

Noble Care Limited

21 Lime Street - Learning Disability and Autism

Inspection report

21 Lime Sreet
Evesham
Worcestershire
WR11 3AW

Tel: 01386422017
Website: www.noblecare.co.uk

Date of inspection visit:
04 May 2016

Date of publication:
01 August 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 4 May 2016 and was unannounced. 21 Lime Street- Learning Disability and Autism provides accommodation for up to eight people. There were seven people living at the home at the time of our inspection. People had their own rooms and the use of a number of communal areas including lounges, a dining room and kitchen, conservatory and garden areas.

We spent time with people who lived at the home and spoke with three people about their life at the home. The examples we have given are therefore brief because we respect people's right to confidentiality.

A registered manager was 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 were able to do things they enjoyed and keep in touch with those people who were important to them. Risks to people's safety were understood by staff and people benefited from receiving care which took into account their safety needs. Staff understood what actions to take if they had any concerns for people's wellbeing or safety. People were supported to take their medicines so they would remain well and there were enough staff to meet people's care and safety needs.

People were supported by staff who used their skills and knowledge so they would enjoy a good quality of life. Staff worked with other organisations and relatives so people's right to make decisions and their freedom was protected. Some people enjoyed making their own meals and drinks. Other people received help from staff to enjoy a range of food and drinks so they would remain well. People were supported to make their own health appointments where possible. Staff assisted people to attend specialist health appointments and followed the advice given by specialist health services so people would receive the care they needed as their health needs changed.

We saw caring relationships had been built with the staff and management team. People enjoyed spending time with the registered manager and people were given encouragement and reassurance when they needed it. People's need for independence and privacy was understood and acted upon by staff. People were encouraged by staff to make their own choices about what daily care they wanted.

People were supported to understand the values of the service and helped to develop the vision of how the home was run. People living at the home were empowered to decide what care they wanted and supported in innovative ways to do this. People's preferences and goals were understood by staff and action was taken so people received the care they agreed to. Staff took action when people's needs changed. People and their relatives had not needed to raise any complaints about the service, but were confident action would be taken if complaints were raised.

There was open communication between people, provider, registered manager, relatives and staff. People were empowered to make suggestions about how the home was run and their suggestions were acted upon. Staff understood what was expected of them and were supported through regular discussions with their managers. This included support so staff cared for people in ways which promoted best practice. Regular checks were undertaken on the quality of the care by the provider and registered manager. Actions were taken in innovative ways to further develop people's experience of care so the home would continuously develop.

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's individual risks were understood by staff and staff took people's risks into account in the way they cared for them. Staff knew how to raise any concerns they had for people's wellbeing and promoted people's safety. There was enough staff to meet people's care and safety needs. Checks were in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to look after them and people received the care they had agreed to. Where people needed support to make decisions this was done in ways which promoted people's rights. People were supported to have enough to eat and drink so they remained well. People were supported by staff to access health services as their needs changed.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff who provided people with reassurance. People were treated with respect and staff worked in ways which promoted people's dignity. People made their own choices about their daily care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People decided what care they wanted and how they wanted to be supported by staff. Staff used innovative ways of working with people so they were able to make their own decisions about their lives. People were empowered to make choices about the care they received as their needs changed. Staff supported people to do things they enjoyed and maintain links with their friends and families. People and relatives were confident action would be

taken if they raised any concerns or complaints about the care their family members received.

Is the service well-led?

Outstanding 

The service was very well-led.

People, their relatives and staff were empowered to make suggestions for improving the care offered. Checks were made on the quality of care by the registered manager and provider and action taken, so people's experience of care was further improved. Staff were supported to improve their practice across a range of areas as part of the drive for continuous improvement.

21 Lime Street - Learning Disability and Autism

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 4 May 2016 and was carried out by one inspector. The inspection was unannounced.

We reviewed information we held about the home including statutory notifications which had been sent to us. Statutory notifications include information about important events which the provider is required to send us by law. We also checked information which had been sent to us by other agencies. We requested information about the homes from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with three people living at the home. We spoke with two relatives. We spoke with one of the provider's directors, one provider representative, one senior staff member and two care workers. The registered manager was not available during our inspection, so we spoke with them on the telephone.

