

Milestones Trust

121 Watleys End Road

Inspection report

121 Watleys End Road
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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?

Outstanding 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 25 August and 2 September 2015.

121 Watleys End Road provides accommodation, nursing and personal care for 14 people. People who live at the home have learning and physical disabilities. There were 12 people living at 121 Watleys End Road at the time of the visit with complex and high support needs.

There was a registered manager in post. 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.

Due to the registered manager having a period of absence a temporary registered manager from another service was supporting the home.

Summary of findings

People were being supported with activities both in the home and the community but this was not always being recorded. Staff demonstrated a commitment to providing people with opportunities to go out into the community, participate in social clubs and activities in home.

However, it was acknowledged that they did not always have the staff to be able to do this due to the high support needs of the people they supported. Therefore, people were not always receiving their funded day care hours. This was discussed with an area manager who provided us with an action plan by the second day of our inspection. The plan was clear and demonstrated how they would be addressing this shortfall. This included providing additional day care staff to support the team in providing activities for people.

People's medicines were managed safely. People were protected from abuse because staff had received training on safeguarding adults and they knew what to do if an allegation of abuse was raised. Recruitment processes were robust ensuring people were protected against unsuitable staff supporting them.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review. Care was effective and responsive to people's changing needs. Staff used different forms of communication to enable them to build effective relationships with people. This was important as many of the people used non-verbal communication to express how they were feeling.

People had access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was positive in respect of the care being provided.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. The registered manager had submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation. People were supported to maintain contact with friends and family.

Staff were knowledgeable about the people they supported and spoke about them in a positive and caring way. Staff had received suitable training enabling them to deliver safe and effective care and this was kept under review taking into account the changing needs of people.

The service was well led. Staff confirmed they received support and guidance from the management of the service. Checks were being completed on the quality of the service, with action plans being implemented to aid improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to any abuse. Staff were trained in how to follow the procedures.

People were cared for in a safe environment that was clean and regularly maintained. People were supported taking into account any risks ensuring their safety. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs. Improvements were being made to ensure there were staff to support people with activities. Robust recruitment checks ensured staff were suitable to work at the service.

Good



Is the service effective?

The service was effective.

People were encouraged and made day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon.

People were supported by staff who knew them well and had received appropriate training.

Good



Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

Positive interactions between people and staff were observed. People were relaxed around staff. Staff used a variety of methods to aid communication with people.

Care at the end stage of life was co-ordinated taking into account the wishes of the person and their relatives involving other health and social care professionals.

Outstanding



Is the service responsive?

The service was not fully responsive

Requires improvement



Summary of findings

Improvements were needed to ensure the service to responsive to people's needs. This was because people were not being provided with the number of hours they were being funded for in respect of activities and social occupation.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans clearly described how people should be supported with their daily routines.

People were able to keep in contact with friends and family. Where complaints had been made these were listened to and addressed.

Is the service well-led?

The service was well led.

Staff felt supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

The provider ensured staff were supported by a management structure in the absence of the registered manager.

The quality of the service was regularly reviewed by the provider/registered manager and staff. There were aware of what needed to improve with an action plan in place with clear lines of accountability and timescales.

Good



121 Watleys End Road

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 was 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 was an unannounced inspection which was completed on 25 August and 2 September 2015. One inspector carried out this inspection. The previous inspection was completed in September 2013 and there were no concerns.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health care professionals and an independent advocate to obtain their views on the service and how it was being managed. This included the local community learning disability team, a positive behaviour support manager, a GP and a health care professional.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and training information for staff. We spoke with seven staff, the temporary manager, an area manager and the head of learning disabilities residential services. We spent time observing people. This was because many of the people living at 121 Watleys End Road used non-verbal communication.

We visited the main office as part of this inspection process. This was because not all the recruitment information was held in the home. We looked at three recruitment files.

Is the service safe?

Our findings

People living at 121 Watleys End Road used mainly non-verbal communication. We spent time observing people and their interactions with staff. Some people were actively seeking out staff throughout the inspection. People were supported to access all parts of their home safely.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. These covered all aspects of daily living. For example, there was a risk assessment, explaining the risks to some people in relation to sunburn this was because some medicines increased the risks of them burning. Risk assessments included the action staff must take to keep people safe. These had been kept under review and other professionals such as occupational and physiotherapists had been involved in advising on safe practices and equipment required.

Safe systems were in place to enable people to use the home's vehicle to access community facilities. The vehicles were suitable for people who used wheelchairs. Regular checks had been completed to ensure the vehicles were roadworthy and fit for purpose.

