CareTech Community Services Limited

The Crescent

Inspection report

48 Castle Street
Hadley
Telford
Shropshire
TF1 5RA

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14 June 2016

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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

Our inspection took place on 14 June 2016 and was unannounced. We last inspected the service on 15 May 2014 and the service was found to be compliant with the Regulations.

The Crescent provides accommodation and personal care for up to 4 adults with a learning disability. At the time of our inspection 3 people were living there.

There was a registered manager in post at the time of our 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 felt safe living at the home. There were sufficient staff to respond to people's needs and support people safely. People were supported by staff who had been recruited safely and had the skills and knowledge to meet people's care and support needs. People were supported by staff who knew how to recognise and report potential abuse. Risks to the health, safety and well-being of people were identified and managed. Staff had a good understanding of how care and support should be provided in order to keep people safe. People's medicines were stored and managed safely and people received their medicines as prescribed by their GP.

People had enough to eat and drink and were involved in the planning of meals. People were given choices of food and drink and were encouraged and supported to prepare meals for themselves. People had good access to a range of healthcare professionals when required. The principles of the Mental Capacity Act 2005 were understood and followed.

People and their relatives felt they were supported by staff who were friendly and caring. People's individual needs were understood and met by staff. Staff supported people in a way that maintained their privacy and dignity and were aware of, and responded to, people's anxieties. People's independence was promoted.

Staff had a good understanding of people's life histories, personal needs and preferences. People were encouraged and supported to follow their individual interests and had choice and control in how they lived their lives. People and their relatives felt involved in making decisions and choices about how their care was delivered and planned. People and their relatives knew how to complain and expressed confidence that concerns would be dealt with efficiently by the registered manager.

People, relatives and staff were involved in the development of the service.

The registered manager had effective systems in place to monitor the quality and consistency of the care provided and was committed to driving continuous improvement.

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 received support from staff that understood how to keep people safe.
The registered manager used safe recruitment practices and systems to make sure there was enough staff to meet people's needs.
People had individualised risk assessments and there were clear plans on how to manage risks.
People received their medicines safely and as prescribed, from trained staff.

Is the service effective?

Good

The service was effective.
People received support from a supported and suitably trained staff team.
Peoples consent to care and support was always sought. Staff understood and could apply the principles of the Mental Capacity Act.
People had enough to eat and drink and and specialist diets were catered for.
People received support to maintain good health and had good access to healthcare professionals.

Is the service caring?

Good

The service was caring.
People received support from staff who treated them with kindness and compassion.
People were involved in making decisions about their care and support, and were encouraged to express how they wanted to receive care and support
Staff had a good understanding of the needs of the people living at the home.
People were treated with dignity and respect and their privacy was promoted.

Is the service responsive?

Good

The service was responsive.
People were encouraged and supported to contribute to the

planning of their care.
People had support from staff who respected their views and promoted their dignity and privacy.
People were encouraged and supported to take part in activities which met their personal preferences and were supported to follow their individual interests.
People and their relatives knew how to raise a concern or complaint. Complaints and concerns were acted on and used as an opportunity to develop the service.

Is the service well-led?

Good

The service was well led.
People and relatives knew who the registered manager was and felt involved in the development of the service, staff felt involved in developments.
There was good communication in the home, staff understood the expectations of their role and felt supported and valued.
The registered manager kept themselves up to date with current guidance on best practice and legislation.
The registered manager had sufficient systems in place to monitor the quality of the service and was committed to continuing to drive improvements in the home.

The Crescent

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 14 June 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 and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted a commissioner of the service to obtain their views about the quality of the service provided. We considered this information when we planned our inspection.

During the inspection we spoke with three people who used the service, one member of staff, the team leader and two relatives. We also spoke with the registered manager.

We reviewed a range of records about how people received their care and how the service was managed. We looked at three care records of people who used the service and two care staff records including recruitment checks. We also looked at records relating to the management of the service which included policies and procedures, medicines administration records, complaint records, quality checks and incident and accident monitoring.

Good

Is the service safe?