We looked at a range of documents and written records including three people's care records, records about the administration of medicines, and how staff cared for people so they stayed well. We looked at minutes of meetings between people and staff. We looked at three staff member's recruitment files. We talked to staff about their training and saw staff training records. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took to develop

the service further.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. We saw people were relaxed when staff supported them and staff took action to promote people's safety. One person told us staff talked to them about their safety in the home and when they went out to do things they enjoyed doing. Two people we spoke with explained how they had taken starring roles in a fire safety film which had been made at the service. One person told us, "It was lovely doing the film, and it makes me feel safer, as I know what to do if there's a fire." One relative told us staff knew the safety needs of their family member very well and supported them to stay safe with their friends.

Staff understood the types of abuse people were at risk of and explained how they would support people if they thought anyone was at risk of harm or abuse. Staff gave us examples of the types of actions they would take if they had any concerns for people's well-being or safety. These included the plans staff would put in place if people were ill, or if people had unexplained bruising. One staff member told us what actions they would take if they thought there were risks to people's safety from other people. Staff were confident if they raised any concerns actions would be taken by the registered manager so people's safety and well-being needs would be met. One staff member we spoke with told us they had raised a concern for one person's safety. The staff member told us the registered manager had immediately put plans in place to promote the person's safety.

People told us they talked with staff about their safety regularly and they were involved in working out the best way for them to stay safe. Staff members we spoke with knew about the risks to individual people's safety. People and staff told us they worked out together the best way for people's risks to be managed and their safety promoted. Staff told us they discussed people's well-being and safety needs at regular house meetings. Staff explained this was done so all people and staff would be aware of the best way to support people living in the home, as their day to day safety and care needs changed. We saw there were clear plans in place and people's safety needs were taken into account in the way staff cared for them. We also saw people had been involved in deciding the best way for them to be kept safe in ways which meant they were still able to do the things which were important to them.

Two staff members we spoke with explained how they supported one person who liked to go out shopping on their own. One staff member explained how they worked with the person so risks to their financial and physical safety were reduced when they went out independently. We spoke with the person about this. The person told us staff always made sure they had their mobile telephone with them when they were out. The person told us they had needed to contact staff on one occasion and said, "[Staff member's name] came quickly, so I felt safe."

Another staff member told us how they supported one person so they remained physically well. The staff member explained how they had worked with the person, health professionals and their relative, so risks to their health were reduced. Two staff members told us how they cared for people so they did not become anxious. The staff members told us they were able to do this as they knew what things made people anxious, and were able to give people reassurance in the best way for them. We saw this happen during our

inspection, and people's anxiety was reduced.

We saw the registered manager had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff. By doing this the registered manager was assured new staff were suitable to work with people living at the home.

People told us there was enough staff available to care for them in the ways they preferred and meet their safety needs. One person told us if a member of staff was not able to come to work to help them as planned other staff helped them instead. The person told us they always knew the replacement staff, which helped them to feel safe. One of the relatives we spoke with told us extra staffing was always made available to support their family member when they went to hospital appointments. Staff told us senior staff would also provide care and support to people if there were any unexpected staff absence, so people's care and safety needs would be met.

We saw staff encouraged people to decide how they were supported to take their medicines so people received their medicines in the ways they preferred. One person we spoke with told us staff talked to them about their medicines, so they knew how their medicines would help them. People told us staff supported them to have pain relief medicines when they needed them, so they would feel well again as soon as possible. One person told us, "I can ask for tablets when I need them."

Staff told us they were not allowed to administer medicines until they had received training and their skills had been checked. Staff knew what needed to be done in the event of an error being made with a person's medicines. This included contacting the person's GP or emergency services, where appropriate, so people would receive the care they needed. Staff told us about the regular checks on medicines made by senior staff, the registered manager and provider. Senior staff explained these were done so the registered manager and provider knew people were receiving their medicines in a safe way. We saw the checks staff made had identified an error made by the pharmacy for one person's medicines. Staff took appropriate action to resolve this, so the person received the correct medicines. We saw staff kept clear records of the medicines administered to people and people's medicines were securely stored.

