

Creative Support Limited

# Creative Support - Church Parade

## Inspection report

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Date of inspection visit:  
23 May 2016

Date of publication:  
18 July 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Our inspection took place on the 23 May 2016 and was unannounced. We last inspected the service on the 2 September 2013 and the service was found to be compliant with the regulations we inspected.

Church Parade provides accommodation for people who require nursing or personal care and services for the treatment of disease, disorder or injury. Church Parade offers an assessment and treatment element of service delivery. This means the service provides therapeutic interventions for people who have complex or difficult to manage behaviours. The location completes ongoing assessments of people's needs and identifies suitable support plans and appropriate long term support packages, with the aim of moving people into other suitable longer term accommodation.

Church Parade can accommodate up to 4 adults with a learning disability. At the time of our inspection 3 people were living there.

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

People were supported by a staff team who had been recruited safely and who had the skills and knowledge to meet people's needs. Staff knew how to recognise and report potential abuse and showed a good understanding of how care and support should be provided in order to keep people safe. Risks to the health, safety and wellbeing of people were appropriately identified and managed and were regularly reviewed. There was sufficient staff to respond to people's needs and support people safely. People's medicines were stored and managed safely.

People were supported to have their nutritional and hydration needs met and were given choices of food and drink. People were able to choose at what times they ate and drank and were actively encouraged to be involved in the planning and preparation of meals. People were supported by staff who had a good understanding of the Mental Capacity Act and were able to appropriately apply the principles in practice. People had good access to a range of healthcare professionals when required, and staff were able to identify and appropriately respond to any changes to people's health and well being to ensure that they maintained good health.

People were supported by staff who were friendly and caring and had a good understanding of people's individual needs, preferences and anxieties. People were consistently involved making decision about their care and support and care was delivered in a way that met the needs of each person living at the location. Staff supported people in a way that maintained their privacy and dignity, and promoted people's independence.

Staff had a good understanding of people's needs and preferences, and tailored support to ensure that care was personalised and responsive to the needs of the people living at the home. People were encouraged and supported to be involved in the planning of their care, and relatives felt that they were involved in making decisions and choices about how their family members care was delivered and planned. Peoples concerns and anxieties were quickly responded to by staff and relatives knew how to complain. Relatives expressed confidence that any concern would be dealt with quickly and efficiently by the registered manager.

Staff were well supported by the registered manager and had a good understanding of the ethos, values and aims of the service. The registered manager had appropriate systems in place to monitor the quality of care and information from audits and checks were analysed and used to drive improvement. The registered manager demonstrated a commitment to continue to develop the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff who were able to recognise and respond appropriately to signs of abuse. Individual and environmental risks were assessed and managed. The provider had systems to ensure the safe management of medicines and people received their medicines at the right time.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were recruited safely and who had the skills and knowledge to carry out their role of supporting and caring for people. Staff had a good knowledge of the principles of the Mental Capacity Act and could apply these principles. People were supported to have sufficient to eat and drink and mealtimes were a pleasant experience for people. People had access to a range of healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by a staff team who were kind and compassionate and were able to communicate in an appropriate way with people living at the home. People were encouraged to make choices about how their care and support was delivered and independence was encouraged and promoted. People were supported in a way that respected their privacy and dignity. People were encouraged to maintain relationships with people who were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support. Staff understood people's individual needs and preferences, and were able to provide care and support to meet the individual needs of people. The provider had a complaints procedure and complaints were responded to in a timely manner with clear actions identified to address concerns and respond to concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager who promoted an open and honest culture amongst the staff team. The registered manager was a visible presence in the home and staff felt well supported in their roles. The registered manager had robust systems and processes in place to ensure that the quality of the service was well monitored. Information from audit processes was analysed and used to drive further improvements at the home.

# Creative Support - Church Parade

## **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.

The inspection took place on 23 May 2016 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed the information we held about the service and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted a commissioner of the service to obtain their views about the quality of the service provided. We also contacted the Local Authority safeguarding team for information they held about the service. We considered this information when we planned our inspection.

During the inspection, we spoke with one person who used the service, one member of staff, a student nurse currently on placement at the home, a relative, the deputy manager and the registered manager.