Our findings

People told us they felt safe. Three people we spoke with told us that they felt safe living at the home. One person told us, "I feel safe here". Relatives also told us they felt their relatives were safe. One relative told us, "We have no concerns about [persons] safety [person] is absolutely safe at the home". Another relative told us, "I know [person] likes the security of living here". People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. Staff were able to tell us how to recognise signs of abuse and had received training in keeping people safe. Staff were aware of the provider's policies in keeping people safe and told us how they would report and record anything which caused them concern about peoples safety. We saw that staff were using these policies, for example we saw that staff followed the providers policy on recording and reporting any incidents that compromised peoples safety. We saw that where people's safety was compromised staff had completed the appropriate records and had updated peoples individual care records and risk management plans.

People had individual risk assessments and management plans which contained details of how to keep people safe. Staff told us people were encouraged to be involved in discussions relating to the management of individual risks .For example, staff told us how each person was consulted with when a risk assessment review was completed. They told us how they discussed any change in risks or additional risks that had been identified with the person. They told us they gave people the opportunity to discuss which risks they were able to manage themselves and which risks they required support from staff to help to keep them safe. We looked at peoples individual care plans and saw these contained detailed information about people's risks and how to keep people safe. We also saw these risk assessments were regularly updated to reflect any changes in risk. We saw staff were using the information in the risk assessments when delivering care. For example we saw where people required one to one support to access the community this was being provided.

The registered manager told us they monitored and recorded observations of people's behaviours on a regular basis. They told us this was useful in assisting staff to make changes to the way in which staff provided safe care and support. For example, the registered manager told us how carrying out regular observations on a person had led them to identify a specific trigger for a person's anxiety. They told us how they were able to make changes to the way in which care and support was provided to the person in order to reduce their anxieties. The registered manager told us how this specific trigger had been included in the persons care and support plans, and the risk assessment and management plans had been updated to reflect the change in care and support required. Staff told us how accidents and incidents were recorded and how information relating to any accidents or incidents was communicated to other staff. Staff told us the importance of recording and sharing information relating to accidents or incidents in preventing incidents from re-occurring and keeping people safe. For example, One staff member told us, "It's important to handover information on any accidents or incidents that have occurred so that staff coming on shift can monitor the person and make any changes to the support they are giving". Staff told us information relating to changes in risk were communicated through daily handover process, team meetings and one to one sessions with their manager. We looked at records relating to accidents and incidents and we saw actions had been documented to prevent incidents from re-occurring. Staff told us how serious incidents were

discussed at team meetings so that the team were able to discuss changes to practice that may be required to reduce the risk of incidents re-occurring. This meant the service had systems and processes in place to reduce the risk of injury and harm and to keep people safe.

People were supported by staff who had been recruited safely. References and checks with the Disclosure and Barring Service (DBS) were completed. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff also confirmed that reference and DBS checks were completed prior to starting work at the location. We looked at staff records and saw that suitable checks had been carried out on staff working at the home. This meant that the provider had safe recruitment practices.

We saw there were enough staff to meet the needs of people, peoples requests for help and support were responded to promptly by staff. One person told us, "The staff help me when I need it". We saw where people required one to one support to access services in the community this was provided. We saw staff were available to support people to carry out daily routines such as personal care and support people to make something to eat when they wanted to. One relative told us, "I feel that there is enough staff to meet the needs of [person], I'm sure [person] is safe". Staff told us they felt there were enough staff to ensure people were kept safe. One staff member said, "There are enough staff here and enough to cover absence". We spoke with the registered manager and saw there were sufficient contingency plans in place to manage staff absence. For example they told us absence was covered by staff picking up additional shifts. The registered manager told us staffing levels were based on the needs of the people living at the location. The registered manager told us there was a current residential placement vacancy and in the event that an additional resident was to be accommodated they would re-assess the staffing levels. They told us staffing levels would be re-evaluated to ensure that there was adequate numbers of staff to meet the needs of all people residing at the location and ensure their safety. People were supported by adequate numbers of staff to ensure their safety.

