Kingston upon Hull City Council

# Karelia Court

## Inspection report

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## Ratings

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

## Overall summary

Karelia Court is located in the West of Hull close to local shops and amenities, with easy access to public transport and community facilities.

The service is registered to provide accommodation and personal care for up to eight people with a learning disability and autistic spectrum disorder. There were six people living at the service on the day of our inspection.

Accommodation is provided in a modern two storey building with eight single bedrooms, two lounges, a dining room with accessible kitchenette, central kitchen and two offices. Bathrooms are shared. The service has a garden and some designated off street parking to the front of the building.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

# Summary of findings

and associated Regulations about how the service is run. There was a manager registered with the Care Quality Commission (CQC); they had been registered since December 2010.

We undertook this unannounced inspection took place on 4 and 7 December 2015. At the last inspection on 15 May 2014, the registered provider was compliant with all of the outcomes we assessed.

We found staff were recruited safely and there was sufficient staff to support people. Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns. There were policies and procedures available to guide them.

We found staff had a caring and professional approach and found ways to promote people's independence, privacy and dignity. Staff provided information to people and included them in decisions about their support and care.

People who used the service had assessments of their needs undertaken which identified any potential risks to their safety. Staff had read the risk assessments and were aware of their responsibilities and the steps to take to minimise risk.

We found people's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. People who used the service received care in a person centred way with care plans describing their preferences for care and staff followed this guidance.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

We found staff supported people with activities of daily living including access to community facilities and keeping in touch in family and friends.

Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people. This included training considered essential by the registered provider and also specific training to meet the needs of people they supported.

There was a complaints process and information provided to people who used the service and staff in how to raise concerns directly with senior managers.

Medicines were ordered, stored, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on holiday. Staff also supported people to maintain relationships with their families and friends.

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# Summary of findings

The people who used the service had complex needs and were not all able to tell us fully their experiences. We used a Short Observational Framework for Inspection (SOFI) to help us understand the experiences of the people who used the service. SOFI is a way of observing care to help us understand people who were unable to speak with us. We observed people being treated with dignity and respect and enjoying the interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for.

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# 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?**

Good

The service was safe.

Staff received safeguarding training and had policies and procedures to guide them in how to keep people safe. Staff knew how to raise concerns.

There were sufficient staff to support people.

People received their medicines as prescribed

**Is the service effective?**

Good

The service was effective.

The registered provider followed the principles of the Mental Capacity Act when assessing capacity and making decisions in people's best interests.

Applications to deprive people of their liberty had been applied for appropriately.

Staff received induction, training, supervision and appraisal to help develop their skills and experience in caring for people with complex needs.

People who used the service were supported to maintain their physical and mental health. Staff supported people to maintain their nutritional needs.

**Is the service caring?**

Outstanding

The service was outstanding in their promotion of end of life care practice and developing and sharing their initiatives with other professionals to ensure the best possible care was offered to people with learning disabilities at this time of their lives.

Through their initiatives and commitment to excellent end of life care, they were able to secure funding for training to ensure good end of life care practice was provided to people with learning disabilities.

Managers and staff were committed to a strong person centred culture. All staff were enthusiastic about their role and the quality of care they provided.

Involvement, compassion, dignity, respect, equality and independence were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

Staff had developed good relationships with people who used the service. We observed staff approach to be kind and caring towards people. People were involved indecisions about their care and treatment and provided with information to help them make their own choices.

# Summary of findings

**Is the service responsive?**

Good

The service was responsive.

People had their needs assessed and plans of care were developed in order for them to receive person-centred care.

There was an activity co-ordinator who helped to plan social stimulation and ensured people were involved and included in activities in-house and in accessing community facilities.

People felt able to complain and there were procedures for staff in how to manage complaints.

**Is the service well-led?**

Good

The service was well-led.

The new manager had made a difference to staff morale and staff told us they felt supported and could take concerns to her in the belief they would be addressed.

The culture of the organisation was described as open and focussed on providing a quality service to people.

There was a quality assurance system in place that consisted of obtaining people's views and completing audits, checks and action plans to address shortfalls.

# Karelia Court

**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 the 4 and 7 of December 2015 and was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection team consisted of one adult social care inspector.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding team, the local authority contracts and commissioning team about their views of the service. There were no concerns expressed by these agencies.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We spoke with The relatives of two people who used the service, the registered manager, the deputy manager a care leader, an activity coordinator and two support staff.

We looked at the care records for three people who used the service and other important documentation relating to people who used the service such as 3 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, the training record, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records.