We observed the delivery of care and support provided to people living at the home and reviewed a range of records about how people received their care and support. We looked at the care records of all three people living at the home and two care staff records; which included recruitment checks and training plans. We also looked at records relating to the management of the service including audit reports, complaint records, quality checks and incident and accident monitoring.

# Is the service safe?

## Our findings

Relatives told us they felt their family members were safe living at the home. One relative told us, "I feel [person] is safe at Church Parade". One staff member told us, "Everyone is safe here, people receive one to one support where required". People were supported by a staff team who were able to recognise and report potential signs of abuse. Staff were aware of the provider's policies and procedures to keep people safe and were able to tell us how they would use them. Staff told us they were encouraged to raise concerns in relation to people's safety, and felt confident to do so. This showed us people were supported by staff who had a good understanding of how to keep people safe.

The registered manager told us people were assessed in their previous environment before being accommodated in the home. They told us this was to ensure the service had the specialist skills to meet the needs of people and to ensure people's safety. Staff told us each person had an individualised risk assessment and plans to manage any potential risks to maintain people's safety. One staff member told us, "We have care plans in place and risk assessments to help us to keep people safe". During the inspection, we saw staff were following the risk assessment plans for each person when providing care and support. For example, we saw some people required one to one support at all times, we saw that this was provided and we saw people were accompanied by staff into the community where support was required. We looked at people's care records and saw people had robust records relating to the assessment and management of individual risks. The registered manager told us they completed assessments of environmental risks for example, people had personal evacuation plans. This showed the registered manager had sufficient systems in place to manage any potential environmental risks to the people living at the home.

We looked at records relating to the recording of accidents and incidents and saw these were clearly documented. We saw each accident or incident log had both short term and long term action plans in place to ensure immediate risks to people were managed, and there were plans to ensure any long term work that was required to maintain people's safety was addressed. We saw accidents and incidents were investigated appropriately and staff told us they were informed of any changes which had been made, in order to improve safety within the home. Staff told us people were supported out in the community to ensure they were safe. This showed the registered manager had robust processes in place to assess and manage risk in order to keep people safe.

People were supported by sufficient numbers of staff. Relatives and staff told us they felt there were enough staff to ensure people were kept safe. One staff member told us, "There are lots of staff here, we have enough staff". We observed some people had dedicated one to one staffing and staff were available at all times during our inspection. We found out about one person who required the need to know where staff were at all times and required staff presence in order for them to feel secure and reduce their anxieties. We observed staff provided this support and accommodated this need during our inspection. The registered manager told us about the processes they had in place to ensure they could effectively manage staff absence to maintain a safe number of staff to provide care and support to people living at the home.

People were supported by staff who had been recruited safely. The registered manager told us how they

carried out appropriate pre-employment checks to include criminal records checks and reference checks. Staff confirmed these checks had been undertaken before they were able to start working with people at the home. We looked at staff records and saw that the provider was using safe recruitment practices. The provider had sufficient systems in place to ensure staff were recruited safely, and there were sufficient numbers of staff to ensure people were kept safe.

Relatives we spoke with told us they were happy with the way medicines were administered to their family member. One relative told us, "Medicines are given on time". We looked at records relating to the management of medicines and we saw people received their medicines at the right times and medicines were stored safely. Staff told us how medicines were signed in and out by two staff members. Staff also told us about how medicines were disposed of and we saw records relating to the safe disposal of medicines. We saw there was clear guidance on how and when to administer medicines which had been prescribed to be taken on an 'as required' basis. When we looked at the records relating to medicines that were required on an 'as required basis' we saw people were receiving these medicines as appropriate. Staff administering medicines were appropriately trained and were observed administering medicines by a competent senior member of staff to ensure they were competent. The registered manager and deputy manager told us how spot checks were carried out on the administration of medicines. We looked at the management of medicines. We saw there had been two minor errors in the administration of medication between March and April 2016. For example, one person had only received one tablet instead of two. However, the registered manager had robust auditing processes in place and had identified the errors. The registered manager had made changes to the way medicines were administered and recorded to prevent future errors from occurring. The registered manager had safe systems in place to manage people's medicines and to reduce the possibility of medicine errors.



