Modus Care Limited

Warwick House

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

Summary of findings

Overall summary

This inspection took place on 9 and 10 October 2017 and the first day of the inspection was unannounced.

Warwick House provides accommodation and care for up to seven people. People living at the home have a learning disability. On the day of our inspection, four people were living at the home. People had their own bedrooms with en-suite facilities. Communal space consisted of a large lounge area, kitchen and dining room. People had access, to an enclosed garden.

The home was managed by the 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 and associated Regulations about how the service is run.

People at the home were safe. Risks to people were managed well and gave people freedom, yet kept them safe. The risk assessments identified guidance for staff to follow about how to manage the risk in order to promote and maintain people's safety and also how to minimise risks to further promote and maintain people's independence, wherever possible. Records showed a fire risk assessment was in place. The home had personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Staff had received training in how to recognise and report abuse and they knew what to do should they suspect any form of abuse occurring.

The atmosphere in the home was calm and relaxed during our visit. Staff treated people with respect and it was apparent that people had positive relationships with the staff that supported them. We observed staff supported people in a kind and sensitive way, ensuring their well-being and comfort when providing their care.

Staff had good relationships with people and had an excellent understanding of the individual needs of the people they were caring for. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care.

Detailed and comprehensive care records were in place which reflected peoples identified health care and support needs. Information about people's dietary requirements, how people wanted to be supported when support was required, and how this was to be delivered, were clearly detailed in the care files we examined.

The home was working to the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. We saw staff sought people's consent wherever possible. For example, with how and where they wished to spend their time. Staff we spoke with understood the MCA and could describe the basic principles. Staff knew how to make decisions in people's best interests if they were unable to make

decisions or provide consent. However, not all decisions made in people's best interests had been recorded. The registered manager immediately dealt with this and arranged for each person to have a review of their care and all decisions made.

People were encouraged to be as independent as possible and were supported to make choices about how they wanted to live their life. We saw examples of people being empowered to take control of their own lives, such as, being supported to gain employment. Staff encouraged people to do as much for themselves as they could and people were supported and encouraged to take part in the preparation of meals and keeping their rooms and the home clean and tidy.

People could make choices about their food and drink and where to eat their meals. People told us they enjoyed the food at the home. One person said, "The food is nice." Relatives told us, "[name] is fed well. [Name's] a fussy eater and they are good with her. They choose something with her." Staff encouraged healthy eating and supported people to choose and eat a healthy and varied diet to maintain a healthy weight.

We observed people engaged in activities of their choice throughout the day which included going out into the local community and to day care facilities. Each person had individual social lives, hobbies and interests and were supported by staff to follow these. For example, staff supported people to go out for lunch, go to the shops or visits to the local areas of interest.

Staff received regular training, supervision and appraisal and they were supported in their role. There were sufficient staff to support people and ensure they received individualised care in a safe and timely way. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Relatives said they knew how to complain but they hadn't needed to.

Staff told us they worked well at a team and there was a clear management structure in place. Staff were positive about the levels of support, guidance and leadership displayed by the registered manager. One staff member told us "His door is always open to us, he is very approachable."

Regular audits were carried out by the registered manager to monitor the quality and safety of the home. People were consulted and asked their views about aspects of service provision. People met with their key workers every week to discuss trips out, food preferences, and issues to do with the running of the home; they also had the opportunity to attend monthly resident's meetings. We saw relatives and friends, where appropriate, were asked to regular care reviews and to give feedback about the home in other ways, such as yearly quality assurance questionnaires.

Refurbishment had taken place since the last inspection and was on-going to improve the environment for the people living at Warwick House. The home had a homely feel and photos of people and staff reflected the interests and lives of the people who lived there.

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.

Risks were identified and managed in ways that enabled people to remain as safe as possible.

People were protected by a robust staff recruitment process.

People were protected from risk associated with medicines.

People were protected from the risk of abuse through the provision of safeguarding policies, procedures and staff training.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).However, decisions made in people's best interests were not always being recorded as they should.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of meals and were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

People, relatives and healthcare professionals were positive about the home and the way staff treated the people they supported.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the home; their views were sought and acted upon.

