Precious Homes Limited

Vermont House

Inspection report

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Date of inspection visit:
21 September 2017

Date of publication:
03 November 2017

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 comprehensive inspection took place on 21 September and was unannounced.
Vermont House provides accommodation for up to nine people who require support with personal care and who have a learning disability and/ or autism spectrum disorder. At the time of our visit five people lived at the home.

Prior to this inspection we received information that people were not supported safely and they did not have enough food to eat.

We checked and found enough staff were on duty during our visit to keep people safe and meet their support needs. The provider's recruitment procedures minimised the risks to people safety. Some staff had left their employment at the home since our last inspection. There were three staff vacancies at the home at the time of our visit and plans were in place to recruit new staff to the vacant positions. New staff were provided with effective support when they first started work.

Staff understood their responsibilities to care for people effectively in line with their wishes. Records showed a programme of regular training supported staff to keep their skills and knowledge up to date. People thought staff had the skills and knowledge they needed to provide the care and support they required.

Staff assisted people to plan food menus and we saw a variety of foods which people enjoyed were available to them. Staff demonstrated a good understanding of people's dietary needs.

The home had a registered manager. 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.

The home was last inspected on 26 August 2016. At that focused inspection we and rated the service 'Requires improvement ' in 'Safe.' We identified checks that took place in relation to the fire safety at the home did not occur at the frequency the registered provider had specified. Also, the way people's medicines were managed was not consistently safe. We found during this visit the required improvements had been made.

A variety of effective systems were in place to monitor the quality of the home. Since our last inspection the frequency of the checks in relation to fire safety at the home had increased. This assured the provider people and the staff were kept as safe as possible if a fire was to occur. Staff had completed fire safety training to improve their understanding of fire safety. Improvements had also been made to the level of information recorded to inform staff and the emergency services of the support people required to evacuate the building safely.

Since our last inspection improvements had been made to how medicines including PRN medicines were managed and administered. The frequency of medicine checks had also increased. This meant people had received their medicines when they needed them. However, medication errors had occurred since our last inspection. Action had been taken to reduce the risk of further errors occurring; staff had also completed further training to increase their knowledge and confidence to administer medicines correctly.

People felt safe living at the home and procedures were in place to protect them from harm. Staff had competed safeguarding adults training and were knowledgeable about the risks associated with people's care. Records showed the management team knew how to correctly report safeguarding concerns which meant any allegations of abuse could be investigated.

Risk assessments and management plans were in place and contained clear guidance to support staff to manage risks. However, some staff felt under pressure as they had found dealing with recent incidents of challenging behaviour difficult.

The provider and the management team were aware of the challenges staff faced and had taken positive actions in an attempt to improve the wellbeing of the staff. Analysis of the incidents had been completed and the information was used was to hold 'behavioural workshops' with the staff which included new techniques and approaches they could use to support them to manage people's behaviour.

An out of office on- call system was in place which meant staff could speak with a member of the management team at this time if they needed support.

The home worked in partnership with local health and social care professionals. This meant people who lived at the home received the appropriate support to meet their needs.

People told us the staff were caring and we saw there was as relaxed atmosphere at the home. Staff knew the people they supported well and were responsive to their needs. People were offered choices and staff understood people's different communication styles. The provider and the management team promoted equality land diversity at the home. We saw people's right to privacy was respected by the staff team and people were supported to maintain their independence.

People had personalised care plans and had planned their care in partnership with the staff which met their personal goals and care needs. People were supported to take part in social activities which they enjoyed. People were encouraged to maintain relationships important to them and there were no restrictions on visiting times.

People knew how to make a complaint and told us they felt confident to make a complaint if they wanted to. Weekly meetings took place for people at the home to be involved in decisions about the home. Annual quality questionnaires were also sent to people to gather their views on the service. Action was taken if improvements were required.

People were happy with how the home was run. Overall, staff felt supported by their managers and we saw good communication between them and their managers during our visit. Staff confirmed they had opportunities to attend staff meetings and contribute their ideas to the running of the home. The provider had a system in place to identify good care and encourage all staff to develop their skills to improve the service.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated

Deprivation of Liberty Safeguards (DoLS). Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place and the outcomes were clearly recorded.

