

Heritage Care Limited

65 Charlton Road

Inspection report

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Date of inspection visit:
05 January 2016

Date of publication:
15 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection of 65 Charlton Road took place on the 05 January 2016. At our last inspection on 05 June 2014 the service met the regulations inspected.

65 Charlton Road is registered to provide accommodation and personal care for seven adults. The home supports people with learning disabilities who may also have physical disabilities. The service is operated by Heritage Care Limited. On the day of our visit there were seven people living in the home. Public transport and a range of shops are located within walking distance of the service.

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

The atmosphere of the home was relaxed and welcoming. People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was promoted. People participated in a range of activities of their choice, and were supported to maintain and develop a number of skills. People were provided with the support they needed to take part in and develop social interests, and maintain links with their family, friends and advocates.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support. Care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required.

People were supported to maintain good health and their well-being was promoted. They had good access to appropriate healthcare services that monitored their health and provided appropriate support, treatment and advice when people were unwell. People were provided with a choice of food and drink which met their preferences and dietary needs.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

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 told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people. The staffing of the service was organised to make sure people received the care and support they needed and wanted.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good ●

The service was caring. Staff were kind and provided people with the care and support they needed. Staff respected people and involved people in decisions about their care. People's independence was encouraged and supported.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their individual needs.

People were supported to take part in a range of recreational activities.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service, relatives and staff informed us the registered manager and other management staff were approachable, listened to them and kept them informed about the service and of any changes.

People were asked for their views of the service and had the opportunity to provide feedback about the service during residents' meetings and issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

65 Charlton 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 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 was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider completed before the inspection. The PIR 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. The PIR was discussed with the registered manager during the inspection.

Some people using the service were able to tell us in detail about what they thought about the service. Others were less able to describe their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff. During the inspection we spoke with the registered manager, three care workers and a person's mentor. Following the inspection we spoke with five relatives of a people using the service, a person's advocate and two social care professionals.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

Relatives and friends of people we spoke with told us they felt people were safe living in the home. They told us that they had no concerns about people's safety. Comments from relatives included; "I speak with [Person] regularly and they have never said they have any problems, [Person] has never complained about the staff," "I feel [Person] is safe," and "[Person] is safe, I know they are." People we spoke with told us they felt safe and would tell staff and/or a relative if they were worried about something. A person using the service told us "I like it here."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. Care staff were able to describe different kinds of abuse and were aware of whistleblowing procedures. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by her. The contact details of the host local authority safeguarding team were displayed in the office; however, some staff needed prompting before they said that they would need to report any allegation of abuse to the safeguarding team if management staff did not do so. The registered manager told us she would make sure staff were reminded of this. Staff informed us they had received training about safeguarding people and training records confirmed this. Records showed us that safeguarding people had been discussed with people using the service in a resident's meetings.

There were appropriate arrangements in place for supporting people to manage their finances, some people managed their own money with staff support and one person had a power of attorney. We saw receipts of expenditure and appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse staff carried out checks of people's monies during each shift and further checks were carried out by the registered manager and other staff including the regional manager.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The registered manager informed us that due to some staff vacancies recruitment of staff was taking place, and until it was completed bank staff and occasionally agency care staff were employed. An agency care worker worked in the home during the inspection. The registered manager told us that they tried to ensure that regular agency staff who knew the people using the service worked in the home, so there was consistency and staff were familiar with people's needs.

Staff told us they were busy but felt there was enough staff on duty to provide people with the care they needed safely. They told us staffing levels were adjusted to meet people's specific needs, such as when people attended health appointments, took holidays or when extra staff were needed to enable people to participate in a particular activity outside of the home such as to attend a church service. Records confirmed this. The registered manager also provided people with assistance with their care needs when this was required, for example on the day of the inspection due to two care workers being on annual leave she had started work early in order to support people to get ready for their day activities. We found the registered manager had arranged for a permanent care worker to come on duty later that morning to cover staffing

hours. The registered manager provided us with an example of when staffing numbers had been increased; she told us that following a review of staffing needs and people's responses during fire drills the staffing at night had increased from one care worker to two staff. A relative told us that when they visited a person using the service they felt there had been enough staff on duty.