People received their medicines as prescribed. We saw each person had their own specific medicines information pack which included information on the medicines they were prescribed, consent to administer medicines, and information and guidance on how and when to administer medicines including medicines that would be taken on an 'as and when required basis'. There was also information on how to safely dispose of medicines, how to order and check in medicines. These packs had been put together to ensure staff were clear on what medicines were prescribed and why and how to administer peoples medicines safely and as prescribed. We saw that all staff had read and signed peoples medicines information packs, to ensure they understood how to safely manage people's medicines. We looked at Medication Administration records (MARS) and saw people received their medicines as prescribed. We saw where medicine was prescribed on an "as and when required" basis people received these as appropriate. Staff we spoke with were able to tell us about what medicines people received and why they required them. One relative told us, "I don't have any current concerns, I'm confident that the medicines are being given to [person]". Peoples medicines were explained to them and explanations were offered in pictorial form to help people to understand what medications they were taking and why. We saw medicines were stored safely. For example, in a lockable cabinet. People received their medicines by staff who had been suitably trained and had been assessed as being competent to administer medicines. Staff told us that they were subject to regular spot checks by senior staff in the administration of medicines, to check they were giving people medicines safely.

We saw there were daily checks made by staff to ensure that people were receiving their medicines as prescribed. The daily checks helped staff to identify if people had been administered their medicines as prescribed. Staff told us that they found no missed doses however, one staff member told us how one person sometimes refused their medicines. The staff member told us how the daily checks helped them to

identify how frequently the refusal of medicine was occurring so that they were able to report this to the GP. The registered manager and team leader told us that in addition to daily checks, weekly checks were carried out by a senior member of staff. The registered manager told us that there were regular checks on the expiry dates of medicines. They told us that these checks were carried out to reduce the risk of people not receiving their medicines safely. The provider had sufficient systems in place to ensure that medicines were stored and administered safely.

Good

Is the service effective?

Our findings

People were supported by a staff team that received sufficient training to adequately support people with their care and support needs. One relative told us, "The staff seem very knowledgeable". Staff told us they received regular training, one staff member told us, "We get plenty of training". We saw staff were able to put their training into practice and had made changes to their practices as a result of the training they received. For example, one staff member told us how they had attended communication training and how this had helped them to identify different ways of communicating non-verbally with people who were unable to verbalise their needs. They told us how this training had been shared with the staff team and how they had implemented these techniques when supporting people. They told us how this had made a significant impact on the way in which they communicated with people at the home and how it had improved the levels of communication with people. For example staff had been able to communicate more effectively with people who were unable to verbalise. They told us how one person who was unable to verbalise used sounds and how the training had helped staff to understand what the sounds meant and how to respond to them. This meant that staff were better equipped to respond to the needs of the person as they had a better understanding of what the sounds the person made meant. We observed a person using a particular sound and observed a staff member had noticed this promptly. We observed the staff member asking the person what they wanted and the person signalled that they wanted the toilet. The staff member supported the person to the toilet. Staff also told us competency checks were carried out regularly to ensure they were carrying out their duties effectively and safely. We looked at staff records and saw staff were supported to access ongoing training opportunities and core training was updated regularly. Staff had the opportunity to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. The registered manager told us their induction processes for care staff were mapped to the care certificate standards.

Staff told us they were well supported by the team and their manager and they had regular one to one sessions with their manager to discuss any concerns or issues they may have. One staff member told us, "I am happy with the arrangements for support and supervision and I know I can always talk to the manager whenever I need to discuss anything". We looked at care staff records and saw they were receiving regular support and supervision from their line manager. This showed the registered manager provided support to the care staff to enable them to effectively carry out their duties.

People were supported by staff who sought their consent to care and support. "One staff member told us "We ask them if it is ok to support them, we also look for non-verbal cues for consent for those people who are unable to verbalise, this gives us an idea of how they feel about things and whether they are happy for us to support them". Staff told us they always asked people if they wanted to go out and take part in the activities they had planned. One staff member told us., "We ask them if they would still like to go out to take part in the activities". We looked at peoples care records and saw that people had recorded their consent to care and support by signing a document. We also saw these documents detailed other parties that people were happy for their information to be shared with, such as relatives or other agencies.