Is the service effective?

Our findings

People told us staff had the skills needed to care for them in the ways they preferred. One person told us, "Staff know what they are doing." The person went on to tell us they saw staff also knew what action to take to help other people who lived at the home, so they would remain well. One relative we spoke with told us how staff had developed their skills and knowledge as the health needs of their family member changed. The relative told us about some of the training staff had done so their family member would continue to enjoy the best health possible.

Staff told us they were encouraged to develop their skills so they would be able to meet people's care and support needs. All the staff we spoke with told us they regularly discussed their training needs during their one-to-one meetings with their managers. One member of staff we spoke with explained, "We have a wide range of training, and each of us leads on specific training, and it's focused on the needs of the people living here." The staff member told us staff were encouraged to make suggestions about the training they needed. The staff member gave us examples of where staff had made suggestions which had been actioned. The staff member said, "This means training is put in place before it's needed for the people living here, it's about preparing for the future."

One staff member told us about the sensory training they had done, so they could meet the needs of one person living at the home. The staff member told us, "It means you can provide better care, and has helped me to understand how [person's name] feels. Training means I know I am doing the best for [person's name]." Another staff member we spoke with told us staff were not allowed to work with specific people until they had received the training they needed to care for them and told us this was checked regularly by the registered manager.

Staff told us they received regular support through one-to-one meetings with their managers. One staff member explained some of their supervisions were done in ways which looked at how they gave care to people. The staff member said this was done so the registered manager knew people were getting the care they needed in the best way for them.

We spoke with one staff member about the training and support they received when they first came to work at the home. The staff member told us they had received help from more experienced staff and were supported to develop the skills they needed to care for people living at the home. The staff member said this had included finding out early on how to promote people's safety, health and well-being as part of their induction. All the staff we spoke with told us they received good levels of support from their managers and the registered manager, so they were able to provide people with the care and support they needed.

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 checked whether the service was working within the principles of the MCA.

One person we spoke with told us how staff had supported them to make the decision to buy a new bed. The person told us staff had taken time to explain what options they had and supported them to make their own decision. The person told us "I love my new electric bed." Staff had received training and support to understand their responsibilities under MCA and had a clear understanding of how MCA affected the way they supported people. Staff knew which people were able to make their own decisions about things which were important to them.

Staff told us how they supported people to make their own decisions where this was needed, so they would have the best opportunity to decide things for themselves. Staff explained how they used pictures and brochures to show people the options they had. This included supporting people to make choices about fun things to do, such as holidays and days out and how they wanted their rooms decorated. Staff also told us they checked to see how people reacted to choices offered. We saw staff supported people in this way during our inspection. For example, staff checked people's reaction when they were offered choices about where they wanted to be and what they wanted to do. In this way, staff could be sure people were making their own decisions and their rights were respected.

Staff told us examples of where some decisions had been made in people's best interests. These included decisions about supporting people when they were anxious and decisions about supporting one person so their health would be maintained. Staff explained how they had worked with other agencies, such as health colleagues, as part of decision making processes. One of the relatives told us staff had consulted with them about a decision which had been taken in their family member's best interest.

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 provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted applications to a 'Supervisory Body'. One application had been authorised by the supervisory body. The registered manager had told staff the supervisory body had approved a DoL. The registered manager had told staff the supervisory body had approved a DoL. Staff explained the actions they needed to take so the person's rights would be protected. Staff told us, and we saw, the actions they needed to take were recorded in the person's care plans. The registered manager was awaiting a decision on one application at the time of our inspection. Processes to review DoLS in the event of people's needs changing were in place.

People told us they looked forward to their meals. Two people told us they regularly had the chance to have their favourite things to eat. One person we spoke with took pride in the fact they helped to prepare some of their favourite foods. Another person told us how much they enjoyed choosing what to have to eat on weekly "take away" night. The person told us everyone living at the home had the opportunity to choose what they wanted to eat, and said, "I get to decide what goes on the menus, and make my own drinks."