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 staff were available at the times people needed. The provider's recruitment procedures minimised the risks to people safety. Staff understood how to manage the risks associated with people's care. Action to improve the wellbeing of the staff to support them to manage people's behaviours was taken. Incidents were analysed to reduce the likelihood of them happening again. People received their medicines when they needed them. Medicine errors had occurred and action had been taken to reduce the risk of reoccurrence. Checks on the fire safety at the home had improved.

Is the service effective?

Good

The service was effective.

Staff received training and had the skills and knowledge to care for people effectively. New staff were provided with effective support when they first started work. Staff demonstrated a good knowledge of people's nutritional needs and a variety of foods people enjoyed were available. The home's staff worked in partnership and maintained links with health professionals. The provider was working within the principles of the Mental Capacity Act (2005). Staff had received MCA training and overall, they demonstrated to us they understood the principles of the Act.

Is the service caring?

Good

The service was caring.

People told us staff were caring. Staff members showed concern for people's well-being and respected their right to privacy. Staff supported people to remain independent. People were encouraged to maintain relationships important to them.

Is the service responsive?

Good

The service was responsive.

Care and support was responsive to people's individual needs. People were involved in planning their care. Care plans contained detailed information about people's preferences and routines. People were offered choices. People had opportunities to follow their interests and to be involved in social activities. People knew how to make a complaint if they wished to do so and a system was in place to manage complaints received about the service.

Is the service well-led?

Good

The service was Well-led.

People were happy with how the home was managed. Staff spoke positively about the management team. There were effective systems to monitor and review the quality and safety of the service provided. There was a strong emphasis on continually looking for ways to improve the service people received.

Vermont House

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 21 September 2017 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection visit we received information which gave us concern people may not be supported safely because there were not always enough staff on duty and food was not always available which meant people did not have enough to eat.

Before our visit reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the home, what it does well and improvements they plan to make. The information contained within the PIR was reflected during our visit.

During our visit we spoke with three people who lived at the home. We spoke with the deputy manager, a manager from another location run by the provider, an operations director and four care workers. We also spoke with two visiting health professionals.

We looked at the records of three people and two staff. We also looked at other records related to people's care and how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

The registered manager was not present during out visit. We spoke to them shortly afterwards via the

telephone to give them the opportunity to share their views on the home and the care and support people received.

Good

Is the service safe?

Our findings

Most people who lived at Vermont House required one to one or two to one supervision from staff at all times to ensure they were safe. Prior to our visit we received information which alleged there were not enough staff on duty at all times, which placed people at unnecessary risk. We shared this information with the provider and they carried out an immediate unannounced check at the home. Their findings concluded enough were enough staff on duty to meet people's needs.

People told us and we saw there were enough staff on duty. Comments from people included, "My staff are always here," and, "Yes, enough." Staff told us there was always enough of them. Comments included, "There is enough of us, that's standard here," and, "Most of the time, yes. We sometimes use agency staff if we are short."

The providers PIR informed us 11 out of 19 staff had left their employment at the home in the last 12 months. We discussed this higher than expected turnover of staff with the registered manager shortly after our visit. They told us some staff had been dismissed as they were not competent in their roles. Others had chosen to leave their employment and some had been promoted and were working elsewhere within the organisation. At the time of our visit there were three staff vacancies. The registered manager explained how they were recruiting new staff. For example, the day before our visit a 'staff assessment day' had taken place. This had resulted in one staff member being offered a care worker role at the home. Until all vacancies were filled any short falls on the staff rota were covered by agency or bank staff. Bank staff are staff members employed by the provider to cover for planned and unplanned shortfalls in staffing.

