Condover College Limited

Kynaston Farm

Inspection report

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Tel: 01743872250

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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

The inspection was carried out on 10 August 2016 and was unannounced.

Kynaston Farm is registered to provide accommodation with personal care needs to six people who have a learning disability or autistic spectrum disorder. There were six people living at the home on the day of the inspection.

There was a registered manager in post who was present during the inspection. 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.

People and their relatives were very impressed with the quality of the service and the excellent opportunities it provided to enable people to live fulfilled lives. The registered manager had a clear vision for the service which was embraced by staff. There was an open and culture where people were actively involved in the running of the home. The provider strove for continual improvement and explored different methods to gain opinions and views to develop the service.

People received care and support that was tailored to their individual needs and preferences. Staff actively sought opportunities to broaden people's life experience and supported people to achieve their aspirations. People were involved in the day to day running of their home and were able to choose who they wanted to work with them. Staff knew people well and were quick to respond to any changes in their needs.

People were supported by staff who had received training in how to recognise and reports any concerns of abuse. Staff were aware of the risks associated with people's needs and took action to minimise these without restricting their choice or independence. Accidents and incidents were investigated and actions taken to minimise recurrence and to inform staff learning. There were enough staff to support people safely both within the home and when they went out. The provider completed checks to ensure prospective new staff were suitable before they started working with people.

People received support to take their medicine by trained staff who received regular competency assessments to ensure the safe management of medicines. Medicines were stored securely and accurate records maintained. Staff monitored people's health and maintained good working relationships with healthcare professionals who provided advice and guidance for them to follow.

People were supported by motivated staff who had received training and guidance to meet their individual needs. Staff felt valued and supported by the management team

People were supported to choose and prepare their own food and drink. People's nutritional needs were

routinely assessed, monitored and reviewed. Where required people were provided with equipment and staff support to help them feed themselves.

People and their relatives were actively involved in decisions about their care and support. The provider's speech and language therapist team had developed communication passports with people to ensure effective communication. Staff were aware of people's preferred method of communication and provided information in a way they could understand to enable them to make their own decisions.

The provider had a clear complaints procedure which was available in different formats. People had not had cause to complain, but were confident should the need arise these would be dealt with efficiently.

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 were supported by staff who knew how to protect them from harm and abuse. Risks associated with people's needs had been assessed and action to minimise these without restricting people's choice to take part in things they liked to do. There were enough staff to support people safely at home and when they went out. People were supported to take their medicine as prescribed to promote good health.

Is the service effective?

Good

The service was effective.

People were supported by staff who were skilled and knowledgeable about their individual needs. People were provided with information in way they could understand to enable them to make decisions for themselves.
People were supported to choose and prepare their own meals and drinks.
Staff monitored people's health and arranged healthcare appointments as and when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. Staff treated people with respect and promoted their independence. Staff actively involved people and their relative in decisions about their care. People enjoyed positive working relationships with staff.

Is the service responsive?

Good

The service was responsive.

People received supported that was tailored to the individual needs and preferences. Staff sought opportunities to broaden

people's life experiences and supported them to achieve their aspirations. Staff knew people well and were quick to recognise and respond to any changes in their needs.

Is the service well-led?

Good

The service was well-led.

People and their relatives were very impressed with the quality of the service and excellent opportunities provided to enable people to live fulfilled lives. The registered manager had a clear vision for the service and this was embraced by the staff. There was an open and inclusive culture where people were actively involved in running their home. The provider used various methods to gain people and relatives views to develop the service.

Kynaston Farm

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.

This inspection took place on 10 August 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with two people who used the service and two relatives by telephone. We received written feedback from a third relative and a health care professional after the inspection. We also spoke with a health care professional following the inspection. We spoke with four staff which included the chief executive, the registered and deputy manager and one support staff. We viewed two records which related to assessment of needs, risk, and medicine. We also viewed other records which related to the management of the service such as the complaints process, accident forms and staff training records.

Good

Is the service safe?

Our findings

When asked about safety, one person said "Yes I feel safe here". Relatives were confident that their family members were safe and well cared for. One relative said their family member was kept, "Absolutely safe." Staff told us they kept people safe by ensuring they reported and were aware of any changes in people's needs. They would check that the environment was hazard free and that equipment used was in good working order and regularly serviced.

