Care Quality Commission

Eden Place Limited

Ashley House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 11 June 2015. The inspection was unannounced.

Ashley House is registered for a maximum of 13 people offering accommodation for people who require nursing or personal care and specialises in supporting adults with mental health conditions. At the time of our inspection there were 11 people living at the home, one person was in hospital.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager left the service in July 2014. A new manager had been recruited to manage the service and was in the process of becoming the registered manager. We refer to the new manager as the manager in the body of this report.

Summary of findings

At our last inspection on 1 April 2014, we found some concerns in four areas. These were safeguarding people who use services from abuse, and assessing and monitoring the quality of service provision. Also care and welfare of people who use services, and respecting and involving people who use services. Following this, the registered manager sent us an action plan which told us about the improvements they would make. At this inspection we found improvements had been made in these areas.

Care was provided that met people's needs and we found there were enough staff to care for people safely. People's health and social care needs were reviewed regularly, and staff referred to other health professionals when needed, so people were supported to maintain their health and wellbeing. Risk assessments were completed and plans minimised risks associated with people's care.

People told us they felt safe at the home. Staff knew about safeguarding people and what to do if they suspected abuse. People were protected from harm as medicines were stored securely and systems ensured people received their medicine as prescribed. Checks were carried out prior to staff starting work at the service to make sure they were of good character and ensure their suitability for employment.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). When there were concerns about people's capacity to make decisions, we saw decisions were made in their best interests.

Staff had training to do their jobs effectively, in order to meet people's care and support needs. Staff were encouraged to continue to develop their skills in the area of health and social care. Staff told us they felt supported by the management team so they could carry out their roles effectively.

People told us they liked living at the service. People's nutritional needs were met and there was a variety of food available. Snacks and drinks could be accessed when people required these. People enjoyed taking part in organised activities, and many people chose to go out either individually or with care staff, and pursue their own interests.

Everyone we spoke with was positive about the management team and the running of the service. The manager knew the staff and people at the service well. We saw systems and checks made sure the environment was safe for people that lived there and that people received the care and support they needed. People knew how to complain if they wished to and complaints were actioned quickly and effectively.

People told us the staff were caring. We saw people were treated as individuals with their preferences and choices met where possible. Staff showed dignity and respect when providing care and all the people we spoke with were positive about the staff. Relatives were encouraged to be involved in supporting their family members where possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People told us they felt safe. Staff were confident in how to safeguard people from abuse and actions to take if they had concerns. Risk assessments reflected the risks to people's health and wellbeing, and risks were managed to minimise these. Medicines were stored safely and people received these as prescribed. Staff were available at the times that people needed them and recruitment checks reduced the risk of unsuitable staff being employed at the service.

Good

Is the service effective?
The service was effective

Staff received training and had a good understanding of how to meet people's needs. Referrals were made to other professionals when required to support people's needs and maintain their health and wellbeing. Staff had an understanding of MCA and DoLS and where people lacked capacity, decisions were made in their best interests. People enjoyed the food and different dietary needs were catered for. A choice of food was offered and people could access drinks and snacks when they wished to.

Good

Is the service caring?
The service was caring.

People were encouraged to be as independent as possible. Care was provided ensuring dignity and respect and staff put the needs of people they cared for first. Everyone spoken with told us staff were caring in their approach and we saw examples of this during our visit. People were involved in decisions about the care they received.

Good

Is the service responsive?
The service was responsive.

People received person centred care and staff knew their individual needs and preferences. Group and individual activities were on offer for people at the service and people were encouraged to pursue their interests. People knew how to raise complaints and these were dealt with quickly and thoroughly.

Good

Is the service well-led?
The service was well led.

People were positive about the management team and the improvements made at the service. Staff told us managers were approachable and issues raised were addressed quickly. Systems ensured the home environment was safe and the care provided was effective. The manager had worked to improve the service for people and was responsive to new ideas to continue to make positive changes.

Good

Ashley House

Detailed findings

Background to this inspection

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

The inspection took place on 11 June 2015 and was unannounced. The inspection team comprised of one inspector and a specialist advisor. A specialist advisor is someone who has up to date knowledge in a specific area. The specialist advisor that supported us had experience and knowledge in caring for people with mental health needs.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority commissioning team and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received prior to our visit and this reflected the service we saw, and the improvements that had been made. We used this information to plan our inspection.