The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). 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. We saw the provider was following the principles of the MCA. We saw the provider carried out appropriate assessments of people's capacity. For example, we saw where people lacked capacity; a capacity assessment had been completed. These assessments clearly detailed the decisions that people required to be made in their best interests. Staff could tell us of the specific decisions that people could make for themselves and we saw people were encouraged to make decisions for themselves where possible. Staff were also able to tell about the decisions that people were not able to make for themselves and therefore needed to be made in their best interests.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that the provider had made appropriate applications where it was deemed that a person was being deprived of their liberty.

People were able to have a choice of food or drink when they wanted. One person told us, "I can eat when I want". One relative told us, "I have no concerns about the amount of food that [person] is getting". One staff member told us "People can eat and drink when they want, the kitchen is always open". The registered manager told us, "There are no set mealtimes, people can eat when they are ready". During this inspection we observed people helping themselves to food and drinks from the kitchen when they wanted. We saw the registered manager asked a person if they wanted some lunch; they offered them a choice of food and opened the cupboards to help them decide what they might like to eat. People's specific dietary requirements were catered for. For example, one staff member told us how a person required food specifically containing a high iron content. They told us how they had created a recipe book with foods that contained high iron contents so that people could choose what they wanted to eat. Meal plans were produced in pictorial form so that people were able to make clear choices about what they might like to eat. People were actively engaged in the planning and preparation of meals. Staff told us that they completed a meal plan with people on a weekly basis but that there was always something additional to eat if a person preferred an alternative option. One staff member told us, "They are always offered an alternative if they don't fancy what is on the menu". People were supported to have enough to eat and drink, they were provided choices and specific dietary requirements were being catered for.

People were supported to maintain their health. One relative told us, "Even the smallest thing relating to health is well managed and we are informed". Staff told us that they had good links with external specialist health professionals such as dieticians, chiropodists, GP's, psychiatrists and dentists. One staff member told us, "We have good links with healthcare agencies and we are visited by a consultant psychiatrist every 3 months". Another staff member told us, "We have really good access to healthcare". The registered manager told us people had access to health care when required. We looked at records relating to people's health and saw that health care appointments were documented and actions to be taken were documented. We also saw people had individual patient passports which contained clear and concise information about each person's health needs, how they liked to be communicated with and their preferences. This was in case of admittance to hospital. Staff knew about peoples individual health needs and consistently kept them under review. Staff could tell us how to recognise a change in a person's health or well-being and were able to say what actions they would take to respond appropriately. Relatives told us they were regularly kept up

to date with information regarding their relative's health and well being. One relative told us, "I'm informed of any appointments made regarding [persons] health". We saw that health awareness information was contained within the files. This information had been put together in pictorial form so that people could understand any potential changes in their own health, what to look for and who to report them to. For example, we saw information relating to testicular awareness how to check for any changes and who to report them to. We also saw the provider had completed a hand hygiene day with people to encourage good hand hygiene and improved health. We saw pictures of some of the activities people had undertaken on the day to include decorating a board with hands with information on good hand hygiene. The provider was taking action at the right time to keep people in good health and was actively promoting health awareness. This meant people experienced positive outcomes relating to their health.

Good

Is the service caring?