The provider's recruitment procedures minimised, as far as possible, the risks to people's safety. A manager explained the home recruited staff who were of good character and checks were carried out before they stated work. Staff confirmed their references had been requested and checked and they had not started working at the home, until their disclosure and baring (DBS) clearance had been assessed by the provider. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

At our previous inspection we found the management of people's medicines administered on an 'as required' basis had improved since our inspection in April 2016. These are medicines that are prescribed to treat short term or intermittent medical conditions or behaviours and are not taken regularly. During this visit we saw clear protocols for the administration of these medicines were in place. This meant improvement had been sustained.

At our previous inspection further improvement was required in relation to the medicine administration process for when people chose to spend time away from the home such as, visiting their family or friends. This was because the process had not ensured people received their medicines as prescribed at this time. During this visit we found clear procedures had been implemented for staff to follow to correctly 'sign out' a person's medicine if they chose to spend time away from the home.

At our previous inspection medicine audits had not been carried out at the planned frequency which meant they were not effective. We checked and found the system in place for auditing and checking medicine administration at this visit had improved. Records showed that checks had taken place and no errors had been identified in the two months prior to our visit.

The providers PIR informed us that there had been 16 medication errors in the previous 12 months which meant some people had not received their medicines when they needed them. We discussed this with the registered manager. They said, "Errors have happened, there is no excuse but be assured (medicine) errors are taken extremely seriously." They explained if a medicine error occurred the staff member responsible did not administer medicines again until an investigation had been completed, the staff member had been retrained and their practice had been assessed as competent by a manager. Our discussions with staff confirmed that this did happen. However, some staff told us this process took a long time to complete and on occasions meant there were not enough trained staff available to administer people's medicines. We discussed with the deputy manager. They told us if this had happened it was a one off occurrence. They assured us when the staff rota was planned they made sure medicine trained staff were on duty.

In an attempt to reduce the risk of further medicine errors two competent trained staff administered people's medicines. A manager told us this meant 'a second check' took place which reduced the likelihood of staff making mistakes. Staff had also completed further training to increase their knowledge and confidence to correctly administer people's medicines. The registered manager told us, "Medication handling is on the up, no errors have occurred for a couple of months. I feel more confident, actions we have taken so far are proving to have worked."

We looked at medicines for all of the people who lived at the home. We found in the five weeks prior to our visit these had been administered, stored and disposed of correctly.

At our previous inspection we found that progress had been made to address some of the areas of concern identified at our inspection on 25 April 2016 in relation to the safety of the service. However, the systems in place to monitor the fire safety at the home required further improvement. This was because checks did not occur at the frequency as specified by the provider.

During this visit we found further improvements had been made. For example, fire extinguishers were checked monthly and the homes fire alarm was tested weekly to make sure it was working correctly. Staff told us they had also completed fire safety training which had improved their awareness and understanding of their responsibilities in relation to fire safety at the home. Records we reviewed showed us training had taken place in July 2017. One staff member said, "We know to guide people into the back garden and get as far away from the house as possible if we hear the fire alarm."

At our previous inspection information which detailed the level of support people required to evacuate the building safely in the event of a fire was out of date and did not reflect people's needs. This placed people at risk of receiving inconsistent support. During this visit we saw the required improvements had been made. Records clearly detailed the level of assistance people required which meant staff and the emergency services would know what support people would require to evacuate the building safely.

A service contingency procedure was in place and was on display in a communal area of the home. Therefore, if there was disruption within the home due to an unexpected event people should receive continuity of care.

Risk assessments and management plans identified potential risks to people's health and wellbeing and

provided staff with the guidance they needed to support people safely. We look at three people's records. Two out of the three were detailed and provided staff with the up to date information they needed to provide safe support. However, one person's risk assessment had not been updated following an incident in July 2017 when the person had left the home without staff supervision which placed the person at risk. We discussed this with the deputy manager who assured us the person's records would be updated immediately. The updated risk assessment was sent to us shortly after our visit.

Some people who lived at the home had behaviours that could cause harm to themselves or others if they became anxious. Staff we spoke with, knew and understood the risks associated with people's care and described how to manage risks. They had been trained to 'de - escalate' situations and use techniques to support people remain calm. In the weeks before our visit several incidents had occurred when one person had become anxious and had displayed challenging behaviour.