Staff we spoke with had received training on how to keep people safe from abuse. They demonstrated sound knowledge of the different types of abuse and how to identify the signs of abuse taking place. They knew where to locate the provider's policies and procedures and how to report concerns. One staff member emphasised the importance of reporting concerns straight away. They said, "You should never go home without voicing your concerns, if you are unsure you should still report as two days later it may be too late to protect the person from further harm." They went on to tell us they were confident that the management team would take appropriate action to address any concerns raised. The registered manager was aware of their responsibility to report concerns of abuse to the relevant authorities. Where concerns had been raised we saw that investigations had taken place in consultation with the local authority safeguarding team. The provider had put measures in place to protect people from further harm. Lesson learned were shared with other homes they owned to promote people's safety and wellbeing.

Staff were aware of the risks associated with people's needs. They were confident that the risk assessments and guidelines put in place minimised the risks to people's wellbeing. For example, some people had risk assessments in place for mobility which provided details of the equipment and support people required to move around safely. Staff told us they checked the equipment before use and reported any faults to the management team. The provider had systems in place for managing risks associated with equipment and the environment. The registered manager told us staff completed daily health and safety checks and took appropriate action to rectify the situation. For example, the patio door handle had broken and this had been reported. The provider had their own maintenance team who would assist where necessary. They also had visits by the health and safety worker who would provide an action plan staff to complete if they found any faults or hazards. On the day of our visit a fire safety officer was at the property checking the fire equipment. They said they visited all the provider's properties to check that fire equipment was maintained in good order.

As well as individual risk assessment around people's health needs, there were risk assessments which enabled people to take part in things they enjoyed doing. One staff member told us if a person wanted to take part in a new activity they would complete a risk assessment so that any risks were minimised. They said there was a strong emphasis on empowerment and they focused on reducing risk so people's choice and independence was not restricted. For example, one person could get anxious so staff took time to plan and prepare activities with them. Staff told us they used pictorial aids or drew pictures to explain the schedule of events. They found that this helped reduce the risks associated with the person's anxieties and promoted their inclusion in different activities.

Staff were aware of their responsibility to report accident and incidents. They told us they would first ensure people's safety and wellbeing. They would subsequently complete the relevant forms and give these to the registered manager to review. The registered manager told us they reviewed the information to see if procedures had been followed and took action to prevent reoccurrence.

People and their relatives felt there were enough staff to support people safely both within the home and when they went out. One relative told us they had been apprehensive about recent turnover of staff. However, they saw that new staff were supported by experienced staff until they got to know people and their needs. Staff told us there were enough staff to support people safely and they worked with other homes owned by the provider to increase people's opportunities to try new things. Some staff worked across the different homes and found this provided continuity of support for people. The registered manager told us that they arranged staffing levels to meet people's individual needs and to fit in with activities they wanted to take part in.

The provider had safe recruitment processes. Staff told us the provider ensured that checks were completed prior to them starting work at the home. These included references from previous employers and disclosure and barring service (DBS) checks. The DBS helps employers make safe recruitment decisions and prevents unsuitable prospective employees working with people.

People received the support they needed to take their medicine safely. We saw people were supported in a calm and relaxed manner and that people were receptive towards staff support. For example, a staff member asked a person if they required pain relief and they declined this but happily took their other medicine. Staff told they received training on safe handling of medicine and were not able to administer medicines until they had this training and were assessed as competent. We saw that medicines were stored safely and accurate records were maintained.

Good

Is the service effective?

Our findings

People and their relatives were confident staff had the skills and knowledge to provide them with the care they needed. When asked one person told us they thought staff knew what they were doing and how to help them. A relative said, "I can't find enough good things to say about them [Staff]". They went on to tell us staff did a good job in what they considered to be difficult circumstances in terms of meeting people's complex needs. Another relative told us, "I feel all the staff involved are more than suitably trained and will go the extra mile to achieve positive results for all their residents/students."

Staff told us they had excellent training opportunities. This included a range of essential training such as manual handling and safe handling of medicine. Staff were also able to access specialist training to meet people's individual needs and to further their career development. One staff member told us, "Anything you want to do they [Provider] will arrange it for you." Another staff member said there were always opportunities to do refresher training which enabled them to keep up to date with good practice. They said, "I'm always learning which is great." Staff felt the training was good quality and benefited the people they supported. One staff member found the training they had received on autism 'amazing'. They said autism was label that had been given to a lot of people but the speaker who lived with autism had made them understand how society made these people feel. This had made the staff member look at different ways of communicating with people. The registered manager told us the provider had their own training department and produced a training booklet of all the training they offered. Staff were also able to apply for training that did not appear in the booklet. The training department provided the registered manager details of staff training needs and informed them when refresher training was required to ensure staff kept abreast of best practice.

