

Friendship Care And Housing Association Limited

Romsey Winchester Avenue

Inspection report

46, 48 50 Romsey Avenue
and 81, 81a, 83 and 85 Winchester Avenue
Nuneaton
Warwickshire
CV10 0DR

Tel: 02476848143
Website: www.fch.org.uk

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 4 August 2016. We gave the provider 24 hours' notice of our visit to the service. This was to ensure people and staff would be available for us to speak with.

Romsey and Winchester Avenue specialises in providing 24 hour supported living 'aftercare services'; primarily for people who have been detained under the Mental Health Act 1983 and then discharged from certain sections of the Act. The provider works closely with other professional organisations in providing the agreed care and support people need.

The provider is registered to provide accommodation and personal care for up to 13 people who live in individual flats situated on Romsey Avenue and Winchester Avenue. These flats are located in seven neighbouring properties, each identified by their own house number. The registered manager has an office located in one of the occupied homes, 46 Romsey Avenue. This property had a communal lounge and kitchen area which meant people living in their individual flats had an area they could meet in if they wished, away from their own home and meant people could get together to socialise. At the time of our visit, 12 people received care and support.

This service was last inspected on 31 May 2013, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This service had 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 and associated Regulations about how the service is run.

People enjoyed living at Romsey and Winchester Avenue and they considered it their home. People received care that enabled them to live their lives to the full, as people's needs and their wishes were placed at the forefront of the service. Staff consistently included people in making their own decisions and care was delivered in partnership with their wishes. The provider recognised the importance of including people's wishes and centred people's care and support around their expressed wishes and needs. This was achieved by including people and their families or representatives when care decisions needed to be made or reviewed. This ensured people agreed to their care and all of their care needs matched their individual requirements, abilities and preferences, from their own personal perspective.

Care plans contained relevant information for staff to help them provide the individual care people required. People's care and support was provided by a consistent, experienced and knowledgeable staff team. Staff knew people very well and staff provided the care in line with people's agreed care records.

The provider and registered manager's values were understood and consistently applied and shared across the staff team. The vision of supporting people with mental illness was at the heart of the service and was

shared by the staff team that supported people living there. Staff were enthusiastic and positive about their work in enabling people to improve their mental health and be as independent as possible. People were encouraged and supported by caring and compassionate staff to follow their agreed mental and physical care needs. Staff were well trained and effectively used their skills and knowledge to develop trusting relationships with people using techniques in response to individual needs.

People told us they felt safe living at Romsey and Winchester Avenue and staff knew how to keep people safe from the risk of abuse. Staff understood what actions to take if they had any concerns for people's wellbeing or safety.

People were supported to pursue various hobbies and leisure activities which enabled them to strengthen and build relationships within the home and wider community. Potential risks were considered positively so that people did things they enjoyed and kept in touch with those people who were important to them. Where potential risks to people's safety were identified, these were kept under regular review and enabled them to live their lives with minimal restrictions. Staff provided person centred care which was designed and delivered in line with people's wishes. Staff constantly promoted people's independence whenever possible; towards achieving individual goals.

People were involved in menu planning and had choices about food and drink. People said the food was good.

People, other healthcare professionals and relatives feedback on the service was sought by the provider. Analysis ensured improvement actions were taken to improve the service.

People told us they felt they could raise concerns or complaints if they needed to because the registered manager and staff were always available and approachable.

The provider had quality monitoring processes which included audits and checks on medicines management, care records and staff practices. Where improvement was needed, action was taken.

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 felt safe living at the home and they were supported by enough staff who were available to provide their care and support. Staff understood their responsibilities to report any concerns about people's safety and to minimise risks to people's wellbeing. People were supported with their prescribed medicines from trained staff. Regular medicines reviews ensured people received their medicines safely and which supported their mental wellbeing.

Is the service effective?

Good ●

The service was effective.

Staff were trained and knew people well so they could effectively meet their individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gained consent from people before supporting them with personal tasks. The registered manager understood and worked within the principles of the Deprivation of Liberty Safeguards. Staff referred people to healthcare professionals when needed and worked closely with healthcare and other professionals involved in supporting people's specialist care and support.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's needs. Staff had a good understanding of people's preferences, how they wanted their care delivered and how they wanted to spend their time whilst promoting independence.