Care workers we spoke with told us there was consistency of staff who all knew people well and understood their individual needs. People using the service confirmed that they generally knew the staff on duty. A person using the service told us they knew the staff well and spoke in a positive manner about the staff including their key worker. The person informed us they would speak to the staff if they had concerns about their personal safety and/or welfare. We found staff had time to talk with people and to support them in participating in a range of activities; including preparing dinner and making their own packed lunch to take to the day centre.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. However in one staff file we could not locate the member of staff's references. Following the inspection we received confirmation that these had been obtained.

Care plan records showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including; people's mobility, fire, falls, scalding in the bathroom and kitchen, accessing transport, getting lost and losing money. Risk assessments were regularly reviewed. Accidents and incidents were recorded and addressed appropriately.

Medicines were stored and managed safely. An up to date medicines policy which included procedures for the safe handling of medicines was available. The registered manager informed us she would place a copy of the medicines policy within the medicines cabinet so staff could access it easily. Medicines administration records [MAR] showed that people received the medicines they were prescribed. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. Staff administering medicines had received medicines training and assessment of their competency to administer medicines. Training certificates and other records confirmed this. Records showed that a pharmacist and a regional manager had carried out checks of the medicines in 2015. The regional manager had commented to the registered manager "I was confident in how you were managing medication at Charlton Road." Action plans with timescales for completion were in place. During the inspection we saw staff administer medicines safely and a person was provided with pain relief medicine when they informed staff that they were experiencing some pain.

There were various health and safety checks and risk assessments carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Regular fire drills that included participation from people using the service took place. There was clear fire guidance displayed in the home. The home had an emergency plan, fire risk assessment and each person had a personal emergency evacuation plan.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons.

Is the service effective?

Our findings

People using the service told us they received the care and support they wanted and needed. Relatives of people informed us they found all the staff to be competent and felt they knew people well. They told us staff understood people's individual needs. A relative told us "Staff know what they are doing." Care workers were positive about their experiences working at the home and told us they enjoyed their job supporting and caring for people. Comments from staff included "We are like a family here."

Care workers told us they received the training they needed to provide people with effective care and support. They informed us when they started working in the home they had received a comprehensive induction, which included 'shadowing' more experienced staff so they knew what was expected of them when carrying out their role in providing people with the care they needed. We saw that an agency member of staff received an induction when they started their shift. Staff told us they got to know the people using the service and their needs by speaking with them and with other staff. Care workers told us they read people's care plans and regularly spoke with other team members including the registered manager about each person's needs and the care they needed. Records showed this. The registered manager told us that she had received training about implementing the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers. She told us when new care staff were recruited they would complete this induction programme.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, basic first aid, health and safety, food safety and MCA/DoLS. Staff had also received training in other relevant areas including; introduction to positive support, epilepsy, person centred thinking, report writing and record keeping and values. The registered manager told us that she was planning to complete an end of life training course. Staff were supported by the provider to obtain vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. Staff told us the process of gaining these qualifications had helped them understand their role more fully.

Care workers told us they felt well supported by the registered manager. A care worker told us "We get on well as a team." Staff told us and records showed that staff received regular supervision and appraisals to monitor their performance, identify their learning and development needs, and discuss people's needs.

People's needs and aspects of the service were discussed during staff shift 'handover' meetings and during team meetings. Staff told us there was very good communication among the staff team about each person's needs, so staff were up to date with people's progress and knew how to provide people with the care and support they needed.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. A person had recently received an occupational therapy assessment to do with equipment for assisting the person with their mobility needs.