# Is the service effective?

## Our findings

Relatives told us they felt the staff team had the right skills to be able to support their family member. During our inspection we observed staff providing care and support to people. We saw the support was provided was appropriate and reflected the details of each person's care plan. People were supported by a staff team who received appropriate training and access to ongoing personal and professional development opportunities, to enable them to support the people living at the home. Staff told us they received an induction into their role which included e-learning, practical hands on training and competency checks. One staff member told us, "We were observed providing care and support and we would be asked which policies the work we were undertaking related to". They told us, "You have to show them that you can do the job". Staff told us how they observed other more experienced staff members during their induction period to enable them to get to know how people liked their care and support providing. Staff told us they received regular one to one support from the registered manager and an annual appraisal. Staff told us this gave them the opportunity to talk about their progress and discuss any further training or development needs. We looked at records relating to staff training and saw staff received appropriate training to enable them to effectively support people. The registered manager told us, and we saw, there were systems in place to ensure staff training was kept up to date. This showed the provider ensured staff received sufficient training to enable them to carry out their roles effectively.

We saw staff had sufficient skills to enable them to communicate effectively with the people they were supporting. One relative told us how the care staff had developed choice cards to help their family member decisions relating to their care and support. During our inspection we observed staff talking to people at a pace that was appropriate to them. We also observed people being communicated with using hand gestures and being provided with options by showing them objects. Relatives we spoke with told us how staff used pictorial cards to help people to make choices about their care and support. One staff member told us, "We have very good communication with the people who live here". They went on to tell us about the ways in which they would adapt their communication techniques in order to ensure people understood communications. One staff member told us how they used pictures to communicate with people if necessary. They also told us how they had a good understanding of other ways in which people might be trying to communicate their needs such as body language, use of sounds or changes in behaviour or facial expressions, in order to be able to respond appropriately to their needs.

The provider had provided appropriate training and prepared their staff in understanding the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Staff had a good knowledge of the Mental Capacity Act and how to apply the principles of this legislation.

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. We saw the provider carried out appropriate assessments of people's capacity. For example, where people lacked capacity to make a specific decision, appropriate mental capacity assessments had been

completed. The assessments followed the principles of the MCA and clearly detailed the decision that was taken in the person's best interests. Where people had the capacity to make decisions, staff ensured they prompted and encouraged this. Staff told us how they asked for peoples consent to care and support. One staff member told us, "We ask them, we also ask them who they would like to provide their care and support". During our inspection we observed people being offered a choice of staff member to provide their care and support. We also observed people making decisions in relation to what they ate and how they chose to spend their time.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw where DoLS applications had been authorised by the supervisory body the provider was complying with the conditions. Applications were regularly reviewed and updated to ensure the conditions were still appropriate and care and support was provided in the least restrictive way.. Staff were able to tell us about those people who were subject to a DoL's and what specific restrictions were in place and for what purpose. This meant that where people were supported by a staff team who ensured that people were encouraged to make decisions for themselves where possible, and people were not restricted unnecessarily or unlawfully.

People enjoyed the food. We observed lunchtime and one person told us, "It's nice". People had enough to eat and drink and were afforded choices as to what they ate and drank and at what times they would like to eat. For example, we saw a person being offered breakfast at 11am. People were able to go out to a local pub or restaurant for food if they wished and were also given the option of having a take away meal. People were supported to be involved in the planning and preparation of their own meals. During our inspection we saw people taking part in preparing their own meals and were supported and positively encouraged by staff throughout. Staff told us if someone did not want the food that they had planned for that day then an alternative option could be provided. One relative told us, "Staff are aware of [persons] dietary needs and they are being met". We saw people's specialist diets were catered for and their nutritional needs were met. Where specialist dietary input was required, we saw staff were preparing meals as per the requirements of the dieticians plans. For example, we observed people receiving foods which had been mashed down to make swallowing easier where appropriate. Mealtimes appeared to be a pleasant experience for people living at the home. We saw there were positive interactions between people and staff at mealtimes and we heard people and staff laughing and joking together. One staff member asked a person, "Is that nice?" The person responded, "It's lovely". Music was playing and people appeared to be relaxed, calm and enjoying their meals. People were supported to eat and drink where required but were also encouraged to be as independent as possible in eating their meals. People were supported to have enough to eat and drink and mealtimes were a pleasant experience for people.