Is the service responsive?

Good ●

The service was responsive.

Staff continually looked at ways to engage people and supported

people in line with their agreed care needs; putting their skills and knowledge into practice. Staff followed guidance and were proactive in recognising when other healthcare specialists were needed. The registered manager and staff put people first, involving them in how they wanted their care delivered. Individual care plans were detailed, personalised and contained information to enable staff to work with people consistently which is important for people with mental health needs. Staff knew how to respond to people and help people whose behaviours challenged them and others.

Is the service well-led?

Good ●

The service was well led.

The provider's culture, vision and values were demonstrated by the registered manager and staff, which resulted in a positive culture that valued people as individuals. People were encouraged to share their views and give feedback on the quality of the service. The provider's systems to monitor the quality of the service provided to people encouraged people to share their thoughts and voice concerns so improvements where needed, could be made.

Romsey Winchester Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 August 2016 and was announced. The provider was given 24 hours' notice because the location supports people with mental health, so we wanted to provide an opportunity to speak with people living at the location. The inspection was carried out by one inspector.

We asked the provider to send us 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. Due to a misunderstanding on our part, the provider did not have enough time to submit a PIR. However, we offered the registered manager the opportunity to share information they felt was relevant, such as what they did well, what could be improved and areas they wanted to develop in the future.

We reviewed the information we held about the service. We looked at information received from relatives, whistle blowers and other agencies involved in people's care. We spoke with the local authority, who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service we spent time during the visit talking with people in the communal lounge and in their own homes. This was to see how people spent their time, how staff involved them and how staff provided care and support to people when required.

We spoke with four people who lived at Romsey and Winchester Avenue to get their experiences of what it was like living there. We spoke with the registered manager and four care staff who provided people's care and support.

We looked at two people's care records and other records including quality assurance checks, medicines

and incident and accident records.

Is the service safe?

Our findings

All of the people we spoke with enjoyed living at Romsey and Winchester Avenue and equally important, felt safe. We spoke with four people who all told us they felt safe because staff looked after them well and were available to call upon, 24 hours of the day. One person told us this was really important for them. They said, "Years ago I lived on my own and I was terrified...I couldn't cope with it." They said, "It's not like that here." They went on to explain they had built positive relationships with people they lived with and staff which made them feel secure and less vulnerable. People told us they felt comfortable in the presence of staff and no one had supported them in a way that made them feel uncomfortable. People knew who to contact if anything untoward happened and there was information in each property that provided contact details to relevant authorities. One person told us, "No one had done anything I have not liked, and if they did, I would tell the office, and we have telephone numbers to call."

All the staff we spoke with knew and understood their responsibilities to keep people safe and protected from harm. Staff were aware of the different signs of abuse and who to report their concerns to. One staff member told us, "I would report it to safeguarding teams (local authority) and the manager." All the staff told us they had not seen anything that gave them concern. Another staff member said if I did, "I would report it, write notes and inform the safeguarding team." Staff recognised signs or different behaviours that may indicate people were unhappy and staff said they would speak with people to find out why, in case people felt unsafe or worried. The registered manager understood their responsibilities to notify us and explained the actions they would take if staff or they suspected abuse. The registered manager said, "I would consider calling the Police, safeguarding, tell you (CQC) and make sure the person was safe and removed from harm."

Risk assessments and care plans identified where people were at potential risk, the likelihood of the risk occurring, the severity of the risk and if it did occur, the actions that should be taken to minimise the potential risk. Records showed people were involved in assessing and managing their own risks which were included in their care plans, for example, risk assessments when they were away from the home, people who smoked and people at risk of self harm. Staff understood the risks associated with the types of care and physical and mental support people needed, especially people who needed support promoting their social skills and involvement. One staff member said, "I have read everyone's risk assessments, I follow them to the letter." They told us they thought the risk assessments provided clear guidance in how to protect people from identified risks. Staff recognised when people were at risk, we saw they balanced the risk against letting people lead as full and independent lives as possible. The registered manager said they had a lot of risk assessments in place and these were continually under review, to ensure they kept people protected.