One incident had resulted in a staff member being injured. Staff told us despite receiving training dealing with these types of incidents was 'extremely' challenging especially in public places and on occasions this had made them feel worried for their own safety. One staff member explained they had followed a person's risk assessment but because one incident escalated so quickly they were not able to diffuse it. This meant staff did not feel confident in their abilities to support people effectively.

The provider and the management team were aware of the challenges staff faced and had taken positive actions in an attempt to improve the wellbeing of staff. This had included increasing staffing levels from one to one to two to one at all times for one person. An operations manager told us, "Staff feeling safe is paramount. We increased the level of staff supervision immediately to protect staff."

In addition, to support staff further, debriefing sessions were held following incidents of challenging behaviour. This gave staff an opportunity to reflect on what went well, how they were feeling and what lessons could be learnt. One member of staff told us, "We have debriefs, managing challenging behaviour is part of the job. We see if incidents could have been handled any better."

Following our visit we reviewed the analysis completed by the registered manager following six incidents which had occurred between 13 July and 9 September 2017. Analysis showed the potential trigger for the behaviours had been identified. The registered manager had used the analysis to hold 'behavioural workshops' with the staff which included new techniques and approaches they could use to support them to manage people's behaviour.

Procedures were in place to protect people from harm. The provider's safeguarding reporting procedure was displayed in communal areas of the home in a format people could understand to inform them how to report concerns if they felt unsafe. Our discussions with managers confirmed they were aware of their responsibilities to keep people safe. Records showed they knew how to report safeguarding concerns which meant any allegations of abuse could be investigated.

Staff confirmed they had completed training to safeguard adults. They confidently described to us the signs which might indicate someone was at risk. For example, unexplained bruising to skin or being given too much, or too little medicine. Staff told us they would report any concerns to their managers. One said, "If I was concerned I would tell the senior or a manager." We asked what they would do if action was not taken to investigate their concerns. They said, "I would tell CQC or I could even call the police."

Staff were aware of the providers whistleblowing policy and told us they knew they could use it to report concerns. A whistle blower is a person who raises concerns about poor practice in their workplace.

Good

Is the service effective?

Our findings

One person told us, "If I need them staff help me." Another said, "Staff are good at their jobs."

Staff told us they had received effective support when they had first started working at the home. One said, "I have just completed my induction. I learnt a lot about how to do my job." They explained they had spent time reading people's care records and had worked alongside experienced staff to get to know people and to observe how people preferred to be supported. Completion of the induction assured the provider staff understood their policies and procedures and meant they had received training in-line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff completed training the provider considered essential to meet the care and support needs of people who lived at the home. The homes training schedule showed the training staff had completed training and when it was next due. This helped the registered manager prioritise and plan training that the staff needed.

Staff had completed MAPA (Management of Actual or Potential Aggression) training to ensure they had the skills they needed to manage the behaviours of some people who could cause themselves, or others harm. The aim of this training is to minimise the use of physical intervention and to use de-escalation techniques to reduce a person's anxiety. One staff member told us, "Training is good, if we ask for it we get it."

Staff felt supported by the management team with regular one to one meetings. This provided them with the opportunity to discuss their work performance and learning and development needs. One staff member told us, "I do have supervision and meetings to discuss things."

Staff we spoke with demonstrated they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager understood their responsibilities in relation to the Act. All of the people who lived at the home had been assessed to determine whether they had capacity to make their own decisions. Where people had been identified as not having capacity to make specific decisions about their care, appropriate discussions had taken place with those closest to the person to make decisions in their best interests. The outcome of these was clearly recorded.

The Act requires providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Three applications had been submitted at the time of our visit where restrictions on people's

liberty had been identified. Shortly after our visit we were made aware two had been authorised because people were under constant supervision from staff to maintain their safety.

Staff had received MCA training. The majority of staff demonstrated they understood the principles of the Act which meant they could ensure peoples' rights were being protected. We saw staff asked people for their consent before providing assistance. For example, one staff member asked a person, "Shall I help you to make your lunch?" We asked staff what they would do if a person declined assistance with their personal care. They told us, "Sometimes [person] won't let you help them so we just back away and try again a little bit later." and, "I would ask someone else to help them; we can't force them [people]."

