The Frances Taylor Foundation

Lansdowne Road

Inspection report

Marina
3d Lansdowne Road
Hove
East Sussex
BN3 1DN

Tel: 01273731380
Website: www.ftf.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 took place on 16 March 2016 and was announced.

Lansdowne Road provides personal care and support for people who have a learning disability. The service is registered for a maximum of nine people. On the day of inspection there were nine people living at the home with a variety of learning disability and physical needs, some of which were older people. The service supports people to lead independent lives within a safe, homely environment. The provider, The Frances Taylor Foundation, is a national, faith based charity which provides support to people with learning disabilities and older people. Accommodation is provided over two storeys, in single rooms, some with en-suite bathrooms. The service is within easy access of transport links, the seafront and city centre.

The service had a registered manager who was present throughout the inspection. They had been in their post for a number of years and knew the service well. 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.

Management of medicines was not always safe. People received their medicines correctly, on time and as they wished to have them. However, instructions for the administration of 'as required' medicines was not always in place and stock balances were not recorded which made it difficult for staff to check if people had been given their medication correctly. We also found that the date of opening was not recorded on two open liquid medications which meant that people were at risk of receiving expired medicine which can be less effective.

Individual support plans were up to date and where a risk had been identified a risk assessment was in place and these were regularly reviewed. However, where people were at high risk of pressure damage risk assessments did not accurately reflect the care provided and lacked sufficient detail. Where there is no clear guidance in place for staff to follow there is a potential risk that actions to prevent pressure damage would not be consistent or sustained.

People were positive about the support they received and the staff at the service. One person told us, "I am happy how this home runs." Their relatives said that they were happy with the care and support provided. One person told us, "All staff are extremely caring and understanding." In a recent Relatives and Friends Survey one person wrote, "Every time we visit (her) she is always smiling, and every time she visits us she can't wait to go back – that says it all to us."

There was a system in place to record and review accidents and incidents. These were discussed at staff meetings and actions taken to reduce the risk of recurrence.

Staff had received safeguarding training and knew what to do and who to contact if they suspected any

abuse. One people said they felt reassured by the way staff dealt with a concern that they had raised.

There were sufficient skilled staff employed to support peoples' needs and the provider had employed more staff as peoples' needs had changed. The staff team was stable with many members of staff having worked at the service for a long time. Training was tailored to meet the needs of staff and the people using the service and staff received regular supervision and appraisals from the management team. One member of staff told us, "It's really supportive to work here."

Peoples' health was monitored and they were referred to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into peoples' support plans.

The service acted in accordance with the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the support they receive. Consent was sought from people with regard to the care that was planned and delivered. Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005 and applied for DoLS authorisations where appropriate.

The service actively sought feedback from people through weekly household meetings, a comments board, complaints process, complaints and compliments box. Suggestions made by people had been discussed and where appropriate acted upon.

There was a balanced menu in place with snacks and hot and cold drinks provided throughout the day. People said they enjoyed the food and were involved in weekly menu planning. Those people with special dietary requirements or difficulties eating and drinking were supported safely and appropriately.

Care and support was person centred and the wellbeing of people supported through purposeful activity and involvement in the running of the service, such as housework, shopping and menu planning.

Lansdowne Road has a caring and inclusive culture which is promoted through a shared vision and value system. People were celebrated as individuals completing Me and My Life folders and having regular meetings with their key workers. People were encouraged to try new things and work towards goals and future aspirations. One person told us that she had achieved her goal of using public transport on her own, she said, "I'm the most independent person here and I am proud of that."

There was a robust quality assurance programme delivered by the provider. There were processes in place for gathering feedback with bi- annual quality assurance questionnaires for people and an annual relative's questionnaire. Feedback from these was positive and we saw that any comments or suggestions were acknowledged, discussed and any associated actions plans had been completed. For example, where a person had asked that their artwork be displayed at the service we saw this framed and displayed in the dining room.

People had lived at the service for a long time and were getting older. The provider had made adaptations to meet their changing health and social needs and had plans to make further alterations to the environment to make it easier for people to move around communal areas.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Instructions for 'as required medicines' were not always available and homely remedies, recording of stock balances and management of liquid medicines were not always safe.

Risk assessments for people at risk of pressure damage did not contain sufficient detail of the risk or actions required to reduce the risk of pressure damage.
There was a system in place to record, monitor and review accidents and incidents and actions were taken to reduce the risk of recurrence.