People told us there were enough staff to meet their needs. One person told us, "Staff take me out, they go out with me to the shops." Another person said there were always staff available and a staff member was on duty throughout the night which they liked as it made them feel at ease, knowing support was available when needed.

Staff felt there were enough staff on duty to support people to meet their individual needs and keep them

safe. One staff member said, "A lot of tenants (people living in each flat) go out on their own and there is enough staff to support people to do this. " They said, "If there are appointments, we always have staff who can attend without leaving others short of staff." The registered manager told us staffing levels were based on the needs of people living in the home. They said staffing levels could be increased if necessary, for example, if someone's needs changed unexpectedly, and they needed additional support. The registered manager told us they reviewed the staff allocation and were satisfied there were enough staff to support people safely. There were five staff members that supported 12 people, which reduced to four staff from mid-afternoon. The registered manager said most people went out on their own, without a staff member, but staffing levels allowed for those people to go out, with a staff member if required (in case people felt anxious). They told us this meant there were enough staff to support those people who chose to stay in their own flat or communal areas.

People told us they received their medicines at the right time and as prescribed. People received their medicines from trained staff. We spoke with a staff member who told us their skills had been checked to ensure they administered medicines correctly. The staff member said, "I have been observed, the manager checks." They said they were pleased with this arrangement as it gave them confidence they administer medicines safely. The registered manager told us they regularly checked staff's competence to make sure people's medicines were managed safely.

Some people kept their own medicines in their rooms as they were able to administer their own medicines, while other people told us their medicine was kept securely by staff in the home. Where medicines were kept in the person's own room, staff made regular checks to ensure medicines were taken as prescribed. The four Medicine Administration Records (MARs) we looked at were signed and up to date, with no gaps in recording. Regular stock checks and audits were completed and checked against the MARs which ensured people continued to receive their medicines safely and as prescribed.

Is the service effective?

Our findings

People told they liked staff and found staff knew what to do, and how to support them on a daily basis. People said staff were always available and when they did anything for them, it was to their satisfaction. People could not tell us whether they felt staff had received essential training, but from people's comments we knew they felt comfortable and supported.

Staff told us they felt they had the right skills, training and experience to carry out their role effectively. Staff said they completed an induction which involved shadowing experienced staff members before they provided care on their own. One staff member told us, "The induction was really good. I read all policies and procedures and I have a learning log which I have put into practice." They told us, "I did a lot of shadowing, until I was happy." They said they were introduced to people during their induction which helped them forge relationships with people which they said made it easier when they began caring for them.

Staff told us their training enabled them to ensure people's health and safety needs were met. They told us they could request additional training at regular one to one supervision meetings and at staff meetings. One staff member told us they had completed all of their training but said if they wanted additional training, this could be provided.

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 to comply with the Deprivation of Liberty Safeguards (DoLS). People were treated under the Mental Health Act, but we found people had capacity to make their own decisions. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure people's freedoms were effectively supported and protected.

The registered manager understood when and how to apply for a DoLS authorisation. They were proud to tell us no one had a DoLS in place, saying, "Everyone can come and go as they please, no one is restricted." We found everyone could go out on their own, or with staff support if they wanted, however one person chose to go out with staff because this made them feel more at ease, rather than their freedoms being restricted. The registered manager understood people were vulnerable in different ways and protected people where possible, which supported them to be as independent as possible away from the home.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care. We saw that, in line with the requirements of MCA, staff told us they presumed capacity unless they had reason to believe otherwise, and that they tried to encourage people to be as independent as possible. People we spoke with told us staff helped them to be independent, which included making their own day to day decisions.

People told us they enjoyed the food on offer and were given choices about what they wanted to eat. One

person said, "We do a shopping list then get what we want." Another person said, "I enjoy baking and I bake a lot of cakes." Staff told us this person baked cakes mainly for staff and other people living in the home. A staff member said this person enjoyed the practical skills of baking, rather than eating the end product. People were supported to cook their own food and shopping lists were put together based on what people wanted to eat. Staff supported people where required to make sure people had a nutritious and balanced diet. A variety of snacks and drinks were available so people could help themselves whenever they wanted.