Good

# Is the service safe?

## Our findings

We were able to have a limited conversation with one person who used the service who informed us they felt safe. Relatives told us they felt their family member was safe living at the service. Comments included; "I feel he is very safe here. I couldn't wish for anything else for him." Another relative told us, "She is completely safe; I have no doubts about that."

The other people who used the service had communication and language difficulties and because of this we were unable to obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements.

The registered provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff confirmed they had completed safeguarding training with the local authority and they were aware of what to do if they had any concerns. They were also aware of the whistle blowing policy and procedure. In discussions, staff demonstrated knowledge of the different types of abuse and signs and symptoms that may alert them to concerns. One staff member told us how they had previously raised a safeguarding concern and told us, "I have reported a safeguarding incident previously and in doing so things were rectified very quickly. I would have no hesitation in doing so again, it is part of our role."

Risk assessments were seen to be in place to support people to maintain their independence and to minimise risks. These had been developed with input from the person, professionals and staff. Records showed risks were well managed through individual risk assessments that identified the potential for these and provided information for staff to help them avoid or reduce the risks.

Risk assessments included plans for supporting people when they became distressed or anxious and detailed circumstances that may trigger these behaviours and ways to avoid or reduce these. Discussions with the registered manager and staff confirmed that restraint was not used within the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

We checked the recruitment files for three staff members. The registered manager described the staff recruitment process which consisted of shortlisting from application forms, checking gaps in employment, selection by interview process, obtaining references and completing checks with the disclosure and barring service (DBS). They said staff would not be able to start work until all employments checks had been completed. This helped to ensure only suitable staff were employed to work with people who could potentially be vulnerable to exploitation.

When we spoke with staff and relatives they told us they considered there to be enough staff on duty at all times. Comments included, "The staffing levels have been much better in the last twelve months. This has meant people have been able to access a lot more activities." Another told us "There is plenty of staff available on a daily basis to meet the needs of the people living here and they get out every day, often twice a day."

We found there were sufficient staff employed to support the people who used the service. There were six people who used the service who were supported by a care leader, two support staff two ancillary staff and an activity coordinator. The registered manager and deputy manager were supernumerary to this and were available within the service. Two waking staff were provided throughout the night with additional support available from a designated on call.

We found people received their medicines as prescribed. Medicines were correctly obtained, stored, administered, recorded and disposed of. People had a lockable cupboard in their own bedrooms for the storage of medicines. The medicines for one person and additional stocks were stored in a lockable cabinet in the manager's office. All staff had received medicine training and their competency was regularly reassessed. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The service used a Monitored Dosage System [MDS] prepared by the supplying pharmacy. MDS is a medicine storage device designed to simplify the administration of medication and contains all of the medicines a person needs each day. Protocols were seen to be in place for all medicines that had been prescribed to be taken 'as and when required' (PRN), these described in which situations the medicine was to be administered and to ensure that it

Good

# Is the service safe?

was not used to control people's behaviour by excessive use of medication. Staff spoken with confirmed that this type of medicine was only ever used after following the guidance

We observed people were confident, relaxed and happy in the company of their peers and staff. Staff were seen to be caring and respectful of the people they supported and were able to observe people easily within the service, without intruding upon their personal space.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with hospital specialists for responding to people who experienced seizures. Training in providing people's medication and who to notify if people experienced prolonged seizures was also provided to staff. Staff told us they would call emergency services or speak with the person's GP, as appropriate, if they had any further concerns about the person's health.

Details of actions taken to keep people safe and prevent further reoccurrences were recorded and whenever an incident occurred, staff completed an incident form for every event which was then reviewed and signed off by the registered manager. Records showed that accidents and incidents were recorded and immediate appropriate action taken.

Systems were seen to be in place to protect people's monies deposited in the home for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

The service was found to be clean and tidy. Staff spoken with confirmed there was plenty of personal protective equipment [PPE] to use to prevent the spread of infection.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Good

# Is the service effective?

## Our findings

Relatives told us they thought staff understood their relative's needs and had the skills and abilities to meet them. Comments included; "I have no doubts the staff are trained to the level they need to be, in order to meet people's needs and develop good relationships." Another told us, "They are more than happy to devote their time to her, to support her and take her out" and "They are very good at keeping us up to date with everything that is going on." When asked about the food provided in the service, relatives told us, "The meals seem to be very good, but she is always going out somewhere and eats out regularly, there is some sort of Christmas meal this week."

The registered manager told us how they had identified staff to become 'Dignity Champions' to promote best practice and ensuring people's mealtime experience was enjoyable.