The provider used safe recruitment practices. There were sufficient skilled staff employed and flexibility around staffing levels to meet peoples' needs. Staff were trained in safeguarding adults and understood their responsibilities with regard to keeping people safe from harm.

Is the service effective?

Good

The service was effective.

Staff were supported through appropriate training, regular supervision and appraisal.

People's health was monitored and they were referred to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into peoples' support plans.

People enjoyed a varied and balanced diet There was clear guidance to staff on how to support people who had difficulties eating and drinking or specific dietary requirements.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring

People were treated with dignity and respect and support was delivered to people in a caring way.

Each person was involved in planning their support with the help of a key worker. Individual choices were respected and people were encouraged to be independent and develop new skills.

Information was provided to people appropriately and in an accessible format.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's like, dislikes and preferences. We saw that staff were providing support in line with people's wishes.

People were supported to plan and take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments .The service regularly consulted people and their relatives and acted on any feedback in an appropriate and timely manner.

Is the service well-led?

Good

The service was well led.

People, relatives and health care professionals expressed confidence in the registered manager.

The provider and registered manager promoted a caring and inclusive culture through a shared vision and value system.

Effective systems were in place to audit and quality assure the care and support provided.

Lansdowne Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 16 March 2016 and was announced. The provider was given 48 hours' notice so that key people could be available to participate in the inspection and people could be made aware that we would be visiting the service. The inspection team consisted of three inspectors. The service was last inspected on 27 June 2014 and no concerns were identified.

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 they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback.

There were nine people using the service, three people were away on the day of inspection. We spoke with three people, two relatives, and one person delivering an activity, four members of staff and the registered manager. We also received feedback from four health and social care professionals involved in the service, who confirmed that they were happy for us to include their comments in our report.

During the inspection we observed the support that people received in the lounges, dining room and where invited, in their individual rooms. We took time to observe how people and staff interacted at lunch time and during an activity.

We reviewed six staff files, four weekly staff rotas, five medication records, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, quality monitoring documentation, meeting minutes and surveys undertaken by the service. We also looked at the menu and activity plans.

We looked at five sets of personal records. These included risk assessments, monthly meetings with keyworkers, health records, individual activity plans and daily notes and 'Me and My Life' documents.

Requires Improvement

Is the service safe?

Our findings

One person told us that they trusted all the staff and could talk to any of them. People engaged with staff confidently and people, relatives and staff were open and eager to talk to us about what is was like at Lansdowne Road. A social care professional said, "The service feels very nurturing and a safe environment for service users to be in." However we found that the management of medication was not always safe and plans in place to reduce the risk of pressure damage lacked detail which could lead to inconsistencies in care.

The management of medication was in need of improvement. Medication records showed that people were receiving their regular medications as they were prescribed. Some medicines are meant to be taken occasionally when there is a specific need, for example, tablets for pain. One medication record detailed why 'as required' medication should be given. ' However, four people with 'as required' medications did not have this information in place to ensure that these medicines were given consistently and in accordance with prescribed instructions. Staff knew these people well and were able to explain what each medication was for and when it should be given but without clear guidance to staff there is a risk that 'as required' medicines could be given inconsistently or not in accordance with prescribing instructions.

Medicines were stored securely and appropriately. There was sufficient medication in stock and systems in place with a local pharmacy to ensure that people did not run out of their prescribed medicines. However, stock balances were not maintained which meant that any discrepancy or error in the administration of medication could be difficult to identify.

Medicines can be less effective or harmful if they are out of date. Some liquid medicines have a limited shelf life once they are opened as they can become less effective over time. We saw two liquid mediations where the date of opening was not recorded. For example, one medication had a shelf life of 28 days once opened. This medication had been dispensed on 16 February 2016 and but staff could not determine when it had been opened. This meant that people were at risk of receiving expired medicine which could be less effective. This was brought to the attention of the team leader who disposed of these medications.

Homely remedies are over the counter medicines such as simple pain killers that are used to treat people with minor illness such as an occasional headache. The administration of homely remedies was recorded on individual medication records. However, there was no process in place to monitor stock balances of over the counter medication which could make it difficult to identify medication errors should there be a discrepancy. The team leader assured us that a stock control system for homely remedies would be put in place.