We spoke with three people who lived at the service and three relatives. We also spoke with eight staff including the manager of the service, the general manager, a nurse, the maintenance person and the cook. The manager also managed two other services so was not always based at Ashley House, however the general manager was based there each day. We looked at four care records and records of the checks the manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported. Due to the complex needs of the people at the service, some people were not willing to discuss their experiences of the care and support they received with us.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe at the service and relatives told us that they felt Ashley House was a safe environment. One relative told us, "Safe here? Yes, I have no concerns whatsoever." We asked a staff member what they thought made the service safe and they told us, "Staff follow the care plans, there's good staffing, security is good, CCTV is outside."

Staff we spoke with told us they had a good understanding of how to safeguard people and they had received training about this. Staff understood the different types of abuse. One staff member told us, "Safeguarding is about keeping people safe, it could be physical, mental, emotional or financial abuse." Information about how to make a safeguarding referral was on display in the service and staff we spoke with knew who to report concerns to. We asked one staff member about 'whistleblowing' and they told us, "There is a policy," and they knew what this said. No staff members had contacted us with any concerns about the service. However there had been a safeguarding referral the local authority made us aware of, the service did not.

Assessments of risks associated with people's care and support had been undertaken. We looked at risk assessments and saw these on people's care records. A staff member told us, "Risk assessments are reviewed monthly or when risks change." We saw these were completed for different areas of care, including mobility and continence. Risk assessments were up to date, had been reviewed and these linked to people's care plans. We saw these were individualised, for example, one person had a risk assessment around choking because they ate food very quickly. This person had been referred to the speech and language therapist and their advice had been incorporated into the risk assessment. Staff closely monitored this person in line with their risk assessment. Staff knew about the risks to people in their care and how to minimise these to keep them safe.

Prior to staff starting at the service, the provider checked their suitability to work with people who lived there. This included contact with their previous employers and the Disclosure and Barring Service. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with vulnerable people. Staff we spoke with told us background checks were completed before they were able to start work. The provider ensured that, as far as possible, the staff employed were suitable to support people who lived at the service.

We looked at whether staff were available at the times that people needed. People had mixed views about this. One relative told us, "In the week there is enough staff, but they can be pushed at weekends." Another relative had the same view and told us, "They are little short staffed at times." However, a staff member told us that they thought there were sufficient numbers of staff and said, "Yes enough staff work here, we have time to sit with people every day." There were currently two staff vacancies, one for an activity co-ordinator and one for a care worker. Existing staff covered these positions so that staffing levels were not reduced. We discussed this feedback with the manager who confirmed that the numbers of staff on duty at the weekend were consistent with the weekdays. We saw that whilst staff were busy, they were available at the times people needed assistance and had time to sit and chat with people.

We looked at how people's medicines were managed. Staff we spoke with told us they had undertaken training around medicines and this had provided them with the knowledge and skills to administer these effectively. One relative told us about the support a person received with their medicine, they told us "[Person's name] gets their medicine when they should, it's quite good". One staff member was allocated to administer medicine at each shift, to ensure consistency and reduce the risk of any errors or missed medications. Each person's medicine was checked against the medicines administration record to ensure the correct medicine and dose was given. The manager and nursing staff carried out regular direct observations of staff to ensure they remained competent to give medicine. Medicines were stored securely and in line with manufacturer's guidelines, then disposed of safely to ensure people were protected.

We saw individual protocols for medicine which is given 'as required' and is sometimes known as 'PRN'. We observed a person taking their PRN medicine and they were asked if they wanted this and why, which they explained. Two staff members signed to confirm the staff member had

Good

Is the service safe?

administered the PRN medicine and told us they recorded if any medicine was not given to a person and the reasons why. People received their medicine when they should from staff trained to do so.

Checks had been undertaken to assess the quality of the service. We saw audits had been completed by the local clinical commissioning group and included infection control and audits of the environment. A health and safety audit had been completed by the manager in June 2015. Results of these audits were positive and we saw any actions identified had been completed by the management team.

Accidents and incidents were recorded and we saw these were up to date and had been analysed to identify any trends. Staff had a good understanding of how to report accidents and incidents, and actions to take in response to these, in order to keep people safe.

Checks were carried out to ensure the buildings and equipment were safe for people to use. For example, regular safety checks were completed of electrical equipment, the building and the environment. Fire procedures were in place to protect people in the event of fire. One staff member told us the procedure if there was a fire, "There are personal emergency evacuation plans (PEEPs) for everyone". PEEPs are individual documents which detail people's needs such as support required with mobility, so in an emergency people could be assisted to evacuate the building quickly and safely. We saw these on people's care records. The manager had a system to protect people from harm, as they maintained health and safety procedures.