Our findings

People told us staff were caring and supportive. One person told us, "The staff are kind they look after me well". Another person told us "I am happy living here, the staff are caring and nice". Another person told us, "I like living here, I like the staff they are kind and caring". Relatives told us they felt the staff were kind and caring. One relative told us, "The staff are kind and caring. They also told us, "It is a real home". Another relative told us, "The staff are very committed, there are always positive interactions between [person] and staff". They also told us, "We are absolutely happy with the care [person] receives". One staff member told us, "It's a very caring home, we want to make a difference to people's lives". Another said, "I have faith that the care staff here provide good quality care". They also told us that, "The staff here are perfect and deliver excellent care". During this inspection we observed staff interacting in a positive, kind and caring way and offering support where required. For example, we saw one person being supported to their shoelaces before going out. We observed a person struggling to tie their own shoelaces, a member of staff noticed this and asked the person if they wanted some help. We also saw another person being supported to roll a cigarette. A staff member had noticed that they were struggling to roll the cigarette and was becoming agitated and frustrated. The staff member asked the person if they wanted some help and assisted the person. The registered manager told us how the care staff sat and ate with people in the evenings and this gave them a good opportunity to interact with people about their day, how they were feeling and what they might like to do. We saw staff talking to people throughout the day, initiating conversations. People were supported by staff who showed kindness and compassion.

Staff had a good knowledge of the needs of the people living at the home. The registered manager told us, "The staff team are really good, they know what they are doing and they know the people living here well". Staff told us about what each person liked and disliked and were able to tell us about non-verbal cues that might signify when a person is anxious or wanted something. Staff could tell us how they would manage this and reduce people's anxieties. We observed staff asking people if they were ok throughout the day, if they needed or wanted anything. We saw that they were able to pick up on non-verbal cues that a person may want something and supported them to communicate their needs promptly. For example staff were able to understand when people needed to go to the toilet or wanted something to eat or drink by listening to the sounds people were making or noticing a change in peoples body language or behaviour.

We saw people were offered a range of choices throughout this inspection. One person told us, "I can get up in the morning when I want". One relative told us "I get the sense the [person] is comfortable here and is able to make choices for himself". The registered manager told us, "There are no restrictions, people can come and go as they please and they can choose what they want to do, there are no set mealtimes, people can eat when they are ready and they can choose to go out when they want to". One staff member told us "people have choices in everything they do, for example what they eat, what activities they want to take part in, what they wear, what time they get up in the morning and what time they go to bed". Another staff member told us, "We ask them what they want, we give people options and offer choices". Staff told us that sometimes people needed support to make choices. One staff member told us that, "Some people need support making choices so, for example, we will lay out all the options for breakfast in the morning and people can choose what they want". People were provided with choice and control and were supported to

make choices where required.

People were supported and cared for by a staff team that treated each person with dignity and respect. One relative told us, "They are treated with dignity and respect". One staff member told us, "I treat the people that live here the way I would like to be treated myself". We looked at the care records of people living at the home and saw staff had completed activities with people to encourage them to express what respect and dignity meant to them. Some of the examples we looked at showed that dignity for people meant getting up when they wanted, being listened to and having a lock on their bedroom door. During this inspection we saw the provider was implementing all the things which were important to people that made them feel respected and treated in a dignified way. For example, people told us they were able to get up in the morning when they wanted to and we saw that people were listened to and responded to appropriately. This showed the provider was actively encouraging people to express how they would like to be treated and that people's views were being taken into account.

People's privacy was promoted. One relative told us, "Staff ensure [persons] privacy is promoted". Staff were able to give us examples of how they respected people's privacy, for example by closing doors and curtains when delivering personal care and talking to people in a private space about confidential information. One staff member told us, "It is important to talk to the people about privacy as well so that they understand how to keep themselves private like covering themselves when they are walking from the bathroom to their bedrooms". We saw where people's health and wellbeing was being monitored they were offered private ways of giving care staff information. For example, people recorded their information themselves on a pictorial chart which was then checked by a staff member. We spoke with the registered manager about this and they advised this helped to promote peoples dignity, privacy and independence. This showed the staff team were actively promoting people's privacy and dignity and supporting and encouraging people to become more aware of how to keep themselves private.

