standard.

In the PIR the registered manager told us that kept up to date with current and best practice through attendance at various meetings, ongoing training, various newsletters and publications.

We saw the registered manager and staff constantly worked to improve the service. Staff told us that some staff had recently taken on the roles of "champions" which would help develop staff knowledge and promote best practice. The "champions" were for areas such as dignity, dementia, autism and health and safety. Staff told us that the dementia champion was planning to redecorate one bedroom with strong contrasts in colours to make it more "dementia friendly". They also said people with limited sight would benefit from staying in this room.

Relatives and staff told us that people were empowered to be involved in decisions about the service. For example, we saw that people were encouraged to make choices about the colours rooms were decorated. One staff member told us how a person staying at the service had been involved in their recruitment interview. They told us another person was being supported to get involved in this and described the detailed steps that had been planned to work towards this.

Regular meetings were held with the people staying at the service. Minutes showed a variety of topics were discussed. These included healthy eating and menus, new activities and how people wanted to spend their time and how to mark specific celebrations such as VE Day and the Queen's birthday.

People and staff had been involved in various community and charity events. These included events such as a "wear pink day" which raised money for a cancer charity. In addition people living locally have been invited into the service for various events. These included regular coffee mornings and one off events, such as the Queen's birthday cream tea, which was held in the service's garden.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where people did not have the mental capacity to make decisions, processes were not always followed to protect people from unlawful restriction and unlawful decision making. Regulation 11.