To promote people's security, the service had a CCTV system, which recorded outside the building and the surrounding perimeter of it. There had been an incident with some people 'hanging around' the service previously and the manager told us the CCTV had provided them with some reassurance in case there had been a problem. A maintenance person visited the service weekly to carry out any repairs. We saw maintenance tasks were recorded by staff and these were completed. Cleaning checks and audits were undertaken by the maintenance person and we found these were up to date. We saw water checks were completed, and checks of equipment to ensure people were protected from harm. The home was well maintained and the environment was safe for people who lived there.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, "Yes, staff are very good." A relative agreed and told us, "I think staff know what they are doing and they do their upmost

Staff we spoke with had a good understanding of people's care needs and were aware of their roles and responsibilities. As part of their induction new staff worked alongside and observed existing senior staff to learn about the needs of people who used the service and the provider's policies and procedures. We saw the provider's induction training covered areas such as safeguarding and confidentiality. Staff then completed an evaluation form to reflect their learning with the manager and identify any further needs. The induction process gave staff the skills they needed to effectively meet people's needs when they began working at the service.

Staff received training relevant to the health and social care needs of the people who lived at the service. A relative told us, "They seem to be quite skilled in caring and know about care." A staff member told us about the workbook of training they had completed. They told us, "It is quite useful, there is a lot of information, I like to look back at it." Topics included were relevant to their job roles and included mental capacity, first aid and management of aggression. This was then assessed by the manager before being validated externally. Staff felt the training they received helped them do their jobs effectively.

Staff were supported to develop and keep up to date with training by the management team. One staff member had received a care award called "Putting people first" having been nominated by the manager. This award was given to care staff who worked to empower people who required support to have more control over their own lives. Several other staff members were being supported to do further care training. The general manager told us they had recently received training around 'end of life' care and had found this very useful. Other staff including the cook, told us that they had received training in understanding the importance of regular fluids for people in managing urine infections.

Staff told us they felt supported by the management team and had regular opportunities to attend staff meetings. A staff member told us, "They do let us talk at them (the meetings), I don't have any issues." One to one meetings were also held to give staff regular opportunities to discuss with their line managers any issues or raise any concerns they had. Another staff member told us about working at the service and said, "I feel completely supported." The manager explained they also had 'one point supervision' where staff could come and see them to discuss an issue as it arose. Appraisals were held annually and gave staff the opportunity to review their progress and any training or development needs with their manager. A staff member had had their appraisal recently and told us, "It helps, we discuss any things that need to change or any issues we have." The management team supported staff in their roles to enable them to do their jobs effectively.

A 'handover' meeting was held at each shift change where information was passed on to staff about any changes to people's health or well-being. A staff member told us, "It is really useful, there is a lot going on, it is hard to remember otherwise." We saw at this meeting tasks were allocated so staff knew their roles that day. Good communication between staff assisted them to provide a continuity of care to people they supported.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff demonstrated they understood the principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people's decisions to refuse care where they had capacity to do so. One staff member told us, "It is decision specific, no one lacks capacity here." We saw one person had refused to be referred to a medical professional and had been assessed as having capacity to make this decision. This was clearly recorded on their care records and a risk assessment was in placed around this and how staff could minimise this risk, which was around their dietary needs.

Good

Is the service effective?

No one at the service had a DoLS authorisation. We saw people could leave the service if they wished and knew the door code required. We did not see anyone during our visit that DoLS would have been applicable to.

People had a choice of food which met their dietary needs and preferences. On the day of our visit one person did not want what was offered so they chose something else. A relative told us, "They get [person] something they like, they are very helpful," and another relative commented, "[Person] looks forward to meals and enjoys them." We heard a staff member ask someone how their meal was and they replied, "Lovely."

Meal times were flexible and we saw people ate at different times in places to suit them. Food was kept for people for when they were ready to eat it. Staff ate with people at lunchtime to promote a relaxed and sociable atmosphere. People brought in their own snacks and drinks if they wished. We saw hot and cold drinks were available in the lounge areas and people could help themselves. People were involved in menu planning and the menu was changed every six months to be seasonal. The kitchen area was used by the cook and people were able to prepare their own meals there if they wished to. However, people had said they preferred to have a separate kitchen for this, that was not used by the cook. The manager told us they were hoping to develop a different area of the home for people to use for cooking separately.