People were encouraged to be independent. One person told us, "I go to the shop by myself". A relative told us, "[person] is encouraged to be independent". One staff member we spoke with told us, "We try to encourage people to be as independent as possible: We try and prompt them to be independent". Another staff member told us, "The aim is to support people to live independent lives". During this inspection we observed people going out into the community on their own, preparing their own meals and undertaking their own personal care where they were able to. The registered manager told us, "People are actively encouraged to be independent". Staff were able to tell us about the things that people were able to do for themselves and activities that people may require support to undertake. For example, they told us that one person could go out locally but would need support if they wanted to venture out of the local area. We saw people were encouraged to be involved in the preparation of meals and the housekeeping duties such as cleaning their own rooms. During this inspection we observed a person vacuuming alongside a staff member who was polishing. We looked at peoples care records and we saw each person had a detailed support plan clearly detailing the things they were able to do independently and the things they required support with. We saw these records contained pictures of people undertaking tasks they could do for themselves so people were able to see what they were capable of achieving independently. This showed people were encouraged to be as independent as possible.

People were supported to maintain relationships which were important to them. One person told us, "I can go and see my friends when I want to". Relatives told us that they could visit anytime they liked. One relative told us, "We always feel welcome when we visit, we can take [person] out or we are welcomed to stay in the home". Staff told us there was no restriction on visiting times. One relative told us how their family member was encouraged and supported to send emails to them. We looked at peoples care records and saw copies of letters, birthday cards, Easter and Christmas cards that had been sent to family and friends. We also saw

that people had visual documents relating to the people who were important to them and who could support them. The registered manager told us that people could go and spend time with their family and were supported to go on holiday with their families. One relative told us, "I have found the home to be outstandingly helpful, it has greatly impressed me how [person] is supported to maintain relationships with the family". Another relative told us, "Family connections are important to [person], [person] gets to have ties with both family and friends". Relatives told us how the registered manager and care staff took people to see their families and how relatives were able to visit the home at any time. The registered manager was actively supporting people to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

We saw that people had access to their own care records at any time and one person showed us their care records describing what was in them and what they meant. People and their relatives were involved in the assessment and planning of care. Relatives told us they were regularly kept up to date with any changes in care needs and were involved in care plan reviews. One relative told us, "I speak regularly with the staff regarding [persons] care, we keep each other informed". Another relative also said they regularly discussed their family member support needs with the staff team. Staff told us how they encouraged people to be involved in the planning of their care. One staff member told us, "We ask them if they agree or disagree with anything that is in their care and support plan and ask them if there is anything that they want changing". The registered manager told us peoples care plans could change daily according to the changing needs and wishes of the people living at the home We looked at peoples care records and saw that changes to peoples individual support plans were made regularly according to the changing needs and preferences of people. For example we saw that one person had suggested that they needed support to manage their finances. We saw that this change had been appropriately reflected in the care plan and there were details contained within the plan about the level of support the person required in relation to managing their finances. One staff member told us, "They [people] will come and tell us if there is something that they no longer want to do or require support with". We saw care plans and information was presented in pictorial form to help people to communicate and make choices relating to their care. This showed that people and their relatives were actively involved in the planning and review of their care and support needs.

People were supported by staff who had a good knowledge about their likes and dislikes and how they preferred their care to be delivered. One relative told us, "They are able to meet [persons] needs, they know [person] well, [person[is treated as an individual". Staff told us peoples life histories were gathered when assessing their needs and preferences. We looked at peoples care records and saw there were detailed documents including pictures of peoples life histories, what they liked and disliked. People were supported by staff who took the time to get to know them before they came to live at the location. The registered manager told us how they assessed a person's compatibility for admission to the home. They told us they assessed people's needs before they were admitted and introduced them to the home slowly by offering visits of increasing duration. The registered manager told us this gave the staff time to get to know the person and their needs and preferences.

People's communication methods were considered and adjustments made to enable them to communicate their wishes and preferences. For example, we saw information technology was used to support people to communicate when they were not able to communicate verbally. We also saw people had choice books made up of pictures of things they wanted or wanted to do, this was to assist people to communicate their preferences where they were unable to communicate verbally. We saw staff using these aids during our inspection. Staff told us people were able to make changes to their choice book themselves as their needs or preferences changed. Staff had a good knowledge of how people communicated and the non-verbal cues people may make to signal that they wanted something. This showed that people were appropriately supported to communicate their needs and wishes and have choice and control over their lives.