The administration of medication was person centred. Medication was given at the times that suited the people or in accordance with the dispensing instructions rather than at fixed times. People were supported to self-administer their medication subject to risk assessment. We observed a member of staff administering medication. They knelt down and asked the person if they wanted to have their medication where they were in the lounge or if they wanted to have it in their bedroom. The member of staff explained the medication

and how to take it clearly and gently, encouraging and supporting when needed. The person was able to explain to us what the medication was for and how the staff help them to take it.

There was a medication policy and monthly audit system in place to check that people received their medicine correctly. Suitably trained staff administered medication and knowledge was checked through competency assessment. One member of staff explained that their medication training was undertaken at the end of their induction and that they could not administer medication until assessed as competent.

There were risk assessments specific to the needs of people using the service such as risk of falls. These assessments identified the hazard and the measures that should be taken to reduce or eliminate the risk. We reviewed two risk assessments for tissue viability, but found that they did not reflect the care delivered and there was no clear guidance to staff on how to prevent pressure damage. Without a detailed plan in place there is a risk that measures to reduce the risk of pressure damage could be missed by staff resulting in inconsistency in care for people at risk of pressure damage or with pressure wounds. However, people at risk of pressure damage were supported appropriately by staff. We observed that pressure relieving equipment was in use and that they were repositioned regularly. The Medication Administration Record showed that creams were being applied as prescribed to help prevent tissue breakdown.

Other risk assessments we reviewed gave clear guidance to staff on how to support the people to minimise risk. One risk assessment for eating and drinking detailed the support a person required to reduce the risk of choking. Measures included a special diet, thickened fluids and ensuring that the person sits upright when eating and drinking . We observed that staff adhered to these guidelines at lunch time.

Policies and procedures were in place to ensure staff had clear guidance about how to respect people's rights and keep them safe. These included a whistle blowing policy. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation or directly to external organisations. Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm and all staff had received safeguarding training. One person told us that the way that staff handled concerns reassured them.

Risks associated with the safety of the environment and equipment were identified and managed appropriately and there was a plan in place for staff to follow in an emergency. Personal Emergency Evacuation Plans (PEEPS) were displayed in each person's room. Records showed that safety checks were undertaken to include fire risk assessments and water temperatures. There were up to date gas and electricity certificates and records to show that equipment was serviced regularly.

Accidents and incidents were monitored and any actions and learning from these was discussed with staff in team meetings. Each person had a record of individual incidents and accidents in their personal file so that trends could be easily identified and actions put in place to minimise the possibility of reoccurrence.

We looked at staff rotas and our observations showed that there were sufficient, suitably trained staff on duty to support people using the service. A member of staff told us, "There is time to sit down with people and find out what's really important to them." Staff are employed to work additional hours to those required in order to cover annual leave, training, planned and unplanned absence. The registered manager told us that she is using some of these additional hours to support a person who is currently in hospital with visits from staff twice a day. This was confirmed by other members of staff when they described how staff were allocated.

On the day of inspection there were four members of staff on duty which included a team leader and a

senior support worker. The registered manager explained that she had booked an extra member of staff so that the inspectors could interview staff without compromising the care of the people. The registered manager knew people well and recognised their changing needs employing new staff fill an increase in care hours to support the needs of people as they have grown older. This demonstrated that the registered manager was able to make changes to the staffing numbers to meet the day to day needs of people and at short notice.

Staff had been recruited through an effective recruitment process that helped ensure they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories.

Good

Is the service effective?

Our findings

The service was calm and well organised and people's needs were met consistently and in a professional unobtrusive manner. People and their relatives told us that the service was effective and met their needs. One person told us, "The meals are always lovely," and a relative told us that the staff worked well together and managed people's days well.

There was a training schedule in place for 2016 which showed what training had been done and what was due. Staff had received essential training such as manual handling, food safety and fire training. There had also been additional training specific to the needs of the people using the service. For example, as people had grown older some had begun to use a wheelchair to mobilise around the service and/or out in the community. Staff had attended a course on wheelchair use so that they could safely and sensitively support those people. Staff had also received training specific to the Frances Taylor Foundation, which covered dignity and respect and equality and diversity.

Induction training was thorough. A member of staff spoke about their induction process which involved, "Weeks of shadowing, emphasis on reading all service users' files." Supervisions and annual appraisals were regular and up to date. Supervision is a formal meeting between a member of staff and their line manager. It is an opportunity for staff to receive feedback on their progress and discuss any concerns. Supervisions were undertaken by senior members of staff. A member of staff said about supervision, "We cover training and anything I am unsure of."