People's dietary needs and preferences for reasons of health and religion were catered for. Staff had a good understanding of people's dietary needs and the cook attended the staff 'handover' meeting each day to make sure they were aware of any changes which may impact on a person's diet and health. They told us they had liaised with the dietician and GP in the past about the nutritional needs of people to ensure they were supporting people effectively.

People at the home were weighed monthly and their blood pressure was taken. One person had gained weight recently and advice had been sought from the person's GP about this. They now had a 'health action plan' where staff encouraged healthy eating and were reducing their portion sizes. The cook told us, "I reduce the amount of food." The person had been involved with this plan and staff were aware of how to support the person with this. People's nutritional needs were being met by the service.

People were supported by staff to access health professionals as required. One relative told us "[Person] has seen the psychiatrist recently to do with drug changes." We saw staff supporting one person who was upset, in line with the recommendations from a mental health professional who had been involved in their care. Other people saw the GP, dentist and chiropodist. People went out to appointments if possible with support from care staff and staff told us they had good links with the community mental health teams.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care staff. One person told us, "The staff are caring." A relative agreed and told us, "I can't say enough in praise of them." Another relative commented about the staff, "They are caring people," and their family member had told them they were happy living at the home. A different relative explained, "Staff are kind and caring, everyone is really nice". One staff member told us, "You have to treat people like people," and that this job was their passion.

Relatives were encouraged to be involved in their family member's care. Staff we spoke with told us relatives were able to come and visit family members when they wished to. One person stayed overnight with their family sometimes and this was encouraged. Staff we spoke with told us that some people living at the service had forged good relationships with each other and they welcomed this. Staff felt these friendships were positive for people who were recovering from health problems.

People were encouraged to maintain their independence however staff supported people in the ways they preferred. One staff member gave an example of how a person could wash their own hair independently but enjoyed staff doing this for them, because they enjoyed the feeling of it. They said "[Person] likes this 'time'."

We asked staff how people were supported to be independent. A staff member told us their philosophy was, "You have independence and this is your home." Another staff member told us people were encouraged to be independent but, "If staff see them struggling they will help them." People were encouraged to be independent and take on some of their own responsibilities. The home had a coded gate to enter and exit and people used this independently. One person told us they could go out on their own but liked staff to be with them and staff were going to take them to buy some new clothes the following day.

We saw a fish tank was situated in the lounge area and staff told us that one person now took responsibility for looking after the fish and they liked doing this this. Another person had brought their dog to live with them at the home previously, and this had been supported. People could access washing machines to wash their clothes. The manager gave us an example of one person who had learnt how to wash their own clothes since coming to live at the service, in order to develop their independence.

Staff supported people to make their own decisions. One person had required a medical examination and had requested a male doctor do this. Staff arranged this for them. One person had recently decided they wanted to plan their funeral in advance, and so staff had supported them to do this. An advocacy service had been used by two people to support them with their finances and we saw this information displayed. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision. People were supported to make decisions either with staff support or with referrals to other people who could assist them.

Bedrooms were personalised and people were able to bring in their own furniture if they wished to. People were able to rearrange their bedroom furniture to have this how they wished to and make the room more 'their own'.

Staff treated people with dignity and respect. For example, the maintenance person told us, "If I am going to make noise, I will ask before doing anything to disturb people and if someone is not happy, I will do it another time." One staff member told us they were aware when people wanted their own space and if someone was upset, they tried to make sure they had 'undisturbed' time. For example, a staff member told us a relative had called to speak with their family member and they did not wish to talk with them. The staff member had told them 'They do not wish to speak with you at the moment' to make sure they gave the person their privacy. Staff were confident in supporting people and aware of the importance of treating them respectfully.

Good

Is the service responsive?

Our findings

People we spoke with had positive views about the home and how people's care and support needs were met. One relative told us, "All of the things are extremely good." Before people came to live at the service, a pre-admission assessment was completed, to make sure that their needs could be met there. The manager told us, "We make sure the person is happy coming and that the care is suitable and relevant." We saw a referral form was completed, an initial assessment and then a detailed general assessment which covered all aspects of a person's life and history. This enabled staff to begin to get to know the person to start to plan their care before they arrived. One relative told us their family member had come to the service recently and since then, "[Person] looks happier in themselves, they are eating better and looking better."