People were able to make their own choices about what they wanted to do with their time. One relative told us, "[Person] is able to do the things [person] likes". We saw people were able to spend their leisure time doing what they wanted and enjoyed. One staff member told us, "There are lots of activities that go on here, both in the home and out in the community". We looked at care records and saw there were a range of activities people took part in which met the individual preferences recorded in their care and support plans. For example, people were supported to attend attractions or events such as the Chelsea flower show or take part in community based activities like sailing, and bowling. During this inspection we observed people going out into the community to shop, walk and attend appointments throughout the day. One staff member told us they found ways to try and identify what people wanted to do and what activities they would like to take part in. They told us they did this by asking people what they liked to do, looking at people's previous history and speaking to family members. They told us television adverts could be really helpful in helping people to make decisions about where they wanted to go. For example, one person had seen an advert on the television about a place they would like to visit and staff had made arrangements to take the person to the attraction. Staff also told us sometimes it was necessary to try new things and observe peoples responses in order to find out about what people liked and disliked. We looked at care records and we saw information relating to new activities people had tried and how they had responded. This information was also presented in pictorial form and stated whether it was something they liked or disliked. The registered manager told us, "We are person centred, we will try new things and record what's working and what is not working so we can ensure people engage in activities that they enjoy". People were involved in planning activities. Staff told us that this was done by speaking with people and having group discussions. The provider was seeking ways to find out what people's preferences were and supported them to live their lives as they wished.

People's cultural, religious and spiritual beliefs were taken into account. One staff member told us how some people like to attend church at Easter and Christmas and how they supported them to attend. We looked at peoples care records and saw pictures of people taking part in making Easter cards to send to family. We saw people were supported and encouraged to celebrate cultural events such as burns night and Saint Patricks day and held events to promote peoples heritage such as celebrating the life of Robert Burns where people enjoyed Scottish food. We looked at peoples care records and saw that peoples individual cultural and religious beliefs were documented and staff were actively promoting and celebrating cultural and religious events that were important to people.

People and their relatives were involved in the development of the service. One relative told us, "I am able to make suggestions and they are acted on". For example they told us how they had suggested the garden could be better maintained, and they had seen an improvement in the maintenance of the grounds following their suggestion. People were engaged in how the home was decorated. We saw people's bedrooms were personalised. For example, we saw people had their bedroom walls decorated with pictures of their family and friends and other things that they liked or were important to them. The registered manager had systems and processes in place to ensure people and their relatives could have input into the development of the service.

People and their relatives told us how they would raise a concern and were confident that their concerns would be listened to and dealt with quickly and efficiently. One relative told us "I would be confident to raise a concern or complaint". Staff were able to tell us how to handle a complaint, who to report it to and how to record it. We looked at records relating to complaints and saw that complaints and outcomes had been recorded. The registered manager told us people had an easy read copy of how to make a complaint in their own rooms which was in pictorial form and that the complaints and whistleblowing procedures were given to relatives. The registered manager had sufficient systems in place to manage complaints or concerns.

Good

Is the service well-led?

Our findings

People and relatives knew who the registered manager was. One relative told us, "I have a good relationship with the registered manager". They also told us, "I can contact the registered manager or team leader whenever I need to, I have a great deal of trust in them both".

One staff member told us, "The registered manager is visible all the time, they get involved in the practical hands on work as well". Staff felt well supported by the registered manager. One staff member told us, "I get good support from the registered manager, we speak daily". They told us, "I feel well supported I get wonderful support from the registered manager". Another staff member told us, "I feel well supported, listened to and valued". They also told us, "I love working here, I feel appreciated, there is lots of support, it's the best job I've ever had". This showed the registered manager developed good relationships with relatives and staff felt supported in carrying out their duties. People were supported by a staff team that felt supported in carrying out their role and enjoyed their work.