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 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 provider acted in accordance with the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005 and applied for DoLS authorisations where appropriate. Staff had received training in the MCA. Where people had capacity, they were enabled to exercise choice over their lives without undue restriction. We saw that people had been actively involved in planning their care and had signed care documentation to demonstrate their consent. Records of monthly meetings between key workers and people showed that people were able to discuss and make choices

about their care and support regularly.

People were supported to have sufficient to eat and drink and maintain a balanced diet. They were encouraged to assist in cooking meals with staff or preparing breakfast, snacks and drinks for themselves. People told us they were involved in menu planning on a weekly basis. The team leader explained that menus were decided at household meetings. There was a pictorial menu board in the dining room displaying the day's menu and it was one person's responsibility to update this every day. People told us they enjoyed the food they said, "Meat loaf is my favourite and it's today."

We observed lunch in the dining room. The atmosphere was calm and relaxing with conversation between people. People came into the dining room when they were ready and ate at their own pace. Meals were hot and well presented. One person told us they did not like broccoli and this had been left off her plate. There was a choice of cold drinks and hot drinks. Where people needed assistance to eat, staff supported them appropriately. Each person had a laminated placemat which detailed how to support them with food and drink. These were written sensitively and in the first person. People liked the placemats and were keen to show them to us and to discuss their needs and planned support.

Where people required a special diet referrals to the Speech and Language Therapist (SALT) had been made and any recommendations followed. One person's care plan identified their risk of choking. They had been referred to a SALT and their recommendations, such as making sure the person was sitting upright for meals, was incorporated into their support plan and placemat. Staff were observed delivering this support effectively during the course of the day.

People's health and wellbeing were monitored and where required they were supported to access routine medical support, for example, from health care professionals such as doctors, opticians, speech and language therapists and physiotherapists. One health care professional said, "The staff communicate extremely well and have followed any advice I have given. They have also feedback any concerns or changes in a timely manner." Another health care professional said, "They have managed to cope well with the rapid change in health needs of a particular resident and have liaised with other care agencies." Support plans showed that referrals made to specialist health services, were timely and appropriate and that any recommendations had been incorporated into individual support plans.

Good

Is the service caring?

Our findings

The atmosphere of the service was relaxed and happy. People discussed what they were doing or planned to do that day with staff and expressed their opinions freely. We noticed that those with communication difficulties received regular interaction from staff who knelt down to their level, made eye contact where possible and used touch to let them know that they were there.

People were supported respectfully and with kindness. People living at the service felt cared for. One person said a staff member had, "Done a lot for me, helped me settle." A relative told us, "All staff are extremely caring and understanding. Staff are always gentle and friendly."

We observed frequent friendly engagement between people and staff. Staff responded positively and warmly to people and supported them appropriately with confidence. For example, a member of staff noticed a person's scarf was falling off. They stopped and asked her if she would like help to put it back. When the person agreed they put the scarf gently back in place while chatting quietly to them.

Lansdowne Road is a part of the Frances Taylor Foundation, which is a faith based charity. The foundation's website states that, "Our vision is that people lead life to the full – with their dignity respected, independence supported and uniqueness valued." We saw that these values were shared with staff as part of their induction training and staff referred to them often when we spoke to them about the service and the way that care was delivered. A social care professional involved with the service said, "It seems like a caring environment with staff who look out for the service users".

Staff encouraged people to be themselves and have a choice in what they did. One person said, "I get up when I like, I choose what to have for breakfast. Today I had coffee and toast, other days I might have cereal. I have it brought up to me." People were involved in developing their support plans and met regularly to review these with their support worker. 'Me and My Life' folders, which contained information such as peoples background, preferences and social networks had been added to over time. Staff worked closely with the families of those with communication difficulties to develop support plans but explained that time spent with that person helped them to get to know them well.

Some people kept their rooms locked, but others preferred to leave their doors open. When a staff member noticed a person in another's room, they gently guided them out saying that the room belonged to someone else. People were asked what they would like to do and their choices were respected and facilitated. For example, lunch was brought forward for one person as they were hungry. We saw that people took pride in their appearance and in their private space. Staff supported people to make their bedrooms their own and have them how they wanted them.