People were supported to maintain good health and had access to a range of professionals when required. This included community nurses, tissue viability services, chiropody, dentistry, mental health nurses, speech and language therapists, dieticians, and GP's. One staff member told us, "We have good ties with local GP's, community nurses, social work teams and dentistry". One relative told us, "We are told about [persons] health appointments". This showed that relatives were kept informed of any health appointments people had with other professionals. We looked at peoples care records relating to the management of their health and wellbeing. We saw all medical appointments were recorded and there were notes documented in peoples care records giving information on the outcome of the medical appointment. These notes included any recommendations, changes to medicines or additional support required. We saw people received support to improve their health, for example, to stop smoking. People's general health and wellbeing was being monitored, for example any changes in weight. People were supported by staff who were able to

recognise and appropriately respond to a person's change in health, wellbeing or care needs. One relative told us, "They tell me about any changes to [persons] health or care needs". One staff member told us about how they had identified a person was unwell and took the person to see a doctor who prescribed medication to treat the person. Staff told us that any changes in peoples care needs were recorded in peoples individual care plans and was also communicated through the homes staff handover process. This showed staff were able to recognise and communicate changes to people's health and wellbeing and take appropriate action to respond to any changes to people's health or wellbeing.

## Is the service caring?

### Our findings

People were supported by staff who were caring and compassionate and made the service a happy environment. A relative told us, "[person] is well looked after and cared for, it's good quality care". They also told us, "It's very good care, the carers are very caring". One staff member told us, "The staff team are really good; they all want to care for the people living here and give them a better life". We looked at the compliments book and saw a compliment from a relative which stated, "It's a happy environment".

One staff member told us, "We put the people who live here at the heart of everything we do". During this inspection, we observed staff speaking to people in a kind and caring manner and saw staff took the time to speak with people about all manner of issues. For example, we saw one staff member talking to a person in the garden area about the weather. We saw another staff member talking to a person about what they would like to listen to on the radio and what music they preferred. We saw another member of staff talking with a person about a recent televised football match and what they thought of it. We saw staff regularly checking people's wellbeing throughout the day. For example, we saw staff asking people if they were ok and if they needed or wanted anything. People were supported by staff who cared about their needs and welfare and promoted a happy and relaxed environment for them.

The registered manager told us how they actively supported families by providing time and space for families to talk with staff. They also told us how they had attempted to develop a family peer support group. The registered manager told us how they had followed up on people's progress even after they had left the service. We looked at records relating to the support offered to families. We saw there was a low attendance at the last planned peer support session, however the service was exploring ways to encourage peer support amongst the relatives of people living at the service and to further promote family support. This showed the provider cared about the support needs of the relatives of people living at the home, and were actively seeking ways to provide care and support to them.

People were provided with choices in relation to the care and support they received where possible. The registered manager told us, "They [people] are always given choices". One staff member told us, "People are offered so much choice here". Another staff member told us "We let them choose what they want to do, we are here to support them but not to tell them what they should do". Another staff member told us "If someone wants their lunch at 11.00am we will give it to them, there is no set time, it's about giving them choice". During this inspection we saw people were able to make choices about what they ate and drank, what time they got out of bed, what they wore and what they did with their time. For example, we saw people being asked what they would like to do with their day. We saw some people spending time in their own rooms whilst others were choosing to sit and talk with staff. We also saw people being asked if they would like to go out and saw they were taken out on request. Staff told us that if someone refused care and support they would offer alternatives. For example if a person refused a bath they would offer a wash, an alternative person to deliver the personal care, or may try later in the day. One staff member told us, "If people refused to do something that is their choice". This showed that people had choice and control over the care and support they received.