The front door of the property had a key code because people were not aware of the risks in relation to road safety. People had access to a secure back garden leading from the conservatory. The home was fully accessible to people using a wheelchair.

Many of the people living in the service required support from staff to move around the home. Clear guidance was in place for staff to follow to ensure people were transferred safely from one area to another. This included any specialist equipment and the number of staff required to do this. Staff confirmed that where people required support using a hoist this was done with two members of staff. Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to the external contractors that serviced the equipment. Staff had received moving and handling training and their competence was observed annually. There was a qualified moving and handling assessor and trainer working in the service alongside staff. Part of their role was to ensure suitable equipment was in place for people and staff were using this correctly.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. Maintenance was carried out promptly when required.

The home was clean and free from odour. Cleaning schedules were in place. Housekeeping staff were employed to assist with the cleaning of the home. Staff were observed washing their hands at frequent intervals and using the hand gel provided. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control.

Staff described their responsibilities in reporting any concerns they may have to the nurse in charge and the registered manager about the well-being of people. They told us, safeguarding adults was a regular topic discussed in their one to one supervisions with their line manager and at team meetings. Staff confirmed they had received safeguarding training.

Staff were aware of the role of the local council's safeguarding team in respect of protecting people who used their service. The local safeguarding team's contact details were displayed prominently in the home for staff and visitors. There was an easy read safeguarding adult's policy which was available to people living in the home. Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns.

We reviewed the incident and accident reports for the last 12 months. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents, however the staff had reviewed risk assessments and care plans to ensure people were safe. Where things had gone wrong advice had been sought from other professionals for example when a piece of equipment was no longer suitable and may be the cause of an unexplained bruise. Clear records were kept of the action and the investigations in reducing any further risks to people.

Is the service safe?

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. We saw there was a large stock of regular medicines. We were told the reason may be because there was no designated member of staff responsible for ordering the medicines. This was completed by all the qualified nurses and as consequence staff were over cautious in their ordering for fear of not having enough. Whilst this did not pose an immediate risk to people it would be difficult to track if an error had occurred. Assurances were given by a senior manager and the temporary manager this would be addressed including devising guidance on the ordering of the medicines to avoid this reoccurring and reviewing staff responsibilities.

The provider followed safe recruitment practices. We looked at the recruitment files and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Checks had been completed on the nurses to ensure they were registered with the Nursing and Midwifery Council (NMC). This meant the provider could be assured the nurses were fit to practice.

Staff told us they were actively trying to recruit to two vacant home support worker posts and a qualified nurse was planning to start working in the home at the end of October 2015. Staff told us there were times when the home was understaffed due to short notice sickness. They told us every attempt had been made to cover the shortfall

with their own staff, the Trust's bank or agency staff. Staff told us that people were not unsafe and all their personal needs were attended to, but it was difficult to organise activities or go out in the community.

Staff told us regular bank or agency staff were used. They told us this was important to ensure a consistent approach. A member of staff said they were working additional hours to enable a person to go out for lunch with their family. Staff told us they were committed to supporting people to ensure they had a good quality life. They said sometimes this meant paperwork was not always completed as the focus was the people.

Whilst there were sufficient staff to meet people's health and personal care needs, there was a shortfall in staff to provide day care. This was discussed with a senior manager on day one of our inspection. They confirmed the Trust was actively advertising for the day care posts and staff were being offered additional hours. On the second day of the inspection the temporary manager confirmed they had identified three staff to support people with their day care activities and they would be starting shortly.

Staffing levels were kept under review and increased as people's needs changed. An example, was given where a new person was being admitted to the home from hospital on the day of the inspection. A member of staff from another service was working in the home to support the person. Staff confirmed they could speak with the registered manager or senior managers to discuss staffing levels where they were concerned and where people's needs had changed. The registered manager attended regular meetings to discuss the home's budgets including staffing levels.

Is the service effective?

Our findings

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Staff told us regular checks were being completed to ensure appointments were not overlooked. This was the role of the qualified nurse who co-ordinated the person's care.