Is the service well-led?

Good

The service was well led

Relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored effectively and the service was keen to further improve the care and support people received.

Staff said the registered manager was supportive but did not feel valued by the provider.

Warwick 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 9 and 10 October 2017 and was conducted by one adult social care inspector. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority, Quality and Improvement Team, Healthwatch and other healthcare professionals who provided information about the home. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and met and spoke with everyone living there. After the inspection we spoke with three relatives on the telephone to ask for their opinion of the home. In addition, we spoke with the registered manager and five members of staff.

We looked around the building and looked in all the bedrooms, all of the communal areas, toilets and bathrooms. We looked at the care plans, records and daily notes for everyone living at the home and looked at policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at three staff files to check the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

People living at Warwick House had a learning disability. They were supported by staff to be as independent as possible whilst providing a safe environment for them to live in.

People told us they felt safe at the home. One person said they felt "very safe". Throughout the day people approached staff in a comfortable manner, smiling and laughing. This indicated they felt safe in the company of staff. Comments from relatives included, "I think my relative is very safe, I have no issues with their safety" , "I think it's very safe, It's one of the best homes that [person's name] has lived in. He is happier than he's ever been" and "I'm sure she's very safe there, they look after her very well."

Staff had received safeguarding training, were aware of how to raise a safeguarding alert and when this should happen. There were no current safeguarding concerns. The home had a policy for safeguarding adults from abuse. One member of staff told us, "We have a duty of care to make sure they are safe and we have a responsibility to report bad care to the manager or go higher and whistle blow if they weren't listening." They also told us how they make sure other members of staff were made aware of possible risks by, "Talking about any issues or concerns at handover." The staff told us they had attended training on safeguarding adults from abuse. The staff training records we reviewed also confirmed this.

Records showed a fire risk assessment was in place. The home had personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency. Fire safety equipment was tested and fire evacuation procedures were practiced. However, during the inspection we saw that fire extinguishers had been moved from the corridors on the ground floor to the office due to risk from behaviours displayed by one person which placed them and other people at risk of harm. We discussed these concerns with the registered manager who told us this was a short term response to reduce the risk of harm and fire risk assessments had been updated to reflect the changes.

Support and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. They were reviewed regularly and staff showed an understanding of the risks people faced. Risk assessments had been completed, specific to the individual, which included medication, leaving the home unsupervised, kitchen risks, risk to self and risk to others. The risk assessments identified guidance for staff to follow about how to manage the risk in order to promote and maintain people's safety and also how to minimise risks to further promote and maintain people's independence, wherever possible.

People's risks were identified in respect of their mental health. Indicators of deterioration in people's physical and mental health were set out in people's files and staff were monitoring these signs. Where concerns were identified action was taken, which included when needed, liaison with health and social care professionals.

Care plans were in place to show people's care and support requirements when they became distressed.

Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person. Care records provided clear detailed and up-to-date information for staff to provide consistent support to people if they became distressed and challenging. For example, one care record stated, "[name] will require your reassurance that she is safe and will require you to take control of the situation" and "Remain calm, don't argue and remove all heated discussions from around [name]."

Staff had been recruited safely as the necessary checks had been carried out before people began work in the home. We spoke with members of staff and looked at three staff files to make sure staff had been appropriately recruited. Relevant references and Disclosure and Barring Service (DBS) checks had taken place to ensure they would be suitable to work with people receiving care. Documents verifying people's identity were available on staff records. Copies of interview questions and notes were available to show how each staff member had been appointed.

The registered manager told us staffing levels were determined by the number of people living at the home and their needs. Staffing levels could be adjusted according to the needs of people and the number of staff supporting people could be increased as required. Staff told us they thought there was enough staff, "Yes I think there are enough staff on duty" and "There are always enough staff."