People were seen to move freely around the service spending time in the communal areas or in their rooms as they wished. People were able to spend their time how they wanted. For example, one person was observed changing the channels on the television in one of the lounges watching it for a while then turning it off when they had had enough. One person told us, "I can go out whenever I like. I always go out on

Tuesdays, that's my shopping day. I go out for rides in the car."

People were encouraged to develop new skills and be independent. People told us that they were responsible for keeping their rooms tidy and helped with their laundry. . One person told us how they were responsible for keeping the pictorial menu up to date every day they said, "I sort out the menu board and put the pictures of what we are all going to eat so that everyone can see." This person also told us, "I go to the shops and buy the bread and milk."

Keyworkers supported people to maintain contact with family and friends, for example assisting people to send birthday or Christmas cards. Staff had nurtured and facilitated people's relationships with their families by arranging and supporting excursions for people and their relatives where otherwise they would not be able to get together. A member of staff said, "We always encourage people's families to visit, or take people to visit their families." For one person their cat was important to then and staff supported them to have their cat living with them at the service. Relatives and friends were able to visit freely and throughout the day there were visitors in the service who appeared to be comfortable, relaxed and enjoying time with their family members. A relative told us, "We can organise things spontaneously with the home." A member of staff also said, "We can be spontaneous here", and explained that there was flexibility to meet people's needs on a daily basis for example if a person decided they wanted to go to the seafront.

Household meetings were held regularly. At a recent meeting people discussed their favourite foods and a trip to see a football match was arranged. There were other opportunities for people to express their opinions such as a notice board for people to add their comments and questions as they thought of them. Comments included, 'Thank you for taking me to hospital,' and 'I enjoyed the stew today."

The inspection was announced so that people could be made aware we would be visiting the service. When we arrived we noticed that posters had been put up in reception and the dining room to inform people that we would be visiting and inviting people to come and talk to us. Our names were included on the poster with pictures. This showed respect to the people living at the service, as well as giving information and reassurance about our visit and we found that people were keen to talk to us and share their experiences.

Good

Is the service responsive?

Our findings

People told us that they were listened to and that the staff responded to their needs and concerns. A member of senior staff said, "Everyone understands and implements person centred planning. When we have new staff they see everyone is focused on the approach and we give a totally immersive induction."

People were involved in in the planning of their care and support. Each person had a 'Me and My Life' folder which contained information such as personal histories, their personality, communication needs and likes/dislikes. The information was presented in words and pictures and there was evidence of people's involvement. The folders also contained information on what or who was important to the person and their hopes for the future and personal goals. Progress against personal goals had been noted in the folder and discussed in people's monthly meetings with their key workers. For example, one person wanted to expand their activities by trying new things. Their goal was to try two new activities and their progress report showed that they had done this. Another wanted to be able to use public transport independently and this had also been achieved. In addition to the information contained in individual files, there was also a night folder giving staff specific details on people's night time routines and how to support them. For example people's preferred bedtime or bedtime drink.

People felt that their opinions mattered and told us that they had household meetings. One person told us, "They ask if we are happy and we decide on the menu and things people want to do." Another explained, "Staff ask if people are happy and whether any changes are needed." Minutes from the meetings showed that they were held two to three times a month and the agenda included items such as menu planning, household issues, activities and social events.

There was a key worker system in place with monthly one to one meetings between people and their key workers to discuss their care and lifestyles to include goals and future plans. A member of staff described the key worker role to us. They said, 'Firstly, it's about making time to talk and listen." They went on to explain that one person finds it difficult to see and hear so staff encourage them to feel musical instruments when they are being played and, "Make sure she feels fresh air and hears the birds sing."

A social care professional said they were impressed by the management and the way the service had adapted to meet the needs of the person they supported. People had lived at the service for a long time and were getting older. Meal times had changed so that the main meal was served at lunch time and more staff were allocated to morning and mid-afternoon shifts than in the evening, as people had chosen to go to bed earlier. Since our last visit a lift has been installed to enable those who live on the first floor to access the ground floor with ease. The registered manager told us that she has ordered replacement furniture for the dining room that will allow more space to accommodate walking aids. We saw hoists being used to assist people to move and pressure relieving equipment being used for those people at high risk of pressure damage.

There was an accessible activities plan for people on display in the dining room and people had their own individual activity plans in place. On the day of inspection we observed a holistic activity session. Four

people and one relative attended the activity with support from staff. The holistic session involved aromatherapy and hand massage. The curtains were drawn, LED candles lit and music playing softly. The session leaders prompted interaction between people which became spontaneous, with emotions expressed such as bereavement and other sadness as well as sources of happiness to staff who responded gently and appropriately.