We observed how people were supported at lunchtime and found it to be a relaxed and sociable experience. Staff prepared their preferred meals, in keeping with their identified dietary requirements. The table had been set by one of the people who used the service with some support from staff. Tables were set with tablecloths, place mats, coasters and condiments. Hot and cold drinks were available for people to help themselves and music was playing in the background. Pictorial menus were displayed in the dining room. People who required adapted cutlery or crockery were provided with this. When people stopped eating their preferred meal staff were seen to approach them and offer gentle encouragement. One person who pushed their meal away was offered a number of different foods, before choosing to have a sandwich. The atmosphere was calm with staff supporting people in an unhurried way. People were provided with the support they needed to eat and drink sufficient amounts and were given time to complete the task at their own pace.

We saw people's nutritional needs were assessed and kept under review and there was a good range of food and drink supplies in the service. People were involved in the development of menu through regular residents meetings and through trying and experiencing new foods at theme nights held in the service. numerous photographs of people participating in these events were displayed within the service. Staff confirmed that people had the choice of at least two choices of food at mealtimes, but further choices were always available and were provided if people did not want these options. Records seen in daily recording records confirmed that alternatives choices were regularly provided to people.

Staff we spoke with had a good understanding of people's preferences for food and their individual dietary requirements. They gave an example of one service user with diabetes and how they promoted a nutritionally balanced diet and found suitable alternatives to ensure they were able to enjoy appropriate treats during celebrations.

Records seen showed staff maintained a record of food and fluids where a need for this had been identified. We saw people had their weight monitored and appropriate action taken when there were concerns.

We saw the health care needs of people who used the service were met. Appropriate timely referrals had been made to health professionals for assessment, treatment and advice when required. These included, GPs, dieticians, speech and language therapists, emergency care practitioners, specialist nurses for epilepsy management, podiatrists, dentists, and opticians. Records indicated people saw consultants via out patient's appointments, accompanied by staff, and had annual health checks. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. There were six people who used the service who had a DoLS

Good

# Is the service effective?

authorised by the supervisory body. These DoLS were in place to ensure the people received the care and treatment they needed and there was no less restrictive way of achieving this. Records showed there were no specific conditions attached to these authorisations. The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 [MCA] and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included Team Teach [ positive handling strategies training] epilepsy, administration of, autism, Asperger's, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards [DoLS]. Staff were also either working towards or had completed an NVQ [National Vocational Qualification in Health and Social Care].

Staff confirmed they received regular supervision including annual appraisals to review their performance and identify any further training needs. Staff described how when they had been transferred to the service from a different care background; they had been fully supported by the registered manager, the staff team and through training and development into their new role. The registered manager and deputy told us, that after their appointment, all new staff completed a week of induction which covered training which was considered to be essential and included topics such as; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service and a work based induction booklet. Additional specialist training was also made available to staff during this time including, epilepsy and autism. Staff records reviewed confirmed this process.

Staff spoken with gave examples of when people's needs had changed they had been able to access more specialised training about their individual health needs including; stoma care. Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rota's and training.

Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms. During discussion staff told us about one person who had declined any type of attempt to introduce anything into their bedroom when they had first come to the service, but how over time had been involved in adding personal touches to their bedroom.

We found the environment to be clean and tidy and free from malodours. During a tour of the building we saw that the window frame in one of the bathrooms was in need of repair or replacement. The paint on the frame was flaking and the glass panel appeared cloudy. When we spoke to the registered manager about this they explained the building was rented from a landlord who had responsibility for the windows and showed us records of discussions where the issue had been raised. They told us they were still waiting confirmation for this work to be completed and said they would discuss this further with their line manager to see if temporary repairs could be made by their own maintenance department in the interim.

Outstanding ☆

# Is the service caring?

## Our findings

Relatives told us they considered their family member was cared for well by staff. Comments included: "She is really well looked after, all I have ever seen has been perfect" and "I can't emphasise how good they [staff] are with her and at keeping me so well informed." Another told us, "They are always so compassionate towards him, and I've never seen anything different."

Relatives told us that they felt able to raise concerns. Comments included, "I raised a query about his personal care in hospital and it turned out it was the hospital staff that weren't looking after him. The manager dealt with it straight away and out it sorted out." and "I have never needed to complain about anything, but I am sure if I did they would listen and take action."

During discussions with the registered manager, they told us about an end of life care skills meeting they attended and contributed towards. The meetings had been developed following the death of person who used the service who had initially experienced a poor service from health professionals involved in their care due to a lack of communication. As a result of this the registered manager and staff had vowed that no one else should experience this and wanted to heighten health service providers understanding of people's needs.