People, relatives and staff were involved in the development of the service. The registered manager told us that they took the opportunity to sit and eat with people in the evenings and this provided a good opportunity to discuss how people wanted the service to develop. Relatives told us that they were given opportunities to have a say in how the service was developed. One relative told us, "We are able to make suggestions". The registered manager told us, "Relatives speak very freely about what they want". The registered manager told us that people's opinions of the service was gathered informally over the phone or during visits. Staff told us they had regular team meetings to discuss the development of the service. One staff member told us, "I speak daily with the manager and can put my ideas and suggestions forward". Another staff member told us how they had put forward a suggestion for a day trip for the people living at the home, and that this was currently being planned. One member of staff we spoke with told us that there had been a suggestion put forward by another member of staff in relation to making changes to the staff rota. The suggestion was to implement a rota that prevented any disruption to the activities people liked to take part in. They staff member told us a new rota was piloted. They told us the new rota had improved the ability to take people out into the community more so the registered manager had agreed to keep this rota system. The registered manager told us that they had a monthly team meeting where staff could contribute to the agenda items. They also told us they look at a policy each month as a team. The registered manager told us the care staff produced innovative ideas as to how to put policies and procedures into practice For example, they told us some staff had developed a quiz to test staff knowledge and understanding around a specific policy and procedure. This showed that the registered manager was keen to gain feedback on how care and support was provided and involved people in making decisions about how the service should be developed.

The registered manager had a good understanding of their role and responsibilities and was well supported by the provider. They told us they regularly kept up to date with current guidance, best practice and legislation by accessing a range of resources such as the internet, internal meetings, external conferences and training. Staff were clear about what was expected of them in performing their duties. During this inspection we saw staff providing care and support to people which was reflective of peoples care plans.

One staff member told us, "The home runs perfectly fine and can operate without the presence of the manager". They also told us, "Staff know what they are doing and what's expected of them". This showed that people were supported by a staff team who were clear about their roles and supported by a registered manager who kept up to date with current legislation and best practice.

Staff had a good understanding of the homes vision and values. One staff member told us, "The aim is to try to support people to live independent lives". We saw that people were supported and encouraged to be as independent as possible during our inspection. People were supported by staff who had a good understanding of their roles and responsibilities and were well supported.

People were encouraged and supported to take part in national awareness events. For example we looked at peoples care records and saw that in 2015 people designed their own onesies to promote national autistic day. We also saw people celebrated the autism awareness day 'light it up blue' by decorating the garden with blue lights and painting their faces blue. We saw the registered manager had good links with the local community and got involved in local events such as the Telford fun run.

The provider had a system to investigate complaints. One relative told us, "The management are proactive in addressing any concerns, we speak regularly". We saw the home had very few complaints but we saw that concerns and complaints were logged and outcomes recorded. The registered manager told us that they completed annual reviews of complaints and compliments to gather information to assist in the development of the service.

The provider had systems in place to monitor the quality of the service. Regular internal checks were carried out, the provider carried out regular checks on the location and the registered manager self-audited against CQC standards. The registered manager told us they had regular managers meeting with other managers employed by the provider to discuss quality.. The registered manager told us incidents, accidents and near miss records were analysed monthly. They told us this was to look for any particular trends to help them to improve the quality of care continually assess and manage risk. Staff told us that they were informed of the checks that were carried out at the location and were informed of the outcomes and improvements that were required to continue to improve the quality of care and support. One staff member told us, "If things go wrong we openly discuss them as a team and see how we can improve, we also admit when we have done something wrong". We looked at records relating to incidents and accidents and saw there had been a minor medications error. We saw that the registered manager had taken steps to reduce the risk of occurrence for example offering more training and support. The registered manager promoted honesty, openness and transparency within the team and there were sufficient systems in place to monitor and analyse concerns, complaints, accidents and incidents to be able to help to drive improvement.

The registered manager was committed to continue to improve the care and support people received. They told us, "There are always things we would like to improve, there is always room for improvement, we are currently looking at environmental changes that could be made in the home and how to further develop people's independence". Staff told us "We are constantly improving". One staff member told us, "We are always trying to improve". We saw the registered manager had a service development plan mapped to the Care Quality Commissions standards. This showed the registered manager and staff were committed to continuous improvement.