

FitzRoy Support

Boldshaves Oast

Inspection report

Frogs Hole Lane
Susans Hill
Woodchurch
Kent
TN26 3RA

Tel: 01233860039
Website: www.fitzroy.org

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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 was carried out on 8 March 2018 and was unannounced.

Boldshaves Oast is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Boldshaves Oast accommodates 14 people across four buildings.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The main building is a converted Oast where there are eight bedrooms set over three floors. There is a purpose built log cabin where two people's bedrooms are accommodated. In addition there is another self-contained log cabin and a cottage where two married couples live. There are a number of other buildings on site, including an art and craft room, woodwork room and horticultural area.

The service did not have a registered manager in post. The last registered manager left the service in March 2017, a new manager was appointed shortly after. The manager told us they had tried to submit an application to register to the CQC on more than one occasion but was unsure if it had been successfully received. After the inspection we checked this and a completed application had not been received. 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.

We last inspected Boldshaves Oast in December 2016 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to safeguarding service users from abuse and improper treatment, good governance and fit and proper persons employed. At the last inspection, the service was rated 'Requires Improvement.' We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made, and the previous breaches found at our last inspection had been met.

At our previous inspection we found that the provider had not always reported incidents under safeguarding procedures. Improvements had been made at this inspection and systems were more robust. We also found that people were not protected by robust recruitment procedures. During this inspection we found that all of the required checks had been completed.

Our last inspection found that systems were not consistently robust to monitor and improve the quality of services and mitigate risks relating to the health, safety and welfare of people. At this inspection we found that this had improved.

During this inspection we found that the manager had not notified the CQC of all events as they are required to do so, this is an area that requires improvement. We made recommendations around improving systems to review all feedback received and improving recording and monitoring systems.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

We found there were enough staff to keep people safe. Staffing levels varied according to planned activities or appointments. Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives. Staff worked well together and ensured that clear communication between themselves and external health professionals took place; for example with care managers, commissioner GP's and district nurses.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks and cook when they were able and wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements.

Staff told us that the service was well led and that they felt supported by the manager to make sure they

could support and care for people safely and effectively. Staff said they could go to the manager at any time and they would be listened to.

The service was not currently supporting anyone at the end of their life.

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.

Since our last inspection reporting systems have improved. Accidents and incidents were fully documented and were analysed to look at ways of reducing the chance of them happening again.

Risks to people were assessed and managed to ensure their health and safety.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There were enough staff to keep people safe. Staff were recruited safely.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent and giving people choice.

Staff received training and support to enable them to carry out their roles effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

People were provided with a range of nutritious foods and drinks.

Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that they chose.

There was a complaints system and people knew how to complain.

The service was not supporting anyone at the end of their life.

Is the service well-led?

Good ●

The service was well-led.

Feedback on ways to enhance the service was not consistently acted upon.

There was a manager in post but they were not registered with the CQC.

The manager understood the majority of their regulatory requirements but had not submitted statutory notifications when people received an authorised Deprivation of Liberty.

People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the manager and deputy manager.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Boldshaves Oast

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 8 March 2018 and was unannounced. It was conducted by two inspectors.

Before the inspection the manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information along with previous inspection reports and notifications received by the Care Quality Commission to inform the inspection. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the manager, deputy manager and four members of staff. We contacted two professionals who worked with the service before the inspection, and asked for their feedback.

We looked at four people's support plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people using the service. We observed how people were supported and the activities they were engaged in. We spoke with three people and one relative.

Is the service safe?

Our findings

During our last inspection we found that the provider had not always reported incidents under safeguarding procedures. During this inspection we found that systems and processes were followed and incidents were reported correctly. There were clear safeguarding and whistleblowing policies in place for staff to follow and staff had received training. They were able to tell us how they would recognise and respond to abuse, one member of staff told us "I would look for a change in behaviour, wanting to be alone, or not wanting personal care or to go out." Staff were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistleblowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. People told us they felt safe living at Boldshaves Oast, comments included; "I can talk to them [the staff] and they listen to me" and "They look after me well, especially him [indicating to a particular member of staff]."