The person leading the activity said, "What I like here, they go the whole hog. For example when we were doing senses as a theme, they arranged a lunch that was part of the day with various tastes." The session was popular and therefore took place every week. A member of staff had been trained to deliver the holistic day so that people that enjoyed the day would not miss out when the person leading the activity was not available. One person told us that they did not enjoy the holistic day butt the other people in the house did. Their preference was respected and instead they were occupied in talking to staff

Throughout the day people were busy and engaged with activities they enjoyed. One person occupied themselves with a colouring book. They explained to us that they did not like to wait and that colouring was a way of taking their mind off waiting for anything. Other people were seen watching television and there was a walk planned in the afternoon. One person was proud of what they had achieved they said, "Today is housework; I have cleaned my bedroom and sorted out the laundry." At the time of inspection three people were away on holiday and the service was supporting one person while they were in hospital by increasing staff to allow for hospital visits twice a day.

There was a complaints policy and procedure in place. There was a poster explaining the complaints process for people with pictures of who to complain to. There was also a complaints and compliments box in the reception area for people to use. No formal complaints had been received but there was a folder of compliments and requests from people with evidence of appropriate follow up.

The registered manager sought the views of people regularly through household meetings and key worker meetings. A 'Quality Assurance Questionnaire,' was issued every two years with associated reports and action plans. Actions were followed through, for example, one person had included a comment that they would like to see some of their art work displayed at the service. This was acknowledged and we saw people's art work framed and displayed in the dining room. The report issued in 2014 identified that, 'for three people the format of our questionnaire was not tailored to their changing needs and was very difficult to complete.' It had been decided therefore to adapt the questionnaire for 2016 to make it more, 'person centred for the client group.'

Good

Is the service well-led?

Our findings

The registered manager was well known to the people living at the service and their relatives. One person said, "(She) is a good manager, the best we could ask for. She is understanding and we can see her in the office any time." People said that they would go to her if they had any worries and described times when she had personally helped them, for example, assisting a new person to settle in.

Everyone we spoke with talked highly of the registered manager and the management team. One health care professional told us they were, "Impressed by their level of commitment to my service user." Another said, "She leads the team well." The service had worked together with other healthcare professionals, such as social workers, speech and language therapist and physiotherapists to maintain the wellbeing of people as their needs changed. A relatives questionnaire completed in 2015 gave positive feedback. One relative commented, "I do feel sure they are doing their very best to actually find out how to help my daughter."

We asked staff if they felt supported by the manager and if their views were listened to. One member of staff told us, "(She) is a great manager, very approachable. (Team leader) is my supervisor and really good at it. We're a team and we get on well" This staff member also said, "(Registered manager) is a team builder, she demonstrates trust in the staff." There were monthly team meetings. At a recent team meeting the team had discussed agenda items such as the Mental Capacity Act and Deprivation of Liberty Safeguards, training and accidents and incidents and any learning outcomes from these. The registered manager told us that they find solutions as a team and work together to improve the service. The registered manager also told us that the service was looking at taking a more person centred approach to staff and that they had changed the format of supervisions to focus more on the wellbeing of staff.

The service is part of the Frances Taylor Foundation which has a defined vision of 'dignity and respect for the individual.' The foundation is faith based and had delivered Charism training to staff to help them understand the vision and culture of the organisation and the way in which they aspire to support the people that live in their services. The Frances Taylor Foundation defines Charism as a combination of respect, dignity and personalisation. Members of the foundation were actively involved in the service. For example, the leader of the holistic activity on the day of inspection was a Sister from the foundation.

The service had a robust quality assurance programme delivered by the provider with regular audits in place for medication, finance and accidents and incidents. There was a monthly internal audit undertaken by the provider or by a manager from another service in the group. The internal provider audit in December 2015 looked at health and safety checks, fire checks and staff files, and there were no recommendations identified. An annual, unannounced provider visit looked at peoples' files, control of substances hazardous to health, peoples' involvement in the service, medication, risk assessments, community, accidents and peoples' money. There was an action from the visit in 2015 that all staff should complete their annual medication competency by 18 March 2016 and this action had been completed.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications, in a timely manner, about any events or

incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the care Act 2014. For example, the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also told us that Duty of Candour had been added to the essential training for staff.