Records showed people had access to a range of health professionals including; GPs, psychiatrists, physiotherapists, opticians, dentists, chiropodists to make sure they received effective healthcare and treatment. People spoke of attending health appointments. A person told us they went to the doctor's surgery and saw a GP whenever they were unwell or needed a 'check-up'. People's relatives and records confirmed this. A relative told us [Person] goes to lots of health appointments." We discussed a person's specific health needs with the registered manager who told us they would make sure the person's symptoms were raised with a GP. Social care professionals informed us that they felt staff knew people well and there was good communication between them and the service.

The registered manager and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. Information about the MCA was displayed. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Staff training certificates confirmed they had completed MCA and DoLS training. The registered manager told us five people were subject to a DoLS authorisation at the time of our visit.

People's care plans showed they were supported to be involved in decisions about their care and treatment. Staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff, and on occasions advocates and family members would be involved in making a decision in the person's best interest. A care worker told us that family members and advocates were frequently involved in supporting people to make decisions. The registered manager told us that there were plans to carry out a best interest meeting to discuss the possibility of a person purchasing some specialist health care.

Care workers were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. A care worker told us they always asked people for their agreement before they assisted them with their personal care or with anything else. They told us "We ask people if they want help, and accept the decision they make." Records showed people had been asked for their consent to have photographs of them taken.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. People's weight was monitored closely. Staff knew to report significant changes in people's weight to the registered manager.

People were complimentary about the meals and told us they were provided with choice and had been asked about the food they liked. Records confirmed this. The menu included a range of meals, which catered for people's varied preferences, dietary and cultural needs. A person using the service told us that they had helped choose the menu. The menu was displayed in written format and there were also pictures available to help people who were unable to read to choose what they wanted to eat. Displaying photographs of the meals of the day so people using the service could see what the meals were without having to ask staff, was discussed with the registered manager. We saw that the menu was flexible and met people's choices, people chose a meal that was not on the menu during the inspection, and this was catered for. Records showed that people participated in preparing and cooking meals for example a person made porridge for their breakfast with support from staff. We saw a person peeling potatoes. The person told us that they enjoyed helping with the cooking.

During meals people were not rushed and staff engaged with them in a positive manner whilst preparing the meal and during it. Fresh fruit was accessible to people. People were offered a range of drinks including

alcoholic beverages and refreshments. A person told us "We can make ourselves a drink if we want." Another person said "I can ask and someone will make it for me."

The home is purpose built and had a passenger lift so people with mobility needs could access their bedrooms on the first floor. A person who used a wheelchair showed us how she used the lift independently to access their bedroom. We saw that a person sometimes took several attempts to manoeuvre their wheelchair through a doorway on the ground floor near the reception area. The registered manager told us that the width of the doorways were suitable for wheelchair access but would look at the possibility of widening that doorway if following review this was needed.

People using the service told us they were happy with their bedrooms. A person using the service showed us their room which was personalised with items and furnishings of their choice. They confirmed that they had chosen the colour of the décor. The registered manager told us about the recent redecoration of a bathroom and that the purchase of some new furnishings was planned. Following the inspection she told us new furnishings had now been bought.

Is the service caring?

Our findings

The atmosphere of the home was relaxed and calm. During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and sensitive way. People we spoke with told us staff treated them well and provided them with the care, support and assistance they needed. Relatives of people told us "Staff seem very caring, they are very good, They have a good relationship with [Person]," "They know person well," and "Staff know [Person] inside out."

Staff told us about the importance of getting to know people and building a rapport with them. They informed us they made sure they involved people, and when applicable those important to them in decisions about their care and other aspects of their lives. People told us they were happy with the care they received and felt listened to. During the inspection we found staff took time to listen to people, involve people in conversation and respected the decisions they made.

Staff understood people's individual communication and sensory needs, which were identified within their support plan. We saw staff communicating and engaging with people in a positive manner. They understood each person's particular speech patterns so knew what people were saying when their speech was unclear. A care worker told us how they understood when "Something was wrong," by speaking with the person and observing their facial expressions and behaviour. We discussed with the registered manager a range of aids and tools to do with supporting people with their independence and communication needs. These included the use of electronic tablets, and also specific books in a range of topics including "Speaking up for myself" and bereavement, which could benefit people using the service. Comments from relatives included "[Person] has a good relationship with staff in the home and day centre, [Person] seems happy and content."