People living at the home had been assessed as needing support from one member of staff throughout the waking day. One person also required the support of two member's of staff when they went out into the community. The home was staffed by three to four support workers during the day and there was one member of staff awake and one member of staff asleep on duty overnight. These numbers did not include the registered manager who was also on duty during the day and was available to provide any support and guidance when required. The provider also had an 'on call' rota to cover weekends and night time.The registered manager told us they were currently advertising for a deputy manager and care staff in order to meet the needs of people living at the home and any new admissions. We considered staffing levels were sufficient to meet the needs of the people who were living at the home at the time of inspection.

People had received their medicines safely and on time. All staff who administered medicines were appropriately trained and this training was updated as needed. No one was responsible for managing their own medicines. Processes were in place for people to take medicines with them if they were going out for the day, so the taking of medicines did not affect or limit their activities and independence.

Medicines were stored in a locked cupboard in a locked room. Medication Administration Record (MAR) sheets showed that medicines had been signed in, dated and amounts received recorded appropriately. Medicines no longer in use had been returned to the pharmacy appropriately. The MAR sheet had been signed after each dose of medicine had been given. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times.

Where medicine had been prescribed to be administered 'as required' there were clear guidelines as to when the medicines should be administered. This minimised the risk that such medicines would be administered at different times by different staff. Each time medicine had been administered on an 'as required' basis, staff completed a form detailing the circumstances under which the medicine had been given. This was then reviewed by the registered manager to ensure the medicine had been administered appropriately.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified and acted upon. The registered manager told us records of any incidents or accidents were kept for each

person and reviewed and audited on a monthly basis. Actions taken to prevent re-occurrence were documented and communicated to staff.

People lived in a clean and safe environment. Assessments for managing risk were available and covered key areas such as infection control. Systems were in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Environmental risk assessments had also been carried out and covered areas such as gas boiler/heating system and electrical items.

Good

Is the service effective?

Our findings

People were supported by staff who understood what they needed and had the skills to support them effectively. Staff knew people well and understood their needs and preferences. People confirmed they were happy with the staff that supported them and felt staff understood their needs. A relative told us they were very happy with the care at Warwick House, they told us, "It's one of the few places that can meet the needs of my son."

When staff first started working at the home records showed that they received a comprehensive induction which covered all aspects of delivering care and support. This included time shadowing more experienced staff until they felt confident working without direct supervision. One staff member told us, "It was good. I had two weeks of training before I even came into the home and then a week of shadowing to get to know people." Staff new to care were supported to complete the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards.

Staff told us they felt they had the training they needed to carry out their roles effectively and safely. They said, "We always have the training that we need and just have to ask if there is any specialist training we would like to attend, we are always allowed to go." Training records confirmed that staff received a varied training programme and that the training was updated appropriately. For example, training in moving and lifting people, fire safety, emergency first aid, safeguarding adults and medication had been completed. Additional specific training had been provided which ensured that staff had the skills and knowledge to support people; for example, with behaviour that challenged and how to support a person when they become distressed or anxious. Staff were supported to complete advance health and social care qualifications to further their education, experiences and skills.

Staff were supported through a supervision programme. The registered manager met with staff regularly to discuss their performance and work. Supervisions topics covered the individual's work performance, agreed future work targets, personal development, training and support needs. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff sought people's consent wherever this was possible. For example, with food choices and how and

where they wished to spend their time. Staff understood the MCA and could describe the basic principles. Staff knew how to make decisions in people's best interests if they were unable to make decisions or provide consent. One staff member gave an example of a person who was not able to provide consent to having a medical examination. They described the process they went through to involve others such as healthcare professionals and representatives in order to make a best interests decision. Staff told us they always tried to enable people to make decisions where possible and to contribute to their care.

However, although some decisions made in people's best interests had been recorded appropriately, such as managing peoples finance, we found that this was not always the case. For example, one person liked to collect and buy items. A best interests meeting was held with their family, care manager and registered manager and it was decided to limit their purchases to three items a day. However, this decision meeting had not been formally recorded. We discussed this with the registered manager who told us that this was a historic decision which was made prior to them starting as the registered manager. The registered manager told us that following the inspection, they would initiate service user reviews to ensure that all decisions made in people's best interests were re-assessed and the least restrictive option was applied and all decisions appropriately recorded.