Feedback from healthcare professionals was positive, confirming that referrals were appropriately made and their advice was followed. Staff commented positively about the relationships they had with other health and social care professionals including the GP. It was evident there was a good multi-disciplinary approach to ensuring people's care needs were being met. Physiotherapists regularly worked with people alongside the staff in providing gentle exercises and advice on posture.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

Meal times were flexible and organised around people's activities. There was a four week rotational menu which included all the food groups and offered people variety. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

Applications in respect of Deprivation of Liberty Safeguards (DoLS) had been submitted for 12 people. DoLS provides a lawful way to deprive someone of their liberty in the least restrictive way, provided it is in their best interest or is necessary to keep them from harm. Each person had been assessed using a pre-checklist to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations. Policies and procedures were in place guiding staff about the process of DoLS. There was a matrix to enable the registered manager and staff to monitor these to ensure that when a further authorisation was required this could be applied for. Usually DoLS are authorised for a period no longer than 12 months.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. People's care plans clearly described how the staff supported people to make day to day decisions, for example about what to wear, to eat and drink and how they wanted to spend their time. Staff were aware of those decisions that people could and could not make for themselves. Examples of this included decisions about healthcare monitoring when people were not able to understand the relevant information.

Meetings were held so that decisions could be made which were in people's best interests involving the person's relative, advocate and other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with a good range of training that enabled them to support people safely and effectively. They told us training needs were discussed at staff meetings, during individual supervision meetings and annual appraisals with their line manager. A member of staff told us that some of the training was delivered electronically and they missed the classroom set up which promoted discussions with other members of staff.

We received feedback from a trainer who had recently worked with the staff in providing positive behaviour management, human rights, person centred care and record keeping training. They told us the staff were positive, receptive and eager to learn. They told us their recommendations in respect of supporting people who may challenge had been implemented.

Staff confirmed they completed an induction when they first started working in the service. This included working alongside more experienced staff for a period of two weeks in a supernumerary capacity. Staff told us this was important to enable them to get to know the people and for the person to feel confident with them. A member of staff told us the Trust was introducing the Care Certificate which is a new induction programme for care staff. This was introduced in April 2015 for all care providers.

Staff also confirmed they had opportunities to complete the health and social care diploma training or had

Is the service effective?

previously completed a national vocational qualification. The health and social care diploma is a work based award that is achieved through assessment and training. To achieve an award, staff must prove that they have the ability (competence) to carry out their job to the required standard.

121 Watleys End Road provides suitable accommodation for people with complex physical disabilities. The accommodation was situated on one level with wide corridors and doors enabling people using a wheelchair to access all parts of their home. All areas of the home were decorated in a light homely style. Each person had their

own bedroom which the staff had supported them to personalise in relation to décor and with their personal effects. There were sufficient bathrooms and toilets which were wheelchair accessible with a walk in showers and special adapted baths.

A sensory room was available to people. This was being refurbished with new flooring and sensory equipment being purchased. Staff told us people will enjoy accessing this area enabling them to relax and provide stimulus of their senses such as touch and sound. There was also a large fish tank that provided visual stimulation for people.



Is the service caring?

Our findings

Staff were knowledgeable about the people they were supporting. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them.

Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. This included showing people different objects and using Makaton to aid effective communication. Makaton is a sign language used by people with learning disability. One person had a pictorial activity board to aid communication with staff enabling them to make choices on how they spent their time. People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

We received feedback from an independent advocate who had spent time with some of the people living at 121 Watleys End Road. They told us, 'This service impressed me favourably. I perceived a competent, committed staff team who were client focussed and caring. Staff were able to demonstrate a clear and detailed understanding of the needs of the people they worked with, particularly their individualised non-verbal communication'. Advocates helped to ensure that a person had their voice heard and was listened too, so they had more control over their own life.

Staff were aware of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. The staff members were patient and waited for the person to respond. Staff were heard talking to people explaining what was happening next. Staff described to us, how they knew when a person was unhappy or did not want to participate in an activity enabling them to respond appropriately to the person.

Staff were observed involving a person in tidying up a bedroom that was not in use. There was a positive banter between the person and the staff. They were evidently

enjoying the activity and the feeling of being involved. We were told this person liked to be involved and would assist in setting up the tables for lunch and clearing away after the meal. They also liked to be involved in putting their clothes away.

Most of the people needed support with all aspects of daily living due to their learning and physical disability. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's room. This ensured that people's privacy and dignity were maintained. People had been consulted via staff observations on whether they showed any preference to being supported by either a male or female member of staff. One person had clearly stated they preferred staff of the same gender to support them and this was recorded in their plan of care and respected.

Each person had an identified key worker, a named member of staff and a care co-ordinator, a named qualified nurse. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. Staff confirmed their responsibilities in relation to the key worker role and how it enabled them to build closer relationships with people as they could spend more time with them.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. One person was supported by staff to contact their relative by telephone. This person was able to take the telephone to their bedroom to enable them to carry out the conversation in private returning the phone once their conversation was complete.