Staff felt well supported in their roles by both the registered manager and senior management team. As well as regular one to one meetings they were able to access support and guidance as and when required. During their one to one meetings they were able to reflect on their practice and development needs. The registered manager told us that the provider had an open door policy and they were readily available and keen to support staff. They said the provider promoted staff development and some staff had completed 'train the trainers' courses and had become 'Super users' for specific areas of practice. One staff member told us they were a 'Super user' for manual handling and as well as delivering training they were also able act as mentors for other staff. They said they worked alongside other staff on shift and this allowed them to provide practical guidance to staff in the best way to move individual people.

The registered manager explained that they had a structured induction process. Staff received essential training on how to support people safely and on the provider's policies. This was followed by practical training where they worked alongside experienced staff until they felt confident and were deemed competent to work independently. New staff that had limited or no previous experience of working in care were supported to undertake the care certificate. The care certificate is a nationally recognised award that provides staff with knowledge of the standards of care required of them in their role.

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. When asked one person told us that staff always checked that they were happy to be supported before they proceeded to help them. Relatives we spoke with confirmed that staff encouraged their family member's to make decisions for themselves. Staff told us and we saw that people were provided with information in a way they could understand to enable them to be involved in decisions. For example, one staff member told us how they facilitated communication between people and other professionals. They said it was important to promote an approach that was consistent with the people's preferred method of communication. This allowed people to contribute to the best of their abilities. Where people lacked the ability to make certain decisions for themselves staff said that best interest meetings would be held. They would support people to be part of the meeting and would also involve family and relevant health professionals to ensure that the person's rights were protected.

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 application 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. The registered manager had made appropriate referrals for DoLS and ensured that conditions set by the authorising body were incorporated into people's care and support plans. Staff were mindful to apply the least restrictive measure to support people safely. They monitored people's whereabouts and escorted them if they expressed a wish to go out.

One person told us they enjoyed cooking and were supported to plan and prepare their meals. They also attended cookery classes which were facilitated by the provider. A relative we spoke with said staff actively encouraged their family member in meal selection and preparation to the best of their ability. We saw that people were encouraged to choose what they wanted to eat and drink and assist in the preparation as much as possible. Staff told us they used various methods of communication to enable to make choices about the weekly menus. These included picture support and taster sessions so they could experience foods from different cultures. Staff told us they encouraged people to follow healthy diets and promoted the use of freshly prepared ingredients.

People's nutritional needs had been assessed and a meal time programme had been developed for each person in liaison with the community speech and language therapist (SaLT) team. These detailed people's dietary needs, the equipment and support they required to eat safely. We saw staff followed the advice given. For example, one person's food was placed on a raised platform which aided them to eat independently. Where there were concerns about people's fluid intake we saw that systems had been put in place to reduce the risks of dehydration. The registered manager told us they worked closely with relevant health professionals to ensure people's nutritional needs and support was reviewed as and when required.

People were supported to see health care professionals as required. One relative told us, "[Person's name] has a very good health plan and with the active engagement supported by the staff [Person's name] attends medicals with very little fuss now." Staff we spoke with demonstrated a clear understanding of people's individual health needs and the support people required to maintain their health. We saw that people had robust health action plans in place. These contained pictures to aid people's understanding of the different aspects of their health care needs and showed a record of their health and support needs. Each time a person had a health care appointment the reason for the appointment and outcome were recorded. A health care professional we consulted with told us that some people the service supported had complex nutritional needs. They were confident that staff followed guidance given and that staff would highlight any

concerns to them should the need arise. The registered manager told us all advice given by professionals was incorporated into people's support plans. For example, one person was nil by mouth and received nutrition through Percutaneous Endoscopic Gastronomy (PEG) tube. There was detailed guidance in place for staff to follow. Staff told us they received additional training to ensure they were competent in the use of the PEG. We saw that guidance was followed and that staff were knowledgeable about the person's condition and when to call in support from other professionals. The registered manager told us they maintained strong links with the health professional involved with people living at the home. Due to these close links they were able to contact the professional for guidance when required. We saw that a health care professional called the home on the day our inspection to discuss one person's needs.