Prior to our visit we received information which alleged food was not always available which meant people did not have enough to eat. We shared this information of concern with the provider and they had carried out an immediate unannounced check at the home to ensure food stocks were sufficient. Their findings concluded enough food was available.

During our visit we found ample quantities of different foods including fresh fruit were available. One person told us, "The food is lovely; I can have whatever I want." We saw the person helped themselves to a snack and a drink. Staff assisted people to put together a weekly menu plan that contained foods they liked that were nutritionally good for them. Each week food items were ordered online and delivered from a supermarket. A staff member told us, "Loads of food here, if we ever run low we use petty cash to buy items."

Staff had a good understanding of people's dietary needs. For example, one person was lactose intolerant. Staff knew this and alternative foods and drinks were available to replace the milk and dairy products they were unable to consume.

One person was at risk of weight loss and this had been identified through the risk assessment process. They often chose not to eat and the consequences of this had been explained to and understood by the person. In August 2017 a community dietician had advised staff at the home to continue to encourage food consumption and offer the person food supplements prescribed by their GP. Another person put a lot of food into their mouth when they were eating and this presented a risk because they could choke. Staff were aware of this and told us they cut the persons food into bite size pieces and encouraged them to eat slowly. This reflected the information within the persons care plan.

People's records showed how the home's staff worked in partnership and maintained links with health professionals such as, community nurses to benefit the people who lived at the home. Where changes in people's behaviours were identified they were referred to the relevant healthcare professionals. Records showed one person had recently had one of their medicines changed and staff told us this had resulted in a positive change in the person's behaviour. Another person had recently received dental treatment after informing the staff their mouth was painful.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "They (staff) are good, they treat me good." Another person put their thumb up in the air when we asked them if the staff were kind.

We spent some time observing the interactions between staff and people. There was a friendly and relaxed atmosphere at the home and we saw people were comfortable approaching and engaging with staff. All the staff we spoke with showed concern for people's wellbeing and spoke affectionately about people. They told us the support people received was always delivered to a high standard. Comments included, "We all want to do a good job." and, "It is homely here." The managers we spoke with all felt confident all of the staff were committed to providing high quality care to people.

Staff demonstrated they knew the people they supported well. They explained they talked with people 'to find out all the small things' that were important to them. Staff also watched people's body language to find out what they liked and disliked if people were unable to tell them. Staff said this helped them to gain an understanding of how people wanted their support to be provided.

Staff knew what support provided comfort to people and we saw appropriate distraction techniques were used when people became anxious. For example, one person became anxious and we saw staff showed them a football. The person then chose to go into the garden with staff and spent time playing football which we saw this reduced the person's anxiety.

The staff team demonstrated their commitment to continually supporting people to maintain their independence wherever this was possible. We observed staff doing this throughout the day. One person used a self-propelled wheelchair and we saw a staff member moved an item of furniture that was blocking the route they wished to take. Another person was being supported to use a lap top to manage their finances.

Staff understood the importance of respecting people's privacy and dignity. People's rooms provided them with their own private space, and where possible they had been supported to choose how their rooms were decorated and furnished. We saw staff maintained supervision discreetly when people chose to spend time in their bedrooms. One staff member knocked on one person's bedroom door and waited for permission before they entered. They told us they had done this because it was important to the person to 'have private time' and they would not just walk into the room because the person might be undressed and this could cause them to feel embarrassed.

The provider and the management team promoted equality and diversity at the home. Staff completed equality and diversity training as part of their induction and training was refreshed annually to ensure the culture of the home was inclusive. One staff member said, "Everyone is welcome here, all cultures, beliefs or sexuality. We are all just people."