No one living at the home had risks associated with eating and drinking. Staff told us they knew people's individual requirements, such as people who were diabetic or who had allergies, so they made sure people received their food, drink and support in a way that continued to meet their needs.

People told us they had access to and used services of other healthcare professionals. One person we spoke with told us, "I am diabetic so I have regular eye checks and foot care." Staff arranged for urgent appointments if people's behaviours caused them concern. During our visit, one person had an appointment with their psychiatrist to review their medicines management. Staff followed up on this advice and made further appointments with their GP. People and records confirmed they received care and treatment from other health care professionals such as their GP and clinical psychologists. Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. The registered manager told us any advice was followed.

Is the service caring?

Our findings

It was clear from our inspection visit, people and staff were comfortable and respectful in each other's presence. People told us they liked the staff and we saw some people smiled when staff greeted them. People liked to spend their time with staff whether in or outside the home. During our visit, people were supported by staff to go out to the local shops to buy personal items.

People were relaxed in their company. One person said, "I love living here, we are very well looked after and I like all of the staff." Another person said, "I like it here, the staff are very nice." This person went onto explain how kind and caring all the staff had been to them, especially at certain times when they felt unhappy, saying, "Staff make sure I eat well and help me get out of bed...I used to stay in bed all day but it's not good for me...I have got better."

Staff told us it was important they built up trust with people they supported which meant it was easier to help people achieve their goals and ambitions. Staff said they did this by supporting people how they wanted, when they wanted it and allowing them to do things for themselves, without taking control. One staff member said, "I am an active listener, I see what they need from me but not take over." They said it was vital for people to have their own independence, saying, "It's not good if I do everything." We were told some people's goals were to support them to live independently and the way staff promoted independence, would help people learn those skills.

People were complimentary about the staff and they told us staff knew how to care for them that helped promote their independence and how they lived their lives. All of the people we spoke with said they were pleased with the support they received. One person told us, "I like to cook, staff help me." This person also told us, "Staff help me with my appointments and make sure I return when I should." Another person said they were able to go out every day and said, "I have to tell staff when I will be back, it's only reasonable." They told us they got on well with the staff and registered manager.

People we spoke with told us they were encouraged to make their own day to day decisions. These included decisions about what they wanted to wear, times to go to bed and get up, what they wanted to eat and drink and how they chose to spend their time. One person said, "It's a nice place, I go out with staff and I can go where I want." They said, "I can do things myself like have a wash, getting dressed, I don't need help with that as I am okay." Another person told us, "We are very well looked after." They added, "I like all of the staff." They said they enjoyed living at the home because, "You can have independence and support whenever." They told us they were able to leave the home on their own which they were fine with and said, "I can come and go as I please but I have to tell the office-that's only reasonable." They said they needed support with tasks such as preparing their meals and cleaning their room.

Staff supported people to make their own day to day decisions and provided reassurance when people made those choices. Staff we spoke with told us they got to know people by talking with them and checking their care plans. Each staff member was a keyworker for one or more people which meant they had an increased knowledge about some of the people they supported, this provided people with a staff focal point

to raise any questions or discuss their care needs. From speaking with staff, we found they had good knowledge of everyone living at the home. Staff we spoke with knew people's preferred methods of communication, such as how you spoke to people, the way you spoke to them and how this affected their decision making. Staff said they knew how to react and respond to people's changing behaviours. We saw throughout our inspection visit staff took action to reassure people in the way they preferred, particularly when people were upset or not feeling well.

Every staff member we spoke with said they enjoyed working at the home. Comments made were; "It's lovely, I love the people, the staff and the manager" and "I love supporting people." The staff team had worked at the home for a considerable amount of time which helped people receive care from a consistent and knowledgeable staff team.

People said staff understood their need for privacy and told us they felt respected because of the way staff supported them. People gave examples of how they felt respected, such as staff listening to and letting them make their own decisions in what they did. People spent time in their own individual room, house or bungalow and said this was their home and if anyone or staff visited, they knocked and waited to be invited in before entering.