Staff gave us examples of how they supported people to have enough to eat and drink in ways which were safe for them and promoted their well-being. One staff member we spoke with told us how they would always try to find alternatives where people had specific dietary requirements. This included sugar alternatives for one person living at the home who had diabetes. The staff member explained by doing this, the person was still able to enjoy foods they liked and remain well. We saw throughout our inspection people were supported by staff to eat and drink things they enjoyed.

People told us staff supported them to see their GPs and other health professionals when they needed to. One person told us they made their own GP appointments, and said "Staff help me to do this." Another person we spoke with told us how promptly staff had helped them when they had become unwell. One relative we spoke with explained how staff had attended meetings with their family member's consultants.

By doing this, plans were put in place and action was taken so the person continued to enjoy the best health possible and remain at the home as their health changed.

Staff told us about the care they provided to people so they would be able to benefit from seeing a range of health professionals. This included supporting people to see their GPs, specialists and consultants, chiropractors, physiotherapists and dentists. We saw records which showed staff worked with health professionals so people's opportunities to receive the right health care were increased. For example, staff had worked with one person's GP who came to the person's home to see them, instead of them going to the GP's surgery. Staff explained this meant the person benefited from seeing their GP, where they had previously declined to see them.

Staff had a clear understanding of people's health needs, which were explained in people's health action plans. Health action plans recorded what health care people had received, and what actions needed to be taken to promote people's health. One staff member we spoke with told us people's health action plans gave staff clear instructions on how to care for people. The staff member told us about one person's health plan and said, "It means you know what to look for if [person's name] is unwell." The staff member went on to explain how they were working with health professionals so the person's health would be promoted by looking at how the person's diet and medicines affected each other.

Is the service caring?

Our findings

People told us they enjoyed being with staff and we saw people smiled when staff greeted them. People liked to spend their time with staff and were relaxed and happy in their company. One person said, "It's lovely here because I get on with the staff. I am happy here and hope I can stay here for a long time." Another person said, "Staff look after me and are nice to me. I have laugh with the staff." This person went onto tell us how supportive and kind staff had been to them when they had felt sad, and said, "I have been here a long time, and I never want to move anywhere else." The person also told us they felt staff listened to them and said, "Staff are on my side."

One relative told us staff were, "Very, very caring, they are marvellous and love everyone here." The relative said because the way staff cared for their family member, "[Person's name] is happy." The relative told us staff had built up trust with their family member when they first came to live at the home, and said, "Staff have [person's name] interests at the heart of everything they do. I can't fault them." The relative told us staff always supported their family member to celebrate events which were important to them, such as their birthdays, so their family member felt valued. The other relative we spoke with told us, "[Person's name] has been there a long time. I have never seen him miserable, he always has a smile on his face, because of the way staff care for him."

Staff we spoke with told us they got to know people by talking with them and checking their care plans. One staff member told us, "I love working here because you get to know (people) by working with them, and you build a bond, it's like having a second family." Another staff member said when they first came to work at the home they had also talked to staff and relatives to find out how people liked to be cared for. Staff we spoke with knew which people enjoyed touch as a form of reassurance, and which people preferred staff to chat to them instead. We saw throughout our inspection staff took action to reassure people in the way they preferred.

Three people we spoke with told us they were encouraged to make their own day to day decisions. These included decisions about what they wanted to wear and how they chose to spend their day. One person said, "I get to decide things, like what I spend my money on, and where I go." Another person told us, "The best thing about living here is the choices you have about what happens in the house." This person said they had been listened to by staff and had been able to decide how their room was decorated. The person invited us to see their room and told us, "I love my room." We saw people had rooms which reflected their unique personalities and interests. Staff supported people to make their own day to day decisions and provided reassurance when people were making their choices. For example, we saw staff supporting people to go out and to make their own choices about what they would like to eat and drink.

People said staff understood their need for privacy and told us they felt respected because of the way staff supported them. One person said they knew staff respected them as they listened to them, and they could make their own decisions. The person told us staff understood they liked to have some areas of their life which were private. One relative we spoke with said staff understood their family member liked to have private time on their own. Another relative we spoke with told us staff took action to make sure their family

member was supported in ways which promoted their dignity. The relative said, "Staff always knock [person's name] door to check they are happy for staff to go in." We saw staff were discreet when helping people during our inspection.