There were no restrictions on visiting times and people were encouraged to maintain relationships with

people who were important to them. Staff confirmed all of the people who lived at the home had frequent contact with their family and friends and chose to spend time with them. People's family and friends also had the opportunity to attend a 'cup of tea, meeting' every three months. The registered manager told us these meetings gave people the opportunity to get together, meet the staff and discuss how they were feeling.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs and demonstrated a good knowledge of how people preferred their support to be provided which meant people were supported by staff who knew them well. Staff described people's daily routines and how they provided personalised care. For example, one person liked to have a 'lie in' and usually chose to get up between 10am and 11am each day. Staff told us they had checked the person frequently throughout the morning and would not provide assistance until the person was ready. Another person liked water and enjoyed having a bath. We saw a bath had been fitted in their en-suite bathroom at their request.

A manager told us they were 'proud' of the way staff responded to people's needs and the positive impact this had on people's well-being. They described how staff had spent time with one person who had chosen not to socialise with other people when they moved into the home. This had caused staff to be concerned because the person was at risk of being lonely and isolated. They explained how by staff spending time getting to know the person they had gained their trust which had resulted in the person choosing to go on a holiday with others which they had enjoyed.

People were offered daily choices, for example, how they would like to spend their time. People's communication styles and abilities were all different. Their care plans contained information on how they preferred to communicate. For example, one person liked to receive information verbally as this made it easier for them to understand. Staff told us they were patient when speaking with one person who had autism. One told us, "We speak in short sentences and give time to respond as it takes a little while to process the information." Other people used picture cards and Makaton which helped the staff to understand what they were trying to tell them. Makaton is a language that uses signs and symbols to help people to communicate. We saw staff understood what these signs and gestures meant. This demonstrated staff supported people to make choices and communicated in ways people understood.

Prior to moving into the home, people were assessed to determine their level of independence and support needs. We saw assessments included staff from Vermont House visiting the person several times to get to know them and show them pictures of the home so they could see what their prospective new home looked like. The registered manager explained this process was important as it made sure the home was the right place for the person to live and to ensure people's needs could be met.

Everyone who lived at the home had a personalised care plan which included their likes and dislikes. For example, one person enjoyed time with their friends and another person liked to eat a particular cereal for their breakfast. Care records were updated monthly or sooner if a person's needs changed which gave staff clear up to date guidance about the support people required.

We asked staff how they knew if a person's care needs had changed. They told us messages were often passed on verbally and a communication book was also in use. In addition, handover meetings took place at the beginning of each shift as the staff on duty changed. We attended a meeting during our visit and the health and well-being of each person living in the home was discussed and changes were communicated.

These systems helped staff ensure people received the care and support they needed.

People's care and support had been planned in partnership with them and their families and in a way that met their personal goals and care needs. The registered manager told us providing personalised care to people was a priority and they felt the home had made good progress in this area in the previous 12 months. For example, 'life books' had been introduced. These informed staff about what was important to people from their perspective.

The providers PIR informed us people had opportunities to attend weekly group meetings. During these meetings people had the opportunity to be involved in making decisions about the home which included planning social activities and the food provided. People confirmed these meetings took place each week during 'take away night'. One person said, "I am having chicken and chips tonight at the meeting." A staff member explained the meetings took place during 'take away night' as this made the meeting less formal and encouraged people to attend and share their views which assured the provider people were being listened to.

People were supported to take part in social activities which they enjoyed. One person told us they went to discos and football matches which they enjoyed. On the day of the visit we saw people took part in a variety of activities which included playing football and computer games. People had opportunities to access their local community and records showed people had recently been ten pin bowling and to the cinema.

A sensory room was located within the home. A sensory room is a room which combines a range of stimuli to help individuals to engage their senses. We saw a bubble tube, a light projector and a 'foil blanket' were located in the room which made a 'crinkling sound' when it was moved. A staff member explained one person who had autism used the sensory room daily. This had a positive effect on their well-being because it made them calm and relaxed. The staff member added, "Wrapping themselves in the blanket and watching the lights project onto the wall works wonders."

Information on how to make complaint was displayed in the home in a format people could understand. People told us they knew how to and would make a complaint if they wanted to. One person told us, "I would tell the boss, I would complain if I wanted to," Another person said, "I would tell staff." A staff member told us they would know if someone was unhappy and they 'would tell the manager'. The home had received one formal complaint in the previous 12 months which had been resolved. An operations director told us, "There is an open culture; we encourage people to speak to us before they feel the need to make a complaint."