We received positive feedback from a healthcare professional in relation to the caring approach of the staff in respect of end of life care. They told us the registered manager and the staff worked closely with healthcare professionals including palliative care specialists in supporting a person who was dying. This included regular meetings with the family and the GP to ensure the person's



Is the service caring?

health and care needs were being met. They stated “Knowing the patients well I am very confident that the calm caring atmosphere of 121 Watleys End Road reflects their very good care”.

Staff confirmed they could access information about the end of life care preferences for people. They described how they supported a person with their end of life wishes and respected the rights of the person to die in their own home if they wanted. This included seeking advice from other professionals including district nurses, palliative care

specialists and the person’s GP to ensure appropriate equipment was in place. This included any pain relief to ensure the person was comfortable and pain free. Information was available in care records on any specific wishes of the person for example who needed to be informed, the type of funeral and any special requests such as music or a specific colour of flowers. Some of this information was based on what the staff knew about the person and from making contact with people’s family representatives.

Is the service responsive?

Our findings

Staff were responding to people's care needs throughout the inspection. This included assisting with personal care, changes to their positions to prevent pressure wounds and supporting people with activities both in the home and the community.

Staff told us some people had additional funding for day care hours to enable them to take part in social activities in the home and the community. We looked at the records of three people and could see there were significant shortfalls in the hours that people were being provided. Staff told us they were struggling to recruit to the three vacant day care positions. This was impacting on the hours provided to people. In addition, one person required staff to have specific training in meeting their medical needs and two staff to support them when out in the community. This again was impacting on the community activities this person could take part in. We contacted a senior manager in the Trust who provided us with assurances this would be investigated. Within two days we had received confirmation there were shortfalls and assurances that a robust action plan would be put in place. This included three additional staff being provided to assist in the delivery of activities. They acknowledged that whilst there were activities being organised in the home these were not being recorded.

Each person had a structured day care plan of activities both in the home and the community. When we checked the diaries of three people there was a lack of records detailing these activities had routinely taken place. Staff told us about the activities that people were taking part in which included arts and crafts, games afternoons, cooking sessions, social clubs, trampoline sessions and hydrotherapy.

People were provided with weekly musical entertainers who visited as part of a Wednesday Club. Staff told us many of the people enjoyed the interaction of singing and musical instruments. They also told us about an animal petting service that had visited the home which some people had enjoyed.

People were also supported to go on shopping trips, visits to places of interest and pub meals out. On the day of the inspection one person was supported to go swimming and two people went out for lunch and two people were supported to play bingo with staff in the home. On the

second day people were involved in a cake baking session. It was evident the people involved were very proud of the cakes they made offering them to people and staff once they had finished. Staff gave praise to people for their efforts.

Staff told us during August 2015 three people had been supported to go on a barge trip with a charity that enables people who are disabled to access boat trips through the Gloucestershire canals and waterways. However, staff told us they could not remember in the last four years when people living in the home had been supported to have an annual holiday. Although one person told us they were going away with a member of staff for a Spa weekend to celebrate their birthday.

Care, treatment and support plans were seen as fundamental to providing good person centred care. They were thorough and reflected people's needs, daily routines, choices and preferences. People's changing care needs were identified promptly, and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs.

Care plans contained specific information which related to the management of long term conditions which affected people's physical health. This included for some people their behaviour which subsequently affected their safety. The plans provided staff with clear guidance to follow when giving support and care, and in some cases identified trigger factors to help staff recognise early signs of deterioration in people's health and well-being. This meant that care was delivered with continuity and where necessary swift intervention from specialist health professionals could be sought to prevent further deterioration.

Staff were observed seeking advice from the qualified nurses when they thought a person was either particular quiet, noisy or sleepy. Staff were observed checking these people for any signs of ill health. Staff told us the qualified nurses always listened when they raised concerns about people's well-being and would take appropriate action. A nurse told us "The care staff are excellent in knowing people and the slightest change they will discuss with us". They told us when they first started working in the home,

Is the service responsive?

they had very much relied on the care staff to build their knowledge about people and the team were supportive. This had enabled them to respond to people's changing needs.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs and ensure new staff or agency were aware of people needs. They told us this ensured a consistent approach.