Staff understood the importance of maintaining people's confidentiality. We saw people's personal and sensitive information was managed appropriately. Records were kept securely in the staff office, so that only those staff who needed it could access those records. People could be assured their records were kept confidential.

Is the service responsive?

Our findings

People told us they enjoyed living at Romsey and Winchester Avenue, one person said they liked living with the people and support they got from staff. They said, "I give it 10 out of 10. In my mind, this is the best I have ever had."

The registered manager told us about each person they supported and the complexities of their care and support needs. For example, some people were at risk of self harm, severe depression and paranoid schizophrenia. The registered manager told us people's previous care settings increased people's anxieties and behaviours because they had received care in an institutional setting. They told us this created behaviours that increased the challenges staff faced in providing the right support people needed. The registered manager and staff constantly worked with people to overcome their previous experiences and to help people understand, staff were there to support them in a way they wanted, which focussed on promoting their mental and physical health. Staff told us they treated everyone as individuals and spent time with them working out what style and approach worked best, to get the best outcomes for people.

The registered manager and staff engaged with people in such a way that it was obvious they knew people as individuals and tailored their approach to provide support in a person centred way. They recognised that people led very different lives before they came to live at Romsey and Winchester Avenue, and that this presented itself in people's different personalities. The registered manager told us about how people they supported lived with mental illness and how this affected them individually. They said, "You have to talk to people at their level." The registered manager said, "For some people no means no, you don't push it." They explained if you did, it would cause the person stress and anxiety. They said, "We know what signs to look out for and how people are."

For example, the registered manager told us how one person had recently moved to the home. They said there had been a 'period of settling in' and the person's moods and behaviours were variable saying, "We take it day by day." They explained the person was not well during our inspection visit and although they offered support from a GP, the person refused. They told us leaving the person, but checking every now and again with different staff, had built up trust and the person agreed for GP support to be requested, if they did not feel well within an agreed time period. The registered manager and staff knew that seeking people's agreement was vital to getting the best outcomes for people they supported.

The registered manager and staff knew people well and put people at the heart of what they did. They told us some people had previously been moved from other homes and had not had a stable environment which in some cases, had a negative effect on their behaviours. The registered manager said it was important for people with mental health concerns to have a consistent environment with familiarity. They told us, "This is what we provide." They gave us an example where a personal change in circumstances for one person would not have been beneficial to their overall mental wellbeing. They told us because they knew the negatives this would have on this individual, they fought this decision with the person's agreement. They told us the personal difficulties this person would have faced, such as significant emotional stress. They said their challenge had been successful and the person continued to live at the home which was what they

wanted.

Proactive actions from staff, gave people the freedom to live their lives how they wanted, with minimal restrictions but continuing to maintain their health and wellbeing. Staff were quick to recognise and respond when people needed support and we saw staff regularly consulted external professionals, so staff could find out the best way to care for people and promote their well-being and safety. For example, during our visit we were told about people who wanted to spend time away from the home, sometimes staying overnight with friends. Staff knew one person who regularly stayed away overnight, required time critical prescribed medicine. Over a couple of weeks they had not taken some of these important medicines to maintain their mental well-being. Staff looked at ways of balancing this person's independence, rights to a private life, against their duty to provide the right care and support. During our inspection visit, we were told staff had arranged for this person to see a psychiatrist that afternoon to see if there was a solution. When staff returned from this appointment, they told us and the registered manager, this person's medicines was not time critical and were going to speak with the GP to check.

People had a wide range of complex care needs relating to their safety, mental and physical health and previous life experiences. Staff told us about the values and approaches they used to help people, but recognised their help may sometimes be refused. This involved trying different ways to support people, sometimes over long periods of time. One staff member explained, "I want to make sure I get people's trust, I want to help. I try to promote independence as much as possible. Another staff member said if they tried to help someone who said no, they would leave them for a short while, or ask another staff member to talk with them. One staff member said, "This usually works."