Care workers told us they were happy working in the home, enjoyed supporting and caring for people using the service and worked well as a team. Care workers told us they spoke with people using the service, read people's care plans and received the information they needed about each person from the staff team and others including health and social care professionals and others important to people so were able to provide people with the care and support they needed.

Each person had a key worker and a co-keyworker who supported them in their day to day lives. People knew the names of their keyworkers. A person told us their key worker "Helps me, and they do a lot for me." Care workers spoke about their key working role in supporting people in a range of areas including shopping for personal items, planning celebrations such as birthdays in one-to-one meetings and assisting people in maintaining contact with family and others important to them. Care workers told us about their role in supporting people to make choices for themselves such as about the sort of holiday they wanted and the clothes they wished to purchase. A person told us they enjoyed shopping for clothes.

Staff understood people's right to privacy and we saw they treated people with dignity. The service had a confidentiality policy. Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person's care and treatment. People's

records were stored securely. A care worker told us "I enjoy the job, the training, working with the team; we learn something different every day. We are like a family, they [people] rely on us so we show them respect, love and understanding."

Staff told us they supported people to retain as much of their independence as possible by encouraging people to make decisions and by being provided with equipment and aids that supported their mobility, such as wheelchairs, and walking frames. We saw people independently access their bedrooms and communal areas with and without mobility aids. A person spoke about their wheelchair and showed us how they got around within the home independently. We observed that staff were always available to provide people with support with their mobility needs if this was required. Records showed that people chose when they wanted to go to bed for example a person had chosen one night to go to bed at 11.45 pm

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. Care workers told us they had a significant amount of contact with people's family and others important to them about people's needs. The registered manager told us that a person using the service had a close male friend who they regularly met up with during social events. A person spoke about the support they had received from an advocate. Records showed and people's relatives told us that people had regular contact with family and friends. Relatives of people told us they were kept informed about people's progress and staff understood people's needs. A person's relative told us that a person had been supported by staff to attend the funeral of a relative. People told us "I've got quite a few friends at the day centre," and "My [relatives] all come and visit."

Care plans included information about people's life history and their spiritual needs. Staff were knowledgeable about people's religious needs and told us how several people were supported to regularly attend religious services. A person using the service told us that they regularly attended a place of worship, which they enjoyed.

Records, staff and people using the service confirmed a variety of religious festivals as well as people's birthdays were celebrated by the service. We saw an information board that provided information about current celebrations and festivals. Paperwork showed personalised planning for a person's forthcoming birthday had commenced. This incorporated the person's particular interests and preferences. Staff had a good understanding of equality and diversity. Records showed that staff received training about equality and diversity. Staff were knowledgeable about peoples' individual beliefs, needs, abilities and preferences and told us about the importance of respecting people's varied needs. The registered manager told us that the home celebrates different cultures in a variety of ways including providing people using the service with the opportunity to experience foods from a range of countries. A care worker told us "We respect others' culture and beliefs and support them, It is their choice."

Is the service responsive?

Our findings

The registered manager told us that before a person moved into the home information about the person's needs was obtained from health and social care professionals. An initial assessment was then carried out to determine if the service was able to meet the person's needs and to make sure they were compatible with people currently using the service. The registered manager spoke about the range of visits to the home that were carried out by people before they moved in. A person told us they had visited the home with people important to them prior to moving in and during the visits had met the people living in the home. A person's relative told us they had also visited the home before a person was admitted. They said a person had completed a range of visits to the home including an overnight stay to get to know if the service met their needs and preferences and to have the opportunity to meet people living in the home before they made the decision about moving in.