Where restrictions were in place that deprived someone of their liberty in order to keep them safe, the appropriate applications had been submitted to the Supervisory Body. Details of authorised applications were held within the person's care records.

People told us they enjoyed the food at the home. One person said, "The food is nice." Relatives told us, "[name] is fed well. [name's] a fussy eater and they are good with her. They choose something with her." Another said, " They choose what they want, it's all about them. If they don't like something they choose something else. It's all good quality."

The home encouraged healthy eating and supported people to choose and eat a healthy and varied diet and maintain a healthy weight. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. Each person discussed the weekly food menu with their key worker and chose the menu for two days each week. If they did not like what was on the menu for that day they were offered an alternative option. Staff involved people in food preparation and people had access to snacks and drinks throughout the day.

People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. For example, one person was supported to lose weight and records showed they had lost two stones since January 2017. One person had specific dietary needs and these were recorded within their care plan. Speech and language therapists had been involved with this person due to an identified risk of choking on their food. Plans were in place to ensure any risks to people associated with their diet were minimised.

The home worked in partnership with healthcare professionals in order to promote good health and support practices. We saw from care records that people had regular involvement with a range of health care professionals and staff were proactive in identifying any concerns about people's health. Records showed that people attended appointments with their GP and staff consulted with health professionals when necessary. Healthcare professionals had provided written compliments about the observations of care staff and the steps taken to help inform people's care needs. People's day to day health was protected and maintained. One health professional told us how the home supported their client, they told us, "They have been very pro-active in working with health colleagues when he has needed support and in helping him to achieve his weight loss goals. I have been provided with summary reports and have had full access to

records when I have requested them."

The home provided safe, accessible accommodation. Adaptations and specialist equipment, such as hand rails, ramps and profiling beds, were in place where needed to meet people's mobility needs. Accommodation was arranged over two floors. Each person had a single room with washing facilities and access to clean, comfortable communal areas and a large, well maintained garden.

Good

Is the service caring?

Our findings

People told us staff were kind to them and they were happy. One said, "Yes I'm happy." Relatives told us that staff were caring and one relative said, "The staff are so kind and caring, they really know him well. He's happy and we're happy." Another relative said "The staff are brilliant, you couldn't wish for better."

We observed that staff were friendly and proactive in their interactions with people, making conversation and sharing jokes. Staff communicated effectively with people and made sure they understood what was happening during care and support. Staff were attentive to people's needs and supported people in a manner that maintained their privacy and dignity. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. We observed staff knocking on peoples doors and calling out to people, by their names, before entering their rooms.

The atmosphere in the home was calm and relaxed during our visit. Staff treated people with respect and it was apparent that people had positive relationships with the staff who supported them. We observed that staff supported people in a kind and sensitive way, ensuring their well-being and comfort when providing their care. Staff were able to explain how they interacted with people when they displayed behaviours that may be challenging, and how they could de-escalate behaviours or anxiety to help support the person. For example, we saw that one person had become agitated by another person in the home. The staff member talked to them in a kind and gentle manner which de-escalated the situation and resulted in both people becoming calm and more settled.

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable the inspector was visiting their home. We were introduced to each person and they were then supported to introduce themselves to us.

During our conversations with staff they demonstrated a very good understanding of people's care and support needs. Care plans were personalised and contained information on people's likes, dislikes and preferences to ensure people received care and support in their preferred manner. Staff were able to provide a detailed knowledge of the people they supported, their personalities and behaviours. When they spoke about the people they cared for they expressed warmth and dedication towards them. One member of staff told us; "We try to help people to be as independent as possible. We encourage them to be active and protect their health. We make sure people are happy."

Staff understood people's current and historical health needs and concerns and explained how they followed professional guidance when it was given. Staff explained how people were always supported when attending hospital appointments or when they attended their GP surgery.

We saw examples of people being empowered to take control of their own lives, such as, being supported in finding employment. Staff supported people in a way that promoted their independence. Staff encouraged people to do as much for themselves as they could and were supported to take part in the preparation of

meals and keeping their rooms clean and tidy.