People were supported by staff who respected their privacy and dignity. During this inspection we observed that people were respected. We saw that staff had a good knowledge of people's wishes and these were respected. For example we found out about one person who liked to spend time in their room we saw that staff respected this wish. We found out about a person who had the need to have constant visible staff presence in order to manage their anxieties. We observed all staff being mindful of this. We saw that staff knew which people to interact with and which people preferred to be alone. Staff told us how they promoted people's privacy and dignity. Staff told us how they would knock on people's doors before entering their rooms, close curtains when delivering personal care and attempt to make personal care as less invasive as possible. Staff also told us they would explain to people the importance of making a space private when delivering personal care. They told us they did this to improve communication and to reduce people's anxieties in relation to personal care. One staff member told us how they would encourage people to discuss private issues in a private space. Another staff member told us how they would try to ensure personal care was delivered by someone of the same gender where possible. We looked at the compliments records and saw a compliment from a relative which stated. "They take a respectful and positive approach to people". This showed staff had respect for people and promoted people's privacy and dignity when carrying out tasks of care and support.

People were encouraged to be independent. One relative told us, "They encourage [person] to be as independent as [person] can be". We looked at the compliments book and saw a compliment from a relative. It stated, "I'm so happy I could cry, my [person] has been well prepared for living in their own home". Staff told us how they encouraged people to be as independent as they possibly can be. For example, they told us how some people were able to undertake personal care for themselves, able to be involved in daily tasks such as cooking or cleaning. During this inspection we saw people being encouraged to be involved in the preparation of food. Staff told us how people were consistently positively supported, encouraged and re-assured by staff in taking part in daily activities. Staff told us that they actively encouraged independence. One staff member told us, "The aim is to get people to feel like they are part of society and that they can do things for themselves". People were supported by staff who supported and encouraged people to live independent lives.

People were encouraged to maintain relationships that were important to them. One relative told us, "I can visit when I want, but I go on the same days each week". The home had specific visits times for relatives and friends, this was to maintain routines for people and had been arranged in consultation with relatives, however there were no restrictions on visits and the registered manager told us that relatives and friends could visit when they wanted to.

## Is the service responsive?

### Our findings

Relatives told us the staff team were responsive to the needs of people living at the home. One relative told us, "They meet the needs of [person] well". They also told us, "We've seen a difference in [person] since they have been at Church Parade, [person] is more settled, it's a very good service and we are happy that [person] is there". One staff member told us, "The service is very person centred and responds to people's needs and wishes".

People were supported by staff who had a good understanding of their needs. Relatives told us how people's personal spaces had been adapted to meet their needs. One relative told us, "They have let [person] make changes to their room". They also told us, "They respond to [persons] requests". During this inspection, we saw staff responded to people's needs appropriately. We saw staff listened to people and were guided by what people wanted. For example, people were able to make changes to their environment according to their needs. We saw one person had been supported to make considerable changes to their environment and staff had acknowledged and responded to these requests in a creative and thoughtful way. Staff had respected the person's wishes and thought about the reasons why they might be requesting those changes. The staff team had then worked together with the person to come up with a solution to the environmental issue which ensured the person felt comfortable in their environment without compromising their safety. Staff told us these changes had made a significant and positive impact on the persons behaviour and had reduced the number of incidents where the persons behaviour had become difficult or challenging.

We also saw one person had chosen to stop smoking. We saw that the person was supported by staff to quit smoking by using an electronic cigarette. We observed that the person had been given a personal space to sit and smoke their electronic cigarette. We also saw that one person had a room full of sensory equipment to help them to reduce their anxieties and provide a calming space.

Staff understood and could tell us about people's individual needs and preferences. Staff told us about each person living at the home, what they liked, what they disliked and what their needs and preferences were. We saw people's preferences for personal care were on display in their own personal spaces. For example, we saw peoples bath time routines were displayed using pictures and words. Staff told us in order to find out about peoples preferences they would ask the person and speak with other professionals and relatives. One staff member told us how sometimes they were also able to notice nonverbal responses to ascertain if someone liked or disliked something. We looked at peoples care records and saw people's diversity and cultural preferences were recorded. Staff followed these when providing care and support. For example, staff told us how they supported people to practice a particular religion if they wished. They told us they read prayers to people if they struggled to do this for themselves.

People were supported by staff who had a good understanding of what might make people feel anxious, worried or concerned. Staff were able to appropriately respond to peoples individual anxieties or concerns. For example, they told us for some people this meant engaging them in an activity they enjoyed or found calming. We looked at peoples care records and found staff were implementing anxiety management

techniques in accordance with people's individual care plans. We also saw that the provider was completing regular observations of people's behaviours and were analysing people's responses to particular interventions. People were supported by staff who listened and responded appropriately to the needs of people and staff recognised the importance of helping people feel comfortable and at ease.