Staff explained how their own individual and team approach made a difference to people's lives. Staff gave us examples of how people living at the home were now able to identify and talk with confidence about their personal achievements. We saw the values staff demonstrated and the approaches staff used had a positive effect on the people they cared for. People told us the way they were supported empowered them to make decisions about their own care and live their life how they chose. We saw this happen throughout our inspection visit. For example, some people chose to smoke, sometimes excessively even though they understood the risks this posed to them visitors, and to staff. Supporting this person's right to do as they chose, in one example, the provider installed an air purifier in the person's room so any family and visitors were not adversely affected by the air quality. People said the support they received from the staff team enabled them to make their own day to day choices and develop their independence and social skills. One person told us the support and approach from staff meant their, "Skills (social and domestic) were improving because of the help I get."

People said they were given excellent opportunities outside the home to enjoy life. People said the things they did with the support of the staff team, meant they were protected from the risks of social exclusion and loneliness. They enjoyed living at the home and were supported by staff to do things they wanted to do. For example, people said they could go out and return home whenever they wanted. They told us they were able to do lots of things which interested them. One person told us how much they loved seeing their friends and going the shops. Another person told us how much they enjoyed keeping fit by visiting the local gymnasium. Some people said they had a day out, "To Blackpool" and really enjoyed, "The sea, sand and chips."

People were involved in the support they received, and were central in deciding how their individual risks were managed which enabled them to lead independent, but supported lives. They were empowered to make key decisions about important areas of their care. People told us they were involved and asked about how their care was delivered in the best way for them. One person said, "They talk to you, help you out."

They said they enjoyed living at the home and said they got on well with others who lived there. They explained they liked to be independent and go out and, "I go out most days into town. I stay at friends, but they know when I am coming back." Another person said they were satisfied with the support they received and said their family were very much involved in decisions about their care which is what they wanted.

People's records were personalised to them and regularly reviewed, so they continued to receive the right care and support they needed. External healthcare professional's decisions had been recorded and taken into account when individual people's care was planned and agreed. These care plans included a personal profile, important relationships and care plans for their mental health, mobility, medicines and preferred lifestyles plans which were set around achieving goals. People's care plans and individual risk assessments were flexible and creative to provide people with a service that was responsive to when their needs.

Staff gave us examples of how they worked with people to support their unique needs. Staff explained by knowing people's life histories and preferred ways of communicating they were able to support people to lead in planning their care. One staff member told us how staff supported people to keep in touch with those who were important to them, such as family and friends. All the staff said they tried to find the best way to work with each person so they continued to express themselves in a safe and meaningful way. Staff told us they had time to read care plans and regular communication with staff at handover and the registered manager, ensured they were kept updated about people. One staff member said they found handover useful because they were told about how people were feeling 'in the here and now' and any upcoming recent health appointments, or outcomes of other healthcare professional visits.

Staff said they helped people organise their days if needed or supported people to make up their own mind what they did, dependent on how they felt that day. If people's behaviours made them feel down, staff recognised this and helped boost people's feelings with encouragement. For example, one person said they spent a lot of time in bed which in their words, "Was not good for me." They told us staff asked them how they were, explained the benefits of getting up and being involved. They told us this approach helped them and they now get up at a sensible time of day and get more fulfilment. They said, "I go to see my friends now which I like."

Some people were consistently and actively encouraged to maintain important links with family. One person living at the home told us their relation was very much involved in their care. The registered manager and staff knew this and when this person had to make some decisions, they understood their family played a vital role in decisions and gave them plenty of time for discussions before any agreement was jointly made.

People said they were very much involved in how the service was provided and had regular opportunities to feedback to the provider. One person said, "We have regular tenants meetings and house meetings. They said they enjoyed these because, "We get to say what we like, what we want to do." They said ideas they suggested, had been acted upon, for example, day trips to the seaside. They said, "We have been to Weston Super Mare, it's my favourite place." They said in a few weeks' time they were going on holiday with family. They said staff organised their medicines when they went away so they knew that to take and their family would prompt them at the necessary time.

People we spoke with said they had not needed to make any complaints about the care received because the registered manager and staff took swift action to resolve any concerns they had. Everyone we spoke with and staff confirmed, would be able and confident to raise concerns if they were not satisfied. All of the people we spoke with told us if they had any concerns they would speak with staff or the manager to resolve them quickly. Staff and the registered manager said they knew if people were not satisfied, they needed to

take prompt action as they knew it could affect their mental wellbeing.