The person was later admitted to the local hospice, where staff from Karelia and staff from the hospice worked closely together sharing best practice based on NHS Supporting people to live and die well, the later NHS End of Life strategy and Helen Sanderson's work in relation to person centred thinking [ Living well and planning for end of life.] to ensure excellent support for the individual.

Professionals involved in the persons care at the time told us; "Working together with (Name) and her staff team was a really positive experience. The staff came every day to support their client until they got used to us and we learnt more about them, particularly around their communication" and "They brought their friends from the service to visit them here, so they could maintain contact with them." Others told us, "Their staff developed a pictorial book about the hospice, which we could use with them to explain any procedures or care delivery we needed to carry out. The information, tools and documents about the person were so person centred and informative, they were fantastic. We reviewed our own care plans following this using some of the tools to make them more person centred. Initially some of the nursing staff were a little anxious not having worked with people with learning disabilities previously, but following such a positive experience that is not the case now. The staff from Karelia communicated so well with us and shared their skills and knowledge with us and we were able to share different knowledge and skills with them, for the benefit of the individual." They have continued to meet regularly with the local hospice to look at how they could improve end of life experiences for people with learning disabilities, based on best practice guidance. Following this, funding has been obtained for staff training to enable staff working in learning disability services to become: 'end of life champions' to promote better end of life care experiences for people in their care. The registered manager had also attended a number of conferences as a speaker to promote this further.

The registered manager told us how staff had supported one of the people who used the service following the death of their parent. The person suffered from agoraphobia and had been unable to attend the funeral of their loved one. Staff had supported the individual and used creative ways to encourage and support them to visit their relative's grave. Initially a staff member had visited the grave and taken photographs of the journey from where the minibus would be parked and the route that would be taken and then took photographs of the return journey. The photographs were put into a folder and the staff spent time with the individual covering every step of the route, showing and explaining what they would see and responding to any queries raised. Together with the individual they planned a date in the summer when the trees and bushes there would be covered with leaves and the cemetery would not appear open and overwhelming for the person. Two staff accompanied them on their initial visit and following this they now visit the grave four times a year, regardless of the season to take flowers.

Staff demonstrated they understood how people's privacy and dignity was promoted and respected, and why this was important. They told us they always knocked on people's doors before entering their room. They explained how for one person with a hearing impairment, they had sought support and advice from other professionals, but all the equipment suggested had been declined by the individual.

Outstanding ☆

# Is the service caring?

Following this they had trialled moving the door handle of his bedroom to alert him to their presence. They had found this had been acceptable and we saw this approach had been recorded in their care plan.

During the inspection we used the SOFI which allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in one of the communal lounges and dining room and we observed staff interacted positively and sensitively towards the people who used the service. We observed people going out from the service to engage in different activities including Christmas lunch. Visitors from another service came to join people in a craft session. The deputy manager told us this was a regular event with people meeting up as part of 'Our Choice' activity group where different activities were provided including; music and movement walking, art and crafts and going out for meals.

We saw staff responded to people's queries and offering reassurances when this was required. One person used the word 'duck' with a staff member who responded by asking the person if they would like to go and see the ducks at the park, to which the person was seen to nod in response. We observed them leaving the building shortly afterwards with a bag of food to feed the ducks.

People were seen to approach staff with confidence; they indicated when they wanted their company for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices. People were seen to be given time to respond to the information they had been given or the request made of them, in a caring and patient manner. Requests from people who used the service were seen to be responded to quickly by staff.

During our inspection we saw that when one person continually approached staff, they offered reassurances to them that although the minibus was being repaired, they would still be going out for lunch and shopping, which helped to calm the person's anxieties over the change in their planned routine. Throughout the two days of our inspection there was a calm and comfortable atmosphere within the service.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to on shopping trips to enable them to make their own purchases of clothing and personal items. When we spoke to staff about trips, they told us they had planned with people to support them with their Christmas shopping on an individual basis and to have a festive lunch.

Staff told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this; in home visits, meeting up with family members during holidays and supporting people to purchase gifts and cards for special occasions. They told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were sought and shared in reviews and other meetings. Records seen confirmed this.

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed people greet staff as they came on duty and chat to them about their planned activities for later in the day.

During discussion with staff they confirmed they read care plans and information was shared with them in a number of ways including; a daily handover, communication records and team meetings.

People's care records showed that people were supported to access and use advocacy services when required to support them to make decisions about their life choices. Relatives spoken with confirmed this.