People benefitted from being supported by staff who were aware of the importance of equality and diversity. People were encouraged to be tolerant of each other's differences and staff explained these to people to help them understand other individuals.

People, or their relatives, were involved in decisions about care and support and their views were always taken into account. Staff told us they were familiar with the content of people's care plans and how best to support them. People were involved in discussions about their goals, aspirations and their dreams for the future. People were encouraged to be involved in how the home was run and how they wanted things done. This included satisfaction surveys and meetings, where people had the opportunity to chat about how they felt about living at Warwick House and things they wanted to do, for example holidays and social activities. People told us that staff listened to them and spent quality time with them. Each person had a key worker who knew them well and were there for the person when they needed support. For example, one person's key worker told us about their daily chat with the person to talk through the person's worries and concerns. They told us how this had a positive effect on the person as they appeared more relaxed and happy once they were able to go through their worries.

The home had ensured contact was maintained with family members by taking people to visit families and had encouraged families to visit the home where they were able to. Relatives told us that they could visit their family members whenever they wished and that they were made welcome by staff. They said that staff were "always available" if they needed to discuss their family member's care and that "staff communicated with them well." One relative told us, "They always keep me up to date with what's going on, which gives me peace of mind."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to staff and people's relatives.

Although no-one living at Warwick House was nearing the end of their lives, care plans contained information about people's end of life wishes and what was important to them. Staff also recognised that people living at the home, having elderly relatives, would need extra support when faced with the experience of losing their loved ones. To help and support them at this time, training was provided to staff on how to support people with bereavement.

Good

Is the service responsive?

Our findings

People received individualised support based on their needs, likes, dislikes and preferences. One relative said, "It's individualised care, one to one. We couldn't ask for better."

Care and support plans were personalised, comprehensive and contained assessments of people's needs and risks. They covered all aspects of emotional and physical health and described the individual support people required to meet their needs. For example, one plan for supporting them whilst out in the community told staff to walk beside the person and ensure they are walking at a comfortable pace.

For those people who had behaviour that could challenge, there were care plans in place detailing what the behaviours were, what the persons triggers were and what support they would need to keep the person or others safe. Staff were working very closely with health professionals to minimise the persons behaviours and to support them effectively. We observed staff supported people safely, calmly and responsively when one person displayed signs of agitation.

Care plans had been reviewed and updates added when needed. This meant there was current information about how people wanted and needed their support to be provided. It also enabled staff to provide a service that was responsive to people's changing needs.

Support and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare along with respecting people's choices. The Provider Information Return (PIR) told us "We pride ourselves at Warwick, for not being risk adverse and welcome natural healthy risk taking in order to promote positive outcomes for the people we support." During the inspection we saw this in action. One person liked to walk around the home without their walking frame. As the person was unsteady on their feet this meant they were at an increased risk of falling. A full risk assessment looked at how staff could meet their needs and wishes with regards to walking around safely without the use of a frame. This resulted in the provider installing hand rails along the corridors from the person's room to the communal areas.

People's views about their care and support preferences were sought. There was a keyworker system in place, which supported them when planning activities, holidays and to access the community and updating their care plans.

People told us they made choices about how they spent their time and each week they met with their keyworkers and made a timetable. Staff told us people would choose what they did, if they stayed in or went out. They gave people space to 'do their own thing' but were on hand to offer immediate support if required. Where people requested or needed support from staff to leave the home, this was provided.

People were supported to engage in occupational and recreational activities and supported to maintain links with the community. Each person had individual social lives, hobbies and interests and were supported by staff to follow these. For example, staff supported people to go out for lunch, go to the shops or visits to the local areas of interest. One person loved aeroplanes so staff took them out on a trip to the

local airport. They had an interest in steam trains so staff planned day trips that included rides on steam trains. Another person enjoyed playing music. Staff arranged for them to play music at their local activity centre and local pub. Some staff brought in their own instruments so that they could have a 'jamming session' with the person at the home.