At our last inspection people were not always protected by robust recruitment procedures. At this inspection we found this had improved. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Barring Service (DBS) background check and checking employment histories. These records were held in staff files along with health questionnaires, application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. Staffing was planned around people's activities and appointments, so the staffing levels were adjusted depending on what people were doing. Overnight there were two staff to support people, one would be on a sleep night and on call should they be required to provide support. The manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. One to one support was provided when people needed it. During the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed. Staff told us they had enough time to talk with people and that there were enough staff to support people. An on call rota was on display, this ensured there was always a senior member of staff available for the service to contact.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were individual guidelines in place to tell staff what action they should take to minimise the risks to people, for example if people were living with epilepsy, diabetes or were at increased risk of choking. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered

had been signed for. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). When these medicines were administered it was recorded on the back of the medication administration recorded (MAR).

Staff had received training in medicine administration and their competency was checked by senior staff, this included observing administration. The manager told us that if staff were not deemed competent after two observations, they received further support before being reassessed to ensure their competence. Regular medicines audits were completed and medicines were checked during each shift, we saw clear records of the checks that had taken place. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice.

The premises were clean and well maintained. The manager showed us drawings of plans to improve the service; these included a new kitchen and improvements to the social areas downstairs. There were records to show that checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and fire fighting equipment were properly maintained and tested. Records showed Health and Safety audits were completed and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order. The service had been audited by the fire service in December 2017; four action points had been identified and the fire service will be returning in May 2018 to ensure compliance with fire safety legislation. The manager told us they had been working with the provider to action the necessary measures.

People had a personal emergency evacuation plan (PEEP). A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Each person had an emergency information sheet, this contained brief but essential information about people's physical and mental health conditions and medicines and could be taken in an emergency to pass on to other health professionals should the need arise. The business continuity plan detailed the steps staff should take in order to keep people safe in the event of emergencies.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. These were sent to head office and collated to identify any emerging patterns or trends, in order that the service could respond in a timely manner.

Is the service effective?

Our findings

People told us that staff looked after them well. Staff worked well together because they communicated clearly and shared information. A relative told us, "communication is great, they keep me well informed." Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs. For each shift there was a shift plan and handover sheet, which detailed who was on shift, their allocated tasks, such as cleaning and cooking responsibilities along with other daily tasks to support people. They also identified specifics for each day such as any health or other appointments and any planned visitors or contractors to the service.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. New staff received an induction into the service, this included shadow shifts and an allocated buddy (a more experienced team member). Staff told us they are given time to get to know people, their activities & read care plans. They then have a meeting with the manager to discuss their competencies, the manager also asks the member of staff they were shadowing for feedback. The induction involved completing the Care Certificate along with a number of mandatory training modules.

There was an on-going programme of training which included face to face training, on-line training and distance learning. An electronic training system alerted staff and the manager when training was due. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about epilepsy, Autism and Aspergers, managing behaviours which may challenge others and mental health and learning disability.

Staff had individual supervision meetings and appraisals; staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. Staff felt they were well supported and that the management were approachable and supportive.

People's needs had been assessed before they moved into the service; this information had been used to write a person centred care plan. These were reviewed and updated regularly in order to reflect people's changing needs, choices and preferences.

We observed staff providing care and support to people during our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated.

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.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The manager had knowledge of the MCA. Staff had knowledge of, and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). One member of staff told us, "the guys have got a choice, if they don't want to do anything, they don't have to do it."

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. Care was provided to meet any changing needs; staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People who had specific medical conditions, such as epilepsy, had individual guidance for staff to follow. This described specific symptoms they may display and how to support them.

Where they wished to be, people were involved in planning the menus, buying food and preparing some meals. During the inspection one person was preparing vegetables ready for the evening meal. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Menu choices were discussed and agreed each week at the residents meeting. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people made their own drinks with the support of staff where needed.

The service was made up of several different buildings in large grounds and the needs of people had been considered with appropriate adaptations where necessary. The main building was the hub of the service, along with two separate living areas for two couples, a woodwork room, arts and craft room, horticultural areas and office space. One person also had a cabin to house their drum kit. All areas were clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. There were signs and pictures in some people's rooms to help them remember where things were kept and where they should put their things. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Plans to redesign the kitchen and communal areas in the main building were in place and people will benefit from an improved environment. We were told that these plans had been discussed at a residents

meeting to ensure that the improved facilities reflected the choices of individuals. There was a relaxed and friendly atmosphere at the service.