One staff member told us that when a person came to the service a 'getting to know me' process was undertaken where staff gradually built up a picture of a person's history and preferences. We saw on care records, 'Things you must know about me,' 'Things really important and 'Things I like or don't like.' These had been completed comprehensively and information ranged from people's health needs to music preferences. One person liked going shopping and having their hair done at a specific hairdressers and staff supported them to do that.

People had copies of their own care records and were actively involved in planning their care. Records contained information specific to their individual needs and a keyworker system was in place, so people had a named care worker who knew them well and provided consistency. We asked one staff member about someone they were a keyworker for. They were able to tell us about the person in depth, for example they liked time on their own and at night they came 'alive'. Staff knew people they cared for well.

People had a choice about the care they received. We saw people got up in the morning when they wished to and we observed many people remained in bed on the morning of our visit as they preferred to get up later. If people preferred a later start, lunch was kept for them so they could have this in the afternoon to suit them.

Staff we spoke with told us how they supported people and responded to their individual needs. One person had initially refused to have a wash or shower, but gradually with staff support, they had started to do this. A staff member told us about how they supported people should they become anxious or agitated due to their conditions. They told us that there was a 'no physical intervention policy' within the service and they would use distraction to defuse any situation. We saw one person was anxious and staff continually reassured them until we saw them gradually become calmer. Another staff member told us about another person who had difficulty with communication. They told us "You have to listen, slow down; [person] gets very frustrated if you ask them to repeat." They explained that sometimes the person would communicate with them by writing the issue down or pointing and it was evident that staff had a good understanding of how to support this person. Staff were skilled in supporting people at the service and managing their care needs.

Staff told us people were encouraged to be involved in reviews of care and contribute to these discussions. A relative told us, "I am involved a lot with [persons] care" and another relative confirmed this, "Yes, they involve me in [person's] care." We saw on care records people had been involved in review meetings and relatives attended if people wanted this support. People confirmed that care was delivered in the ways they preferred.

Care plans were reviewed monthly by staff and managers. We saw notes were detailed on care records but were duplicated in places, which made them hard to follow at times. We saw one person's care record identified that they required antibiotics following a podiatry appointment, and they were waiting to hear back from the GP. We saw the conversation with the GP and the visit to the podiatrist was not recorded. In the person's own care plan however, this was recorded. This meant that staff may not be clear of actions to take to support people's care effectively and information could be missed. We discussed this with the manager and they confirmed that they had done a lot of work to improve the level of information on care records, but acknowledged that they may benefit from streamlining them now to be easier for staff use.

People were involved in planning activities with their keyworkers, and were encouraged to pursue their interests either as a group or individually. One relative told us, "Yes they take [person] out shopping, they make sure [person] gets out when they want to, they can go out alone but they

Good

Is the service responsive?

tend not to." On the day of our visit two people were attending a mental health resource centre in Warwick and staff told us they enjoyed this. One staff member told us, "We 'go with the flow' with what people like to do each day." We heard one person liked to go to the gym several times a week and staff supported them to do this. Many people went out, and we saw a bus timetable was displayed for people to use should they wish to. The manager told us there was a vacancy for an activities co-ordinator currently and care staff were filling this role. We did not see an impact of the vacancy as we saw people doing what they wanted to do and staff were available to support them.

One relative told us about their family member, "[Person] is social, they go to the allotment, Old Bank, cooking lessons, they play chess with the other service users, they like people around." They said staff took their relative out for a coffee each Friday as this is what they enjoyed doing. Some people had visited the local church in the past and the manager told us the staff had a good relationship with the vicar. One person made jewellery and this was sold by them at the local hospital. Another person enjoyed growing vegetables on the allotment. A computer was available for people to use to access the internet and staff supported people if needed. We saw an activities folder recorded what people had participated in and how much they had enjoyed the activity to assist with planning future activities. People had opportunities to pursue their interests and could do this either on their own or with a staff member supporting them.

A group meeting involving people who lived at the service was held monthly. These provided people with the opportunity to raise any suggestions or issues they may have. We saw minutes of the previous meetings where people discussed activities and food, and actions had been taken in response to these. For example, a trip had been planned to Weston Super Mare following suggestions made. People were involved in discussions around activities and had the opportunity to offer any other suggestions they had.