People were involved in planning and booking trips or holidays they wished to go on. We saw photographs of people enjoying trips and holidays and these were displayed around the home. One person told us how much they enjoyed their trips to local cities and their holidays away with staff. A relative told us, "He's been quite a few places, always out and about."

Although we did not see many activities taking place at the time of our inspection people did have opportunities to take part in social events and in house activities of their choice. People told us about hobbies that they liked. One person told us how much they enjoyed shopping. Another person was watching television in their room. Staff told us how they encouraged people to spend time with others, even if it was just for a movie night, but respected people's decisions not to join in.

People were supported to take part in employment opportunities. These gave people the opportunity to develop skills including social skills as well as building their confidence. One person told us about their job working at a local centre for people with disabilities. The registered manager told us that this was very important for this person as it was developing their network of contacts and friends giving them confidence and promoting their independence. This would in turn help them to meet their goal of progressing to supported living accommodation in the future.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Staff said they knew how to manage a complaint and felt confident that management would listen and act on their concern.
Relative said they had been provided with information on how to raise concerns and any concerns raised had been quickly addressed. Their comments included; "I haven't had cause to complain but I'm sure it would be dealt with promptly." There had been no formal complaints since the last inspection. The registered manager told us they had an open door policy and they encouraged people, relatives and staff to speak to them if they had any issues or concerns.

Good

Is the service well-led?

Our findings

People and relatives were positive about how the home was managed. Comments included that the registered manager was "nice" and that they helped out. A relative told us of "excellent management." Another said, "The home is well led and [manager's name] is very approachable."

The registered manager and provider promoted a culture that ensured people were seen as individuals, promoted their individuality and cared for them safely whilst maintaining their dignity. The registered manager told us "I want the home to be safe. My vision is to build up confidence so that people can increase their skills and progress into supported living." This culture was encouraged through all interactions with people, relatives and staff.

Staff were clear about how they provided support which met people's needs and maintained their independence, wherever possible, and we also observed this during our inspection. There was a real commitment from the registered manager and staff to actively involve people in their local community.

There was a clear management structure in place. Staff were positive about the levels of support, guidance and leadership displayed by the registered manager. One staff member told us "His door is always open to us, he is very approachable." Another said, "He's really supportive, really helpful, I can go to him with anything." However, staff told us they did not feel they got the same level of support from the provider and felt undervalued because of this. One said, "We work well as a team but I don't feel valued by the provider and we never get a thank you. It's demoralising." We spoke with the registered manager who was unaware of what we had been told but assured us they would pass the comments onto the provider.

A health professional spoke positively about the management of the home. They said "I have found the manager to be very approachable and responsive whenever I have needed to discuss any issues with him and he and his team have worked with my client following recommendations I have made."

Regular audits were carried out by the registered manager to monitor the quality and safety of the home. Audits monitored various aspects of service delivery including medication, finances of the people who lived at the home, maintenance, health and safety issues, completion of records relating to people and healthcare reviews. Audits and manager checks were sent to the provider and spot checks were made, by different managers from throughout the organisation to check on the quality of the service.

Documentation relating to people's care requirements were clear and regularly updated. Care plans and risk assessments were regularly reviewed which ensured they contained accurate and up to date information to support to staff to meet people's needs.

Accidents and incidents were investigated and plans put in place to minimise the risks of reoccurrence. Records contained information of what actions had been taken to minimise the risk and reduce the risk of reoccurrence. Where required, changes to people's care and support had been made. For example, after a recent increase in one person falling, hand rails were installed to help with a person's mobility.

People met with their key workers every week to discuss trips out, food preferences, and issues to do with the running of the home. People also had the opportunity to attend monthly resident's meetings and less formally, 'take-away and chat' evenings. This meant people were involved in decisions that affected their everyday lives. We saw relatives and friends were asked to regular care reviews and to give feedback about the home in other ways, such as yearly quality assurance questionnaires. Relatives were also kept informed through monthly reports about people's health and what activities they had been involved in. Relatives were invited to give feedback from the reports.

The home had appropriate arrangements in place for managing emergencies which included fire procedures. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to inform the CQC appropriately about reportable events.