Good

Is the service well-led?

Our findings

People were happy with how the home was managed. One person said, "The managers are ok here." Another said, "Oh, yes, yes, very good." A third person put their thumb up in the air and smiled when we asked them if they liked the managers.

Staff told us the management team were, "Approachable." and, "Very opening to listening and their doors' always open." Staff said this made them feel supported. We saw staff confidently approached the managers who provided them with support and advice during our visit.

We saw good team work and communication between the staff team and their managers during our visit. Processes we looked at included handover records and communication books. This showed us staff could pass on information and receive important messages from the management team.

Staff told us overall, they enjoyed working at the home and staff morale was 'okay.' However, due to some recent incidents when people had displayed challenging behaviour staff felt under pressure due to the challenges of dealing with these situations. The provider and the management team were aware of the challenges staff faced and had taken positive actions in an attempt to improve the wellbeing of staff. The registered manager said, "There has been recent a peek in incidents, I know there in unrest between the staff. I am committed to making staff feel confident in their roles."

The provider's management team consisted of a registered manager and a deputy manager. The registered manager was experienced and had been in post at the home for over 12 months. Support was provided to the management team by an operations director who visited the home twice a week to complete quality audits and offer support to the management team. Records showed during these visits they spoke with people, staff and visitors and identified good practice and areas that required further development.

There were effective systems to monitor and review the quality and safety of the service provided. We found improvements had been made to the way PRN medicines were administered and the way medicine checks were completed. The systems in place to monitor the fire safety had also improved and checks were taking place at the frequency specified by the provider. These checks should ensure the home was run effectively and in line with the provider's procedures.

There was a strong emphasis on continually looking for ways to improve the service people received. Any areas identified for improvement were addressed quickly. For example, on 28 August 2017 an environmental audit had identified that the oven door was broken. The deputy manager told us immediate action had been taken to replace the door. We checked and found the door had been replaced. Another person's bed had been broken and this had also been replaced.

Full audits also took place at the home every 6 months by an independent quality assurance company. The operations director told us, "Having the external audits is an extra check. It helps us to gain an overall view of the service and gauge compliance with CQC." An audit completed in February 2017 had made some 'good

practice' recommendations to improve some paperwork in relation to recruitment of staff. Our discussions with the operations director assured us action had been taken to make improvements.

The registered manager told us they were, "Proud of the staff team," and that it was, "Really important to acknowledge how hard staff work and make them feel valued." A scheme called 'team member of the month' was in place and recognised the commitment and contributions staff made to benefit the people who lived at the home. Staff nominated each other and we saw a staff member had won the award for promoting choice, and independence in September 2017. This showed the provider had a way of identifying good care and encouraging all staff to develop their skills to improve the service.

An out of office hours, on-call system was in place. This meant that staff could speak to a member of the management team at any time if they had any concerns. The deputy manager told us they were available outside of hours including weekends to deal with emergencies and to offer support and guidance to staff. Staff told us this made them feel supported and listened to and assured them they could seek guidance when they needed it.

Staff confirmed they had opportunities to attend staff meetings and contribute their ideas to the running of the home. Records showed meetings were used to discuss areas for improvement such as, medicine errors to drive forward improvements.

The operations director told us the provider wanted to 'empower' their managers. Managers told us they had opportunities to attend 'away days' and regular meetings which meant they were able to share good practice and contribute their ideas to the future development of the organisation. One manager said, "I am proud to be precious. It's a good company to work for." This was because they had opportunities to develop their career and they felt involved in making decision such as, the recruitment of new staff.

Annual quality questionnaires were sent out to gather people's views on the service they received. Completed questionnaires were analysed to assess if action was required to make improvements. We saw three responses had been received to questionnaire sent out in November 2016. People were happy living at the home, they felt listened to and did not feel any improvements were required.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home. It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed in the foyer of the home and on the provider's website.