Good

Is the service caring?

Our findings

One person we spoke with said, "The staff are really nice". Relatives we spoke with found staff friendly and welcoming. One relative said, "They [Staff] have [Person's name] interest at heart". Staff told us it was important to build up good working relationships with people and their relatives. They felt that having a good rapport with them promoted a positive effect on people's lives. Staff spoke with and about people with kindness and genuine compassion. A health care professional we consulted with said, "I have found staff very caring and there is a homely, welcoming atmosphere."
There was a relaxed atmosphere with conversations between people and staff. We saw that people were comfortable in the presence of staff and there were lots of smiles and laughter.

One person told us that staff offered them choice and listened to them. A relative told us that staff made every effort to include their family member in decisions about their care and support with positive effect. They explained that when their family member first attended college at Condover [Provider] they lacked the ability to involve themselves with their peers. With the support of the provider their family member had grown in confidence and self-assurance which enabled them to make individual choices and participate in house discussions. They said, "I now see my [Family member] as an active individual who regularly chooses what they do with dignity and understanding afforded to them by all those involved." Another relative told us, "They [Staff] pull out all the stops to help [Person's name] to do what they want to do." Staff told us it was important to involve people and enable them to make decisions for themselves. They felt this helped them develop their communication skills and confidence. We saw that staff encouraged and gave people plenty of time to express themselves and their wishes.

People were supported to develop their communication skills to promote inclusion and enable them to make decisions. One person proudly showed us a certificate that they had received for Makaton which is a form of sign language. They told us they had found this useful as it helped them to express themselves better. The provider invested resources into supporting effective communication to enable people to express their wishes. They employed a team of three speech and language therapists (SaLT) who helped develop communication passports for each individual. These detailed people's preferred method of communication and how to enable them to participate in decisions. Staff demonstrated their knowledge of people's different communication methods and we saw that they followed the guidance provided. For example, some people were able to respond to verbal prompts and we saw that they were able to make their choices known. Staff told us that other people were given visual prompts and were able to indicate the preferred choice between items shown. Staff also looked at people's body language to gauge their reaction to things they liked or disliked. Staff found the SaLT team an excellent resource and were able to approach them for support or guidance as and when required. One staff member told us how the SaLT team had supported a person to create a social story following the death of a relative. They found that this had helped the person in coping with their sad loss.

People received support to maintain contact with family and friends who were important to them. One person told us staff had recently supported them to visit their family which they had enjoyed. They were also able to speak with their family using 'Skype' a computer aided communication tool. Staff told us it was

important that people developed and maintained relationships with both their family and friends. They prompted one person to tell us that different homes owned by the provided hosted social events where they visited each other's houses. They also had opportunities to join social events at the provider's college and day opportunities programme. They said that there had been a recent event to celebrate people leaving college which they had enjoyed attending. They said, "I loved it. Seeing all my friends."

Relatives we spoke with felt that staff treated their family members with dignity and respect. They said staff knocked on their family member's bedroom doors before entering and offered them privacy when they visited. Staff told us they were mindful of people's dignity and treated them and their home with respect. One staff member said, "You're working in their home and need to respect them and their belongings."

A relative told us staff promoted their family member's independence with positive effect. They said, "[Person's name] can now cut up food with a knife which due to their condition as having poor fine motor skills is incredible and has only been achievable thanks to the staff at Kynaston and Condover [Provider's college]." Staff we spoke with felt it was important to promote people's independence as this also increased their confidence and self-esteem. They provided consistent support where they explained to the person what was happening and allowed them to do as much as possible for themselves to build their self-care skills.

Good

Is the service responsive?

Our findings

People and their relatives felt that the service was tailored to people's individual needs and wishes. One person told us, "I just tell staff what I want". They went on to tell us that staff would support them with whatever they wanted help with. The person explained that staff helped them to develop 'life story' and 'dream book'. These contained pictures and written detail of their life and what they wanted to achieve. Staff explained that life story books helped people tell the story of their life histories such as where they used to live and people who were important to them. The 'dream books' captured people's aspirations, the steps they needed to take to achieve them and the progress they had made. One person liked to listen to and experience the vibration of music. We saw that they were supported to attend a night club with their friends where they could experience both.