People's care and support had been individually planned to meet each person's specific needs and preferences. This was supported by a comprehensive assessment and care planning process that identified where people needed support and guidance from staff. The registered manager told us people had their own personal copy of their care plan information in picture format. The three care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them. They also included comprehensive written and pictorial guidance about how to provide each person with the care they needed and to support them in achieving personal goals. People's care plans showed the person was central to and the focus of their plan of care. For example details of what specifically upset a person and the help they needed with this and a range of aspects to do with their life were recorded in their care plan. We saw staff understood the person's needs, when they became upset they supported the person by acknowledging why they were upset and helping them move on to another subject so the person did not remain unhappy for long. A care worker told us about the particular triggers that led to a person displaying behaviour that sometimes challenged the service. They told us the person's behaviour had been discussed by the staff team and their care plan updated with specific guidance for staff to follow to minimise the occurrence of the behaviour.

People told us they were involved in their care, knew about their care plan and participated in its review. Records showed people's care plans were reviewed regularly, and when people's needs changed, for example when they became unwell. However, it was not clear from some records that each person using the service had the opportunity to discuss aspects of their care plan during care plan reviews. The registered manager told us that she would make sure staff recorded their engagement including discussion with people about their care plans. Staff told us and records showed that staff were responsive to changes in people's needs and contacted health and social care professionals including doctors when required.

Staff told us people's needs were assessed and monitored on a day to day basis by the staff team. Records of people's care and support were completed during each working shift so staff had up to date information about each person's needs. We found some 'daily logs' monitoring records difficult to read, lacked detail about people's personal view of their well-being and we saw an example in one person's records of terminology that was not appropriate. The registered manager told us she had spoken to staff about

improving record keeping and would discuss it further with them.

The registered manager told us she had frequent contact with people's relatives, advocates and others important to them. Relatives of people were kept informed about their family member's well-being, and were contacted when people's needs had changed and about significant issues to do with their lives. A relative provided us with an example of when they were informed about a person's behaviour needs. Another relative informed us that staff had understood a person's specific needs and had worked closely with a person to improve an aspect of their care. Relatives and those important to people confirmed they were fully involved in decisions about people's care and had attended meetings where the person's needs were reviewed. A relative told us "I go to all the reviews." They spoke of being invited to a Summer Barbeque at the home. Comments from people's relatives included "They [staff] keep in touch, they communicate well," "I feel they would contact me if there was anything important. [The registered manager] and staff involve me, staff are friendly and accommodating and understand people's needs well."

People's individual choices and decisions were recorded in their care plan. Records showed us that a person's request to have a shower at a different time of day had been addressed and supported by the service. A care worker told us that resident's meetings promoted choice and people's involvement as it provided them with an opportunity to make decisions about a range of matters including meals and holidays. Care workers also told us people's choice had been discussed in staff meetings.

Each person had an individual activity plan which we saw adhered to during the inspection. People attended day resource centres, which they told us they enjoyed. Two people spent the day at home during the inspection. We saw they participated in activities of their choice including watching television, knitting and household tasks. Care workers were knowledgeable about people's preferences and the type of activities they enjoyed. They supported people to follow their individual interests and to take part in a range of activities including those that were community based including going to the local hairdressers and social clubs. A person told us "I go to the hairdressers. I do like it there." Another person told us about the day centre they attended which they said they enjoyed and where they met their friends. Photographs that had been taken recently showed people participating in a range of activities.

People told us they also participated in household tasks including the laundering of their clothes, laying the dining table, shopping, cooking and tidying their rooms. We saw people take part in preparing a meal during the inspection. Other people were supported to prepare their packed lunch to take to their day centre. A person told us they regularly helped staff to tidy their bedroom and also took part in the laundering of their clothes. We saw people chose whatever they wanted to do and were comfortable in accessing areas of the home including their bedrooms independently.