People felt confident if they wanted to raise a complaint staff would listen to them and take the necessary action to resolve it. Staff told us they knew how to support people if they wanted to make a complaint about the care they received, or anything else that may be troubling them. The registered manager said they had not received any formal complaints and said they were proud of this because it showed when people raised any concerns, they were addressed before they became a formal complaint. The registered manager said, "We have none and I'm proud of that, you can't let it get that far, you need to sort it out." The registered told us the provider's policy was to record all complaints and respond within prescribed timescales and carry out any necessary investigation to determine what had led to the complaint, and actions to prevent further complaints reoccurring.

Is the service well-led?

Our findings

People felt confident to approach the registered manager and staff team. All of the people we spoke with said they enjoyed living at the home. One person said, "I get the help I need, the staff are there to help me." People said they felt comfortable raising any issues and the open culture within the home allowed for this.

The registered manager said they had an open door policy where they were available throughout the day for people to raise issues or queries with them. In some cases, we saw the registered manager continually went out of the office to check and see how people were. During our inspection visit we saw people entered the office to talk with staff and the registered manager. The registered manager said allowing people the freedom to have access to them reduced potential tensions and meant minor issues were quickly dealt with.

We asked the registered manager what they thought was a success at the home. They told us they were proud of what they and the staff team had achieved for people. They told us, "I am most proud that people are valued. Staff are happy and I look after them all." The registered manager recognised team work was very important and said, "Without them I have nothing, we are flexible."

The staff we spoke with were extremely complimentary of the registered manager saying they were very supportive, approachable and understanding. One staff member described one situation where a person living at the home was initially hesitant when being supported by them. This staff member said, "(Registered manager name) talked to me, explaining what I could do, other ways to look at things." They said, "I know people (staff) might say this, but when I say the manager is really supportive, she really is." Night staff said there was an on call system they could call if they needed help, support or advice in an emergency.

Staff understood their own responsibilities at Romsey and Winchester such as their roles, roles of others, administration, updating care records and health and safety. Staff we spoke with had a clear understanding of what was expected of them. The registered manager said this was important because it helped ensure staff's time was spent supporting people and tasks were not duplicated or missed.

Staff told us their key aims were to support people to achieve their personal goals. Staff said this was made easy because they felt supported and motivated by the registered manager and each other. Staff told us they wanted to 'make a difference' to people they supported. It was clear speaking with staff they wanted to work there and wanted to support people. One staff member told us, "This is a good staff team, we all get on."

Staff told us they shared their views at staff meetings and regular supervision meetings which gave them opportunities to raise any issues or suggestions. Staff said they were able to voice their opinions and were confident any ideas for improvements would be listened to. Staff said it was also a chance to discuss any new training opportunities. Staff said these meetings made them feel valued within the organisation.

The provider had systems that ensured people's voice was heard. For example, people told us they were

involved in monthly 'tenants and house meetings'. Minutes showed who attended and ideas that people discussed. People said their ideas were listened to and acted upon. For example, going out on day trips. People's relatives and other healthcare professionals' views were also sought by completing a quality survey. We saw survey results from the last survey in 2015 and for each question, people gave positive scores. The registered manager said they were pleased with the results and if any negative comments were made when the 2016 survey was completed, these would be followed up.

The registered manager had systems to monitor and audit the quality and safety of the service. Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they analysed incidents for any emerging patterns and took measures to reduce the potential of further incidents. The registered manager said the low number of incidents and accidents did not identify any concerns to them, but would take action where required. The registered manager said the provider also analysed them to make sure no patterns emerged. This analysis made sure necessary measures could be taken to help keep people safe.

The registered manager completed a range of audits such as health and safety checks and medication audits to ensure people continued to receive a safe service. Where issues were identified, actions were taken. For example, regular medication checks ensured stock balances were checked to reduce errors, and to ensure people received their medicines as prescribed.

The provider monitored and audited the quality and safety of the service provided. Records showed that unannounced senior manager's visits had been undertaken to check that the homes were run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.