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. Comments included, "(name) is my keyworker. They are caring. They are the best keyworker ever", "It's a beautiful place. We are like a family" and "I like living here."

There was a strong and visible person centred culture at the service, with care planned around the individual. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. One relative told us, "They go above and beyond. Many of the staff are focused and providing excellent quality care."

People were given personalised care. Staff knew people well, and planned different activities based on each person's individual plans. During the inspection people were supported to go out to a variety of individual activities and a trip to a disco that evening was being organised for those that wished to join. Staff supported people in a way that they preferred. There was a relaxed and friendly atmosphere. People looked comfortable with the staff that supported them; we observed staff giving people reassuring strokes on the arm. People and staff were seen to have fun together and shared a laugh and a joke; some people and staff had introduced unique handshakes, which made people smile and laugh. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. Two married couples, who had met at the service, lived in their own lodges within the grounds assuring them privacy with the knowledge of support staff nearby. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to.

Staff told us at the time of the inspection that people who needed support were supported by their families or their care manager, and no one required any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

People were moving freely around the home, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in

bathrooms and toilets. People were given discrete support with their personal care.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "You know if they are in pain from their behaviour. Maybe they hold onto their knees or they don't want to move. You notice the change in behaviour." "I would ask them if they have a stomach or headache, and offer them pain relief." Another told us "I love the guys, they are brilliant. Great personalities and the surroundings are beautiful."

Some people required additional support to communicate. Staff used some signs and symbols to assist people's understanding where possible. There were pictures displayed of the staff at the service, activities on offer and of the menu to reinforce people's understanding. Some documents such as how to raise concerns and our last inspection report were displayed in an easy to read format on a noticeboard.

Is the service responsive?

Our findings

At our previous inspection we reported that people's care plans were being re-written in a new format that contained better detail than before. At this inspection, improvements had been made. The manager told us that this task had 'allowed for an intensive review of each person's needs and opened up an holistic approach to how they provide care, communicate with families, other health care professionals and the people we support. It has provided us with updates in health needs, changes in how we provide personal care, use of new methods to communicate and reaching goals.'

Each person had a person centred care plan which contained information about people's likes and dislikes and things that were important to them. They also contained information regarding how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. When people needed support with moving and handling there was detailed information regarding how staff should support them effectively. People and those who were important to them, such as their care managers and loved ones had been involved in ensuring the information was accurate and up to date.

People were supported to be as independent as possible and to develop or retain skills. Some people had jobs, others attended college courses. Staff supported them by using the services' car to take them to and from work or college. One person volunteered at a local Brownies group and another at a care home. Some people enjoyed going shopping; being dropped off in the local town with a mobile phone and ringing when they wished to return home. Other times they organised to meet staff for a coffee before returning. During the inspection we observed some people making their own drinks, hot and cold. One person offered to make a hot drink for us. Others received the support they needed from staff.

People's individual interests were identified and staff supported them to develop these. Some people were involved in a local dance organisation, which has led to them participating in dance performances. Some people were part of the gardening team; growing things in the large covered green house and selling the produce. Two people had goals of going to a music concert. The manager organised for them to attend a concert in London; they met the band prior to the show and had front row seats. Some people were supported to attend the theatre and went to see Mamma Mia. One member of staff, who is also a musician, organised for instruments to be delivered to the home and introduced music classes.

People were supported to take part in a range of activities both inside and outside of the service. On the day of the inspection some people were supported to take part in arts and crafts activities, we spoke to one person in the woodwork room who told us about the different items they had made. Other people went to work, swimming with staff, shopping and in to the town. The therapy dog also visited. One person told us, "We are going to Brighton on holiday this year. It's beautiful. Nice beaches, lots of pubs."

Staff told us about an activities week in the summer 2017, they told us this came from the idea of creating at least one event each person wanted to take part in; a fully inclusive activity week. The team spoke with people, their families and researched things people used to like to do to make it as inclusive as possible. They used picture cards and visual aids for those who needed them. Activities in the week included; group

pizza bake, a session creating bunting and flags, a treasure hunt, an afternoon using natural products to make decorations, a day of music song and dance, light meditation and relaxation, a cowboy cookout, fancy dress, a good old fashioned sports day. The manager spoke with passion and emotion when they described someone who doesn't usually get involved in activities dancing and smiling during one event. Photos were added to their social media page where families from abroad could also be a part of it.