People were encouraged to contribute to the assessment and planning of their care and support where possible. The registered manager told us that the location was an assessment unit which worked to address behaviours that were challenging. They told us that the aim of the centre was to observe people's behaviours, produce appropriate support plans to address people's needs and support people to identify a future longer term placement. The registered manager told us people were assessed in their previous environment before being accommodated at the location. They told us the purpose of this was to identify the needs of people and assess if the unit was able to appropriately and safely respond to their needs. The registered manager was keen to ensure they were able to meet the needs of people living at the home, and told us how they would restrict admissions voluntarily to ensure they could sufficiently meet people's needs. This showed the provider was keen to respond appropriately to the needs of people.

People were supported to take part in the review of their care and relatives were encouraged to be involved in the planning and review of their family members care. One relative told us, "They discuss the short and long term plans with me". They also told us, "I go to some of the meetings in relation to [persons] care". People had weekly care review sessions with a named member of staff. This session included a discussion about what activities they had taken part in, what they had achieved and how they had made positive contributions during the week. It also included discussion in relation to nutrition and hydration updates and any specific changes in health and care needs, and how they had managed to remain safe. During our inspection we saw a staff member completing a weekly review with a person. We looked at people's care records and weekly review session documents and saw that the records contained detailed information in relation to any follow up action that was required. Relatives told us they were involved in the planning and review of care and that they were told about any changes to the care and support needs. The registered manager told us how relatives were involved in producing pictorial cards of people in their family, places they wanted to go, and people they might like to be supported by when going out to take part in activities. The staff team actively involved people and their relatives in the planning and review of their care.

We looked at people's care records and saw support plans were clear, detailed and individualised. We saw that the support plans focused on achieving positive changes. They included information for staff so they were able to recognise when people had achieved positive changes to their health, wellbeing and behaviour. We saw staff carrying out tasks in accordance with people's care plans. People had individualised getting to know me records which were a quick reference guide to people's individualised needs and preferences. These records were also used if people needed to be admitted to hospital and included ways in which people liked to be communicated with. The provider had appropriate systems in place to record, monitor and review people's care and support needs and were able to recognise when positive changes had been made.

People were encouraged and supported to follow interests and hobbies and take part in activities they enjoyed. For example, we saw people listening to music and singing along with staff members. Staff told us people were involved in planning activities which were arranged to accommodate what people said they liked to do. One staff member told us, "We arrange activities in response to what people have an interest in". Staff told us about the external trips people had the opportunity to attend such as ice-skating and a trip to the transport museum. One person told us how they liked to go to the shops. During this inspection we saw the registered manager ask the person if they would like to go to the shop and observed them taking the person out. The registered manager told us the provider had a regional hub where people could go to take

part in activities such as film night and curry nights.

Relatives knew how to make a complaint or raise a concern should they need to, and were confident their concerns or complaints would be dealt with in a timely manner. One relative told us how they had raised some concerns relating to the care of their relative and that these concerns had been dealt with immediately. One staff member told us, "The complaint process is there to help us to improve the service". We saw records of complaints appropriately documented, investigated and outcomes were recorded.

The registered manager told us they had good communication with other professionals involved in the care of people living at the home and that multiple agencies and relatives were involved in the coordination of care when transitioning people to longer term accommodation. They also told us how they would check how the person had settled into their new location by following up with telephone calls. This showed the home was keen to ensure that the people's transition of care was seamless and successful.



## Is the service well-led?

### Our findings

The service had a registered manager in post. The registered manager was appropriately notifying us about important events that they are required to do by law, such as serious injuries.

Relatives and staff told us the registered manager was friendly and approachable and a visible presence in the home, they told us how they could talk to the registered manager about anything. One staff member told us, "The manager has an open door policy". Another staff member told us, "I can go to the registered manager when I need to". Staff told us how the registered manager took a hands on approach to support staff when required. One staff member told us, "The manager will come and speak to you and ask you if there is anything she can help you with". They also told us, "The manager is willing to help you out anytime, they are wonderful". Another staff member told us "The registered manager will come and support if we need help". This showed that relatives and staff felt that the registered manager was approachable and had was able to provide practical help and support to staff and relatives.