People we spoke with told us they were aware of how to make a complaint. We saw that the provider's complaints procedure was displayed and a suggestion box was available for people to make any comments or suggestions. One relative told us, "I've made no complaints to Ashley House, I've no cause to whatsoever" and another relative told us, "Nothing concerns me in the slightest." We were aware of one complaint that had been made previously and had been resolved and the manager told us there had been no other complaints made since. We saw a compliment letter dated May 2015 from a relative which said their family member was 'More relaxed, was eating better and was no longer agitated. Ashley House met all their requirements at present and they were happy in this environment.' People had the opportunity to raise any concerns and these were responded to by the management team to people's satisfaction.

Good

Is the service well-led?

Our findings

We spoke with people and staff about the provider's management team. One person told us "They're most definitely approachable; I think they're doing a pretty good job." A staff member agreed and told us, "They are very approachable, whether it's personal or job related, they are always available".

The management team consisted of a manager, a general manager and a deputy manager. The manager was in the process of applying for registered manager status. This person covered another two services in the Eden Place group and was at Ashley House on the day of our visit. They told us they supported the general manager and made sure they were accessible and available. The general manager told us they felt supported by the manager and we saw that they worked together as a team and that there was effective leadership in place.

On the day of our visit, both the manager and the general manager were seen to be interacting with people positively and they showed a good knowledge of the people living at the service. One relative told us about the general manager, "I have any queries I do ring [manager], they always come back, things are dealt with properly." People we spoke with were positive about the management team's approach.

The manager told us the premises had previously been a children's nursery and some of the environment still had these fittings, such as soft flooring in the garden. Plans were underway to alter some of the garden over the next 12 months to make it more attractive and provide more benches outside for people to sit on. A relative told us, "They are doing things and making changes all the time." The manager was consistently working to improve the service for people that lived there.

The manager encouraged people to be involved in the running of the service and put forward their suggestions about this. Surveys had been developed for people around 'Community Participation' and these were to be distributed shortly. This was to find out if people felt more could be done to get involved with local community activities. We saw some previous questionnaires people had completed, where they had made suggestions about the menus. We asked the cook about this who confirmed that actions had been taken in response to people's feedback. We saw the manager and staff listened to people's views and suggestions and acted on these where possible.

There was a positive culture amongst staff at the service. We saw they had fundraised for a charity event recently, raising over £500 as a team. Staff supported each other and worked together as a team and this was evident in the care they provided for people. We saw staff supported people with humour and compassion.

The manager told us what they were proud of at the home. They told us, "The compassion of care here, if the compassion is there, then you are one step ahead. "The manager told us about the improvements they had made since our last inspection, for example in relation to record keeping. They told us that record keeping was much improved and was now more detailed. They told us that they continued to work on this and had learned from the issues previously. Staff were encouraged to be involved in this continuous improvement.

The manager told us they were committed to continual improvement of the service and the care people received. We saw they were planning a training session for staff around methods of communication when supporting people. They hoped this would make staff more confident whilst supporting people with communication difficulties.

The general manager told us the service had four en-suite rooms and one of the bathrooms was not often used. This was located near to the lounge and they told us that they hoped to change it into a small kitchen where people could make their own meals more easily. The manager told us this would enable them to be more 'rehabilitation focused' in the way they supported people and help them to regain skills and independence.

A new model of working was being introduced by the manager to support rehabilitation and this was called the 'Recovery Star'. We saw this had been discussed at meetings for staff and people. One staff member told us, "I think it will be really good and beneficial, it's person centred". A folder was in the lounge area for people to read about this further. The manager told us people and staff had been positive about this. We saw the model covered

Good

Is the service well-led?

areas such as living skills, social networks and relationships. The management team strove to develop the service and introduce new ways of working to support people more effectively.

Some people at the service were under a 'Community Treatment Order' and this meant they had supervised treatment when they left hospital. The manager told us they wanted the service to become more 'recovery based' and focus on promoting people's independence, and this is what they were working to do with the changes planned.

During our visit, the manager told us the local authority had visited recently but had not identified any issues or concerns at this visit. The local authority confirmed the service had made improvements and they did not have any concerns. We found quality checks were completed by the manager and we saw they audited risk assessments, medicines and care plans, following completion by keyworkers to make sure they were completed correctly. Any concerns they identified were raised with staff and additional training offered if required.

The manager was able to tell us which notifications they were required to send to us so we were able to monitor any changes or issues with the service. We were aware of one incident which had not been notified to us relating to a safeguarding concern. The manager told us they would ensure they notified us of these incidents in the future and they were aware now this had been an error. They understood the importance of us being able to monitor the information about the service and receiving this promptly.