People told us and records showed that people took part in regular residents' meetings, when they were asked by staff if they had any concerns or complaints. The service had a complaints policy and procedure for responding to and managing complaints. Staff knew they needed to take all complaints seriously and report them to the registered manager. A care worker told us every complaint was important and they provided us with an example of a person using the service having made a complaint about another person, and described how this was resolved. People's relatives told us they had no concerns or complaints about the service. They said that if they had a concern they would feel comfortable raising it, and were confident it would be addressed appropriately and promptly. Records of complaints showed that people using the service knew about the complaints procedure and felt able to tell staff when they had a complaint. Records showed complaints had been managed and addressed appropriately in line with the provider's policy. The registered manager told us that all complaints were monitored closely by the provider.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the home. People using the service, staff and people's relatives told us the registered manager and care staff were approachable and listened to them. Comments from people's relatives and others important to them included; I would have no hesitation in ringing them [staff] if I was worried about anything, "I feel there is a sense of family, I am happy [Person] is there," "I speak regularly with [registered manager], she is very helpful," "[Registered manager] is very approachable," and "[Registered manager] is absolutely lovely, very caring."

The registered manager told us, and care staff confirmed the home had an 'open door' policy so staff and people using the service could speak with her at any time. This was confirmed during the inspection. During the inspection the registered manager engaged with people and provided them with assistance during dinner and with their personal care. We saw people using the service approach the registered manager and care staff without hesitation. Records showed that the registered manager attended regular manager's meetings where best practice in a range of areas including the Care certificate induction, fire assessments, challenging behaviour training, positive behaviour and restraint, was discussed.

Regular team meetings, provided staff with the opportunity to receive information about the service, be told about any changes and to discuss and raise any concerns or comments they had. A care worker told us they had no concerns about mentioning any issues to do with the service and people's care. They told us they were confident they would be listened to and any issues raised by them would be addressed. They said they had raised an issue to do with a person's particular needs which had been discussed and guidance put in place to meet them. Records showed that people using the service, staff training, health and safety, infection control, person centred planning DoLS and safeguarding people had been discussed during staff supervision meetings.

People also had the opportunity to attend regular resident meetings where they were asked for feedback about a range of areas to do with the service including holidays and meals, and whether they had any complaints.

Records showed satisfaction surveys had been completed by people using the service. Results of this feedback showed people were satisfied with the service. The registered manager told us that people's relatives and others important to them had the opportunity to feedback about the service during people's care plan review meetings. She said that she and other staff also had frequent contact; face to face, by phone and email with people's relatives and advocates about people and the service. The registered manager said she would send people's relatives and others feedback surveys.

A range of records including people's records, visitor's book, communication logs, medical records for individuals showed that the organisation liaises with a range of professionals to provide people with the service that they need.

Policies and procedures service we looked at were up to date. Staff knew about the policies and how to

access them when this was required. The registered manager told us she would ask staff to record when they had read a policy.

The registered manager told us and records showed that in 2015 an unannounced quality check by a person centred planning co-ordinator employed by the provider and a person using the service from another service had been carried out. They looked at what the service was doing well and what it could do better. They described the home as a 'Happy home.' An action plan in response to the visit had been completed by the service. Records showed the regional manager also carried out quality monitoring visits to the service.

We saw an up to date regional business plan which included information about services including 65 Charlton Road and identified any challenges that services met and the action planned to develop and improve them, such as a commitment to the 'Driving up Quality Code' which aims to 'drive up' quality in services for people with learning disabilities. The registered manager told us she had attended a workshop 'Driving up Quality' which had also involved people using the service, relatives, advocates and staff in discussion about focussing upon each person and supporting them to lead the life they wanted within the service within a positive culture. A quality strategy 2013-16 included strategies related to a range of areas to do with the service including priorities and risk.

The registered manager and other staff also undertook audits to check the quality of the service provided to people. These checks covered hot water, water testing for the bacteria Legionella, fridge/freezer, cleanliness of the premises, people's finances, and the management and administration of medicines. An unannounced Local Authority Environmental Health Food hygiene inspection in April 2015 had rated the service 5 Star [very good].

The registered manager and records showed that the chief executive of the organisation had visited the home in 2015 and had been positive about the service including it offering "Truly personalised support."