Staff were well supported by the registered manager and had a clear understanding of what was expected of them. Staff development was encouraged. For example, staff were being delegated lead projects to support their professional development. The registered manager was supported by the service director. They told us the director visited the home regularly. The registered manager also told us how they were supported by other registered managers at other locations and how they received peer support sessions to discuss best practice and take support from one another. This showed that staff and the registered manager had a good understanding of what was expected of them and that they were supported to carry out their duties. Staff were encouraged to develop their skills in order to help them to provide appropriate care and support for people.

Relatives told us the registered manager was proactive in addressing any concerns or issues they raised. Staff told us how the registered manager had open lines of communication with the staff team and how they were encouraged to raise issues or concerns. One staff member told us, "If I am not happy with something I will be open and honest with the registered manager". Staff told us they had regular team meetings and internal communication was good. One staff member told us, "There is good communication in the team". Staff were clear about the homes ethos, vision and values and we saw these were demonstrated in the practices of staff during this inspection. For example, staff told us that they aimed to stabilize behaviours that were challenging and support people to live independent lives so that they could move people into longer term accommodation. Staff told us there was a good sense of teamwork within the home. One staff member told us, "It's fantastic; it's amazing how staff are willing to help and support you". The registered manager promoted an open and supportive culture within the staff team and staff felt confident to raise any issues or concerns relating to the home or the care of people.

Relatives we spoke with told us that they were involved in the development of the service through the use of feedback systems such as complaints and compliments. The registered manager told us how they involved people who use services to support the recruitment processes and quality assurance processes. This showed the provider was keen to involve people and relatives in the development of the service. We saw the

provider produced a local newsletter which enabled people and relatives to be kept up to date with information on what was happening at the service and any changes or improvements being made. The registered manager was keen to keep people, professionals and relatives up to date with service developments.

One staff member told us, "The registered manager is always seeking ways to constantly develop the service". The provider had robust audit processes which were being undertaken regularly to include health and safety, medications, moving and handling equipment, finances, DoL's applications, care plan audits, personnel file audits, water hygiene, fridge temperature checks and spot checks on staff. The registered manager also told us how the provider carried out internal checks by getting registered managers to look at the quality of services at other locations in order to improve quality and share best practice. We looked at audit records and saw each audit had an action plan to ensure improvements were made. The registered manager told us how incidents were analysed and processes were in place to ensure provider learned from any mistakes. Audit findings were communicated to staff via a range of processes such as team meetings and supervisions. Staff were able to tell us about improvements which had been made in response to concerns that they had raised. For example, one staff member told us how there had been changes made to the minute taking of team meetings to improve communication and keep an audit trail of discussions held between staff. The registered manager told us how staff training records used to be kept at head office but they were now kept at the location. This was to improve the monitoring of staff training at a local level, to ensure that staff received regular training and core training updates in a timely way. The registered manager also told us about changes to the storage of medicines in response to an audit that identified minor errors in the administration of medicines. Staff had a good understanding of the roles and responsibilities of the Care Quality Commission (CQC) and the standards they were inspected against. The registered manager had introduced an evidence folder to capture service developments against the key lines of enquiries CQC inspect against. This showed that the registered manager was keen to develop the quality of care and support provided to people in line with CQC's standards of care. They were also keen to ensure all staff were clear about the standards that were expected of them and involved them in the quality assurance processes at the location.

Staff told us they had good partnerships with other organisations and the registered manager told us how a number of agencies were involved in the assessment of people's care needs. For example they told us how the local authority were involved in the assessment of people before they were placed in to the home and how there were various agencies involved in the transfer of people to other accommodation. We look at records relating to how the registered manager was working in partnerships with other organisations, for example care and support plans and minutes of meetings. We saw the registered manager attended regular meetings with the local authority to discuss the care of people living at the home. This showed that the registered manager was keen to work in partnership with other agencies to improve communication relating to the care needs of people, and improve the overall care provided to people living at the home.