Good

# Is the service responsive?

## Our findings

One person told us staff involved them in letting them know what was happening in the service. They told us, "The van is broken so we will have to get a taxi to go for dinner" and "It will be back on Monday."

Relatives told us they considered the service was responsive to their family member's individual needs. Comments included; "They put a lot of effort into planning to get her out and about and give her the opportunity to do things she wouldn't normally get to do." Another relative told us, "We are involved in all aspects of his life and the decision making process. He has a full life and there is always loads going on for him, which he is always keen to share with us."

We looked at the care files for three people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file had been produced in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes preferences were also recorded on a 'one page profile' and included for example, their preferred daily routines and what they enjoyed doing and how staff could support them with these in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, nutrition, fire, road safety and using the minibus. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes in people's needs where this was required.

Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews. Relatives spoken with confirmed their involvement. Records showed people had visits from or visited health professionals including; psychologist, psychiatrists, chiropodists and members of the community learning disability team, where required.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. They were able to give examples of how they supported individual choice for example: for one person who used the service, if staff brought out two outfits for them to choose from, if they didn't want these they would go to their wardrobe to indicate they would rather wear something else. Similarly if they didn't like their meal they would push it away and staff would then offer them other alternatives until they found something they preferred. During discussion with staff, they told us there was more than adequate information in people's care plans to describe their care needs and how they wished to be supported.

Two activity coordinators were employed by the service, which ensured people were able to access a range of community based activities including; swimming, bowling, meals out and trips to the theatre. Further activities were provided in house and staff also supported people to access their preferred activities, day trips and holidays.

During the two days of our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with going out to a community based 'out and about' activity, going out for lunch with their keyworker, feeding the ducks at the local park, attending a craft session at another service, listening to music and going to the local shop. Other activities included day trips to motor museums, Blackpool illuminations, trips on boats and steam trains and participating in an art group. Activity records showed other activities people had participated in including: theatre visits, shopping, bowling, swimming, and holidays, they had taken.

The registered provider had a complaints policy in place that was displayed within the service. The policy was

Good

# Is the service responsive?

available in an easy read format to help people who used the service to understand its contents. No complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken.

Good

# Is the service well-led?

## Our findings

Relatives we spoke with told us they knew the registered manager and said they had regular contact with them and other key members of the staff team. They told us, "The staff have never been anything different, that is wanting to do their best for him." Another told us, "I can't fault the team, they are marvellous and I'm very happy with everything. We can call them at any time about anything."

We observed people who used the service were comfortable in the registered manager's presence with some people being seen to approach her directly whilst others came into the office frequently to acknowledge them and spend some time with her. During our inspection we observed the registered manager took time to speak with people who used the service and staff and assisted with care duties, when one person requested they take her to the local shop. The registered manager told us they were supported by a senior manager within the organisation.

Staff we spoke with were very complimentary about the management style and levels of support they received from the registered manager. One member of staff told us, "It [the service] is really well run, our manager is really good." Another member of staff said, "[Name of the registered manager] is great, she is really supportive and you can talk to her about anything." Another member of staff commented, "She [the registered manager] has been brilliant with me, she has supported me in my personal life, I really appreciate her." We were also told that the manager promoted a fair and open culture within the service and that staff were aware of the roles and responsibilities within the service.

The registered manager told us regular meetings were held with people who used the service where they were enabled to make choice about their menus and activities. Records detailed the information discussed and how decisions had been made by each person. When we spoke to staff about this process they were able to describe the different types of support provided to each person in the decision making process.

The registered manager said, "The people who use the service always come first. I want to promote a culture of independence for people and support for the staff team. We learn from incidents and move forward. I value and respect my team and feel we all have an equally important role to play in the delivery of the service. I would say I am firm but fair, I like jobs to be done well and lead by my own example. I have an open door policy, and staff can come to me at any time with any queries or ideas and I will make time to listen. They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

We found there was a system of quality monitoring which consisted of audits, checks and surveys to obtain people's views. Daily checks of medicines, food temperatures, fire checks and the cleanliness of the service were completed. Additional; monthly audits of care records, supervision, training, risk assessments and the environment were also in place. The audit systems had worked effectively in identifying shortfalls from which action could be taken to improve practice, for example when they reviewed supervision records, they felt the promotion of learning and development could be improved and met with senior staff to discuss, plan and implement this further. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from annual reviews and found that information from relatives had been collated and action taken when these had been identified.

The registered manager showed us a copy of the quality audits completed within the service; we saw that where areas of wear and tear had been identified within the service, a request had been made for redecoration to be done within agreed timescales.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.