Relatives were impressed by the responsiveness of the service. One relative told us they could not praise the staff or facilities at Kynaston enough. They went on to tell they were very proud of what their family member had been able to achieve with staff support. Another relative found staff and management open and responsive to ideas. For example, they had asked about decorating their family member's bedroom. They said there was no hesitation in agreeing this and bedroom was decorated to the person's taste. The person liked to spend time sitting on the floor looking at books and therefore sensory equipment was positioned at this level to promote stimulation and engagement. We saw that their life history book captured pictures of them spending time in their bedroom doing things they enjoyed to do.

People had their needs assessed before moving into the service. This involved meeting with people in their homes and previous care settings as well as liaising with other professionals involved in their care. This ensured that the provider was aware of people needs and the skills required to meet them. This allowed them prepare resources prior to people moving in promoting smooth transition between services. A health care professional we consulted with felt staff people well. They said, "Supporting staff have been well informed and evidently know the service users well and have their best interest at heart." Staff told us and we saw that they had access to detailed care plans and risk assessments. Staff demonstrated they knew people well and were able to identify triggers for changes in behaviour. For example, they told us one person liked to use an electronic tablet to watch different programs. They had realised that extensive use of this device could lead to overstimulation and increased anxiety. As a result they monitored the time spent on this activity and encouraged the person to alternate between other things they enjoyed doing. This reduced the risk of the person becoming anxious. We saw that staff were quick to respond when a person's leg began to tremor, they took immediate action to relieve the person with positive effect.

One person told us they had chosen their own keyworker, this was a staff member they told us they got on really well with. The staff member chosen was relatively new and therefore would need to be supported in the keyworker role. This was explained to and agreed by the person. The role of the keyworker was to build up a relationship of trust with the person they were keyworker for. They would act as a point of contact for relatives, friends and professionals. One relative spoke very highly of their family member's keyworker they described them as, "Absolutely brilliant." They went on to explain that the keyworker had recently facilitated a meeting between them and their family member and they had a lovely time.

The keyworkers also supported people to pursue their interests and seek opportunities to broaden their experiences. For example, one keyworker told us that the person they supported had enjoyed spending time in the sensory room at the college and showed pleasure when using the vibration plates there. They aimed to build on the positive experience the person had gained from the sensation of movement and were exploring horse riding for them. They were looking at facilities that could provide a cart for the person to ride in. They said activities were broken down into achievable steps with visits to venues to establish their suitability prior to engaging in the activity. A relative praised staff efforts in helping their family member to engage in different activities. They said, "[Person's name] has action plans that clearly work and all involved have worked hard to get [Person's name] stable and willing to participate in as many activities as possible."

One person was interested in working in a shop. They were however worried about how they would manage due to having to use a wheelchair to move around. They felt that their opportunities would be improved if they could have a motorised wheelchair to allow them to move around independently. The person's relative and staff explained they and the person's social worker were trying to achieve this for the person. They felt that this would provide the person with a greater degree of independence and more opportunities in gaining employment.

When asked, one person told us they would tell staff if they were not happy about anything. One relative told us they had never had cause to complain. They said, "[The provider] is on top of things before it happens". Another relative said, "I am totally happy with all elements of [Person's name] care. I have never had to raise a complaint nor do I believe would I ever have to as I liaise and discuss all levels with the team regularly." They went on to tell us they knew about the complaints procedure and would not hesitate to use them should the need arise. Staff were aware of the complaints process and told us they discussed whether people were happy with the support provided during meetings held at the home. Each person also had a laminated card in their room with a sad face on that they could give to staff if they were not happy. There had not been any complaints about service provision. However the registered manager was able to demonstrate they would take appropriate action in the event of a complaint.

Good

Is the service well-led?

Our findings

People and their relatives found the registered manager and the management team easy to talk to. One person told us they liked the staff and management. A relative told us communication with the staff and management was good. They went on to tell us that the head of care and support team had been an immense support to them. Another relative said, "They [Staff] are a really good bunch." We observed that people were at ease in the presence of the registered manager and the chief executive and engaged in day to day conversation with them.

Relatives we spoke with were very impressed with the quality of service and staff commitment to help people achieve their full potential. "I would very much like to put on record how happy and grateful I am to all the staff and fellow students at Kynaston. They have done wonders for [Person's name] and they have become a more assured young [Person]." Another relative felt that the service provided excellent opportunities for their family member they said, "They [Staff] have got [Person's name] doing things that had never entered my head which really suit them." A health care professional we spoke with also had positive views about the service. One told us, "I have been impressed with the care that I have witnessed from all staff, from support workers to managers."