A health care professional told us they had supported the team with respect to challenging behaviour displayed by specific individuals over the last few years. They told us the team had always welcomed their input, paid attention to it and implemented any recommendations.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in easy read format and displayed on the notice board for people and visitors to the home. There had been two

complaints in the last 12 months. These were fully investigated and appropriate action taken to address the concern. This included liaising with the local safeguarding authority and the person's family in respect of one of the concerns. The other was raised by a person using the service about behaviours of another. The staff had reviewed the individuals' care plan and liaised with the positive behaviour support manager from the Trust ask for support and advice on the best approach. Staff confirmed how they were supported both people to avoid any further negative occurrence.

Some people in the home were unable to communicate verbally. Staff told us it was important they monitored their body language to ensure they were happy with the activities they were taking part in, including personal care. There were communication dictionaries in people's care files which described how they expressed whether they were happy, sad, in pain, hungry or thirsty. This enabled the staff to communicate and understand what people were expressing, ensuring they were responsive to people's needs.

Is the service well-led?

Our findings

We had been notified prior to the inspection that the registered manager had been absent for more than 28 days. Information was provided about the temporary management arrangements for the period of absence. We were informed that a registered manager from another service would be supporting the home two days per week. In addition a team leader would be supernumerary Monday to Friday to complete some management tasks. A rota had been devised detailing the management responsibilities of the qualified nurses.

Senior managers and the temporary registered manager made themselves available to us on the second day of the inspection. They were able to tell us about the quality assurance checks that were being completed and enabled us to provide feedback of our inspection findings. There was already an action plan in place to improve the service. This included communication, reviewing and monitoring care and training for staff. Staff confirmed that they were aware of the action plan and the action that had been taken. This was in response to a previous safeguarding concern and it was evident lessons had been learnt to improve the service as a whole.

The Trust had a clear management structure which included a board of trustees, directors, heads of service and area managers who were based at the Trust office. They provide advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. The chief executive visited the service annually to meet with staff and people who use the service. There had been a recent change of area manager for this service and now the head of learning disabilities was supporting the service. Staff confirmed they visited regularly to support them and the registered manager.

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment,

health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits.

Annual surveys were sent out to friends and family. We reviewed the survey results for 2014. Eight people had responded out of the nine that were originally sent. The summary that had been completed stated there was a very high level of satisfaction with the service and positive feedback was received praising the staff. People rated the service as either outstanding or good. Six people said the staff attitude towards them and their relative was outstanding. Most people confirmed they knew how to complain with one person not answering the question. Comments included 'I have nothing but praise for Watleys End Road. I have a wonderful rapport with everyone. They love and care for my son what more can a mother want' and 'it is a wonderful home and I am very happy with the care my brother receives, I am always made to feel welcome. I know they have my brother's best interests at heart'.

Regular staff meetings were taking place enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed. Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on care planning and health and safety.

Staff received regular individual supervisions with either the registered manager or the team leaders (registered nurses) enabling them to discuss their performance and training needs. Annual appraisals were completed with each member of staff. This enabled the registered manager to plan training needs for individual staff members. This fed into the business plan for the home to enable the registered manager to plan and monitor training needs of the individual staff and the team throughout the year. Regular checks had been completed on the training staff had completed to ensure they were up to date. This had been done in June 2015. Where we found gaps for example in safeguarding training it was evident staff had completed this electronically but the training record had not been updated.

Staff were very motivated and caring and attentive of the people in their care. One member of staff told us "I like working here, it can be very busy, we have a really good team including our regular agency and bank staff and it is a

Is the service well-led?

good place to work". All staff we spoke with told us the people were the focus and it was important they had care that was individualised to them, including supporting them with activities.

Staff told us the registered manager was supportive and cared equally for the people and the team. Some staff said the registered manager was approachable whereas others said that sometimes suggestions or ideas were not acted upon. Staff said it was a very busy home because people required total care in all aspects of their life but there was a real commitment to do this. One member of staff said "This job is not for everyone, you have really got to want to work here, it is important as people pick up on non-verbal language and they would know and that would not be fair on them".

An open and transparent culture was promoted.

Complaints showed that where things had gone wrong, the organisation acknowledged these and put things right. For

example, making sure people or their relatives had feedback about their complaints including an apology. The provider had also worked with the local safeguarding team to address any concerns and this included sharing action plans and progress.

Staff told us they regularly supported student nurses. This enabled them to share their expertise in supporting people with complex needs and to keep up to date with changing practice. Staff confirmed that they attended regular meetings with the Trust senior management to keep them up to date on changing practices in supporting people with a learning disability. This included reading journals.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. In the absence of the registered manager the qualified nurses had taken on this responsibility. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.