There was a complaints process in place and displayed in an easy to read format. There had been one complaint since our last inspection. The manager had responded in a timely manner and organised a meeting with the involved parties to reach a satisfactory outcome.

At the time of our inspection the service was not supporting anyone with end of life care. The manager talked us through the end of life care plans they had and how they would implement them with the support of healthcare professionals.

Is the service well-led?

Our findings

At the previous inspection the provider had failed to ensure robust systems and processes to monitor and improve the quality of services and mitigate risks relating to the health, safety and welfare of people. At this inspection we found that systems and processes had improved. Although, there remained areas that could be further improved. During the inspection the management had on going issues with their computer systems, meaning that some documents were difficult to locate and the connection to the provider's network was poor, resulting in lengthy periods of locating and opening documents.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of certain changes and important events that happen in the service. These are referred to as Statutory Notifications. This enables us to check that appropriate action had been taken. The manager was aware that they had to inform CQC of significant events and any allegations of abuse in a timely way and had done so. However, they had not notified us of the outcome of Deprivation of Liberty applications that had been made as required. We recommend that the provider reviews their systems for recording and monitoring. This is an area that requires improvement.

At the time of the inspection there was not a registered manager in post at the service. The previous registered manager had left in March 2017 and although a new manager had been appointed and was working at the service, they had yet to complete their registration application. They told us that they had attempted to submit an application on more than one occasion but were unsure if it had been successfully submitted. After the inspection we checked this and a completed application had not been received. 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, staff and relatives were asked to complete surveys on the service. In the most recent survey, from July 2017, people gave positive feedback, detailing they could; choose their own clothes, choose their staff, their privacy and dignity was respected by staff, and staff did not enter their rooms without permission. Surveys that had been completed by healthcare professions, staff and relatives had received limited feedback from the provider. There was no evidence of analysis or action planning as a result of the feedback received. We recommend that the provider ensures that there are robust systems in place to review all feedback received. We will follow this up at our next inspection.

People, their relatives and staff all told us they felt the service was well-led. One person said, "They look after us well, the manager is often around for a chat. A relative told us, "The service seems well organised; we know (name) is in good hands." Staff told us management were supportive, and "never turn you away, their door is always open."

Regular team meetings were held, giving staff the opportunity to share information and discuss concerns. The manager attended regional manager meetings, where best practice and updates were shared in order

for the manager to bring information back to their team. Accidents and incidents were also discussed at team meetings to help identify any emerging trends. As an organisation, they encouraged one of the people they support attended the managers meeting to be the voice of the people within the services. One person's relative was asked to be a part of a staff meeting to give feedback on their experience and how they could better support their relative.

Residents meetings were held weekly, and discussed topics such as menus, activities and upcoming events. Any actions identified such as suggestions for menus were ticked when completed and signed off at the next meeting.

The manager and senior staff completed a range of checks and audits on the service. Regular health and safety and infection control audits were completed and any actions that were identified were completed and signed off. Regular checks on medicines were completed and the registered manager sampled and checked people's care plans to ensure they contained the necessary level of detail.

Audits by the provider's quality managers and head office staff gave additional scrutiny and led to action plans for improvement. Names of people responsible for actions and timescales were added to any action plans for improvement. Accidents, incidents and complaints were reviewed by the manager and by staff at the provider's head office to check if any patterns were emerging. These were used for learning and improving the service.

The manager and staff worked in partnership and liaised with a range of professionals and other organisations when people's needs changed. There continued to be a range of policies and procedures for staff to refer to for advice and support. Most policies were up to date and staff knew how to access them, some were in the process of being reviewed by the provider's central team.

The provider had a set of values, which were displayed within the service. These were: 'We see the person, we are brave and we are creative'. The vision of the provider was that people were treated as equals, regardless of their disability. Their mission was to transform the lives of people with a learning disability by supporting them to lead the lives they choose. We observed these values during our inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.□