The registered manager told us the aim of the service was to give people the best possible outcome they could possibly have. They felt that people's achievements should be measured on an individual basis against their set objectives and the experience they gained. They felt strongly that setting objectives was not a tick box exercise and should be developed in a person centred manner. Staff we spoke with embraced this vision. They said they were passionate about helping people to achieve their full potential. One staff member said, "We want them to have fulfilled happy lives." They went on to tell us it was about, "Finding out their dream and making it happen." Another staff member told us, "You have to give 110%. All these people really deserve that. You go out of your way to do that little bit extra and they appreciate that."

There was an open and inclusive culture in the service where people were actively involved in the running of their home. One person told us they took part in interviews of potential new staff. They asked candidates questions about their interests and abilities such the qualities they would bring to the role, if they could cook and drive. The person recalled that they had interviewed both the current registered and deputy manager. When asked, the person told us they thought they had made a good choice in recommending their employment in their roles. Staff explained that they took pictures of each candidate and supported the person through the interview process. They then asked the person for feedback on what they liked or disliked about the candidate and if they felt they were suitable for the role applied for. We saw that there was a daily schedule of household jobs that needed to be done. Staff told us that people were actively encouraged to complete these. We saw one person asked staff if they had labelled the food in the fridge and then reminded staff that they needed to get more 'handover sheets' from head office. Staff responded positively and asked the person if they wanted to go with them to get these and other items that they required.

The registered manager told us they strove to achieve continual improvement and explored various

methods to gain people and relatives opinions. One person told us they were a member of the Opportunities Council. They had recently attended a tea party where they discussed things they would like to explore. These would then be arranged by the staff and management team. Staff explained that they supported people to collect and share their views and opinions about things that were important to them. Relatives told us they regularly contributed to care plan review and were asked their opinion about the service. The provider also sent out questionnaires to people and relatives about the quality of the service and any changes they would like to see. They had recently introduced a 'Learners view' file in each property to gain people's ideas. This was a new process and therefore we were unable to evaluate the effectiveness of this during our inspection. The registered manager told us they valued feedback and used it develop the service.

There was a clear management structure in place and staff were aware of their roles and responsibilities. The registered manager led by example and recognised the different skills and knowledge each staff member brought to the team. There had been a lot of recent changes and they were proud of how the team was developing. They were confident in staff abilities and felt it was important to trust them. Staff were motivated by the ethos of both the registered manager and the provider and felt valued. One staff member told us, "Everyone [Staff] is encouraged to bring forward ideas to develop the scheme. You never get shot down for speaking up." They went on to say that new eyes could bring something different to the team and the provider was open to change. Another staff member felt that there was an excellent sense of team work. They felt that staff were all eager and enthusiastic and that the new staff had got to know the people really well. Staff felt that they benefited from an open and transparent culture where they were able to discuss issues openly with the registered manager and each other. They said they kept people and their relatives fully informed of any incidents and actions taken. Records we looked at confirmed this. The provider information return recorded that the provider had been awarded a gold level of accreditation for Investors in People in recognition of the support they provided to staff. Investors in People sets standards for better people management and measures organisations performance against the standards.

The registered manager was keen to build and develop links with the local community. People were supported to access the local shops to buy day to day items such as essential grocery items and magazines. One person told us they supported local charity events. They had helped with packing bags in a local supermarket and done sponsored walks. The SaLT team enabled them and their peers choose what charity they would like to donate their proceeds to. They also told us that the provider was hoping to build their own hydro pool and were looking at different ways of raising money for that.

The registered manager and provider had processes in place for monitoring the quality and safety of services provided. The registered manager told us they analysed the information gathered and used the findings to make improvements in the service. For example, where there had been accidents or incidents they would check to see if procedures and had been followed and if there were any pattern or trends in behaviour. The provider had achieved an award as a national centre of excellence for non-abusive psychological and physical intervention (NAPPI). If incident forms showed that a person had increased anxiety they discussed these incidents with the provider's NAPPI team. They would review current practice and look at how best to support people to manage their anxieties. The registered manager was a NAPPI trainer and therefore was able to coach staff in its use at the home.

The provider was aware of their legal responsibility to inform the Care Quality Commission of any significant events within the service. They had submitted notifications of events when appropriate and within acceptable timescales to allow us to monitor any trends or concerns in the service.