People said staff encouraged them to be independent and to be as involved in the running of the home as they wished. One person we spoke with smiled and told us "I made Sunday lunch with the staff." One relative told us staff understood what areas of personal care their family member needed assistance with. The relative said staff worked in ways which encouraged their family member to remain as independent as possible, as their health needs changed.

People told us they were supported to see their relatives and friends when they wanted to. One person said staff regularly supported them to see friends when they went out to do things they enjoyed doing. Relatives we spoke with told us they were able to visit their family members when they wanted to and were welcomed by staff. One relative we spoke with said how supportive staff had been when their family member had to stay in hospital. The relative told us staff had made special arrangements to take them to see their family member, as they were temporarily not able to drive. The relative said this had meant they had been able to maintain their relationship with their family member at a critical time in their lives. The relative told us this had also meant they were able to work together with staff and health professionals, so their family member got the individual care they needed.

Is the service responsive?

Our findings

People told us they had led very different lives before they came to live at the home and the way they were now supported enabled them to make their own choices and develop their independence. We saw people had a wide range of complex care needs relating to their safety, health and previous life experiences. People and their relatives gave us examples of how staff regularly undertook additional work with external professionals so staff could find out the best way to care for people and promote their well-being and safety.

Staff told us about the values and approaches they used to help people achieve their full potential. This involved trying different ways to support people, sometimes over long periods of time, to respond to people's individual needs and help them achieve their goals. Staff explained how the approaches and values staff used to support people made a difference to their lives. Staff gave us examples of how people living at the home were now able to identify and talk with confidence about their achievements. We saw the values staff demonstrated and the approaches staff used had a positive effect on the people they cared for. People told us the way they were supported empowered them to make decisions about their own care and live fulfilled lives. We saw this happen throughout our inspection.

People told us they led their care so staff supported them in the best way for them. One person said, "I decide who comes to my care plan meetings." The person explained they always felt supported by staff who knew them well and said staff, "Always back me up so I get the care I want." We saw people had been central in deciding how their individual risks were managed and how their care and support was planned.

Staff gave us examples of how they worked with people to celebrate their individual personalities and support their unique needs. Staff explained by knowing people's life histories and preferred ways of communicating they were able to support people to lead in planning their care. One staff member told us how staff supported one person to keep in touch with a diverse range of people who were important to them. The staff member told us by finding the best way to work with this person they were able to continue to express themselves in a safe and fulfilling way. Another staff member explained how one person was supported through the use of audio technology, so they knew which staff would be available to support them. The staff member said by doing this the person enjoyed an increased sense of well-being.

People were empowered to make key decisions about important areas of their care. This included decisions about their health and the gender of the members of staff to support them with their personal care. People had also made decisions about which staff would support them to do fun and interesting things. One relative we spoke with said staff always made sure their family member's preferred gender of carer was available to support them. One staff member explained how important it was for some people at the home to go on social outings with their preferred member of staff.

People's care plans and individual risk assessments were regularly reviewed so they continued to receive the individual care and support they wanted. We saw people's health action plans showed the views of relatives and professionals had been taken into account when individual people's care was planned. We

also saw people's health action plans had been regularly updated so they reflected people's current needs.

People said their care plans reflected the support they needed and how they wanted to live their lives and achieve their goals. These included plans about their medicines, mobility, health and preferred lifestyles plans. Two people told us enthusiastically about how they planned their care with support from staff.

One person said parts of their care plan had been put onto a slide show so they could show this to other people easily. The person explained how they had enjoyed choosing their favourite music as a soundtrack. Staff told us they had noticed the person had not always enjoyed care planning and reviews. This was because they had previously needed to explain a lot about their lives to new people they met. By using the slide show the person was less anxious when explaining what they had achieved and their goals. The person told us liked to look at their slide show on their own sometimes. The person said this made their care plan meetings enjoyable and they looked forward to them.

Another person was keen to show us their "time line". This was a long term plan in pictures and photographs. The person's time line showed what the person wanted to do and the steps they needed to take with support from staff to achieve their goals. The person told us, "I am involved in my care plans, and the timeline helps me to know what my plans are." We saw the person's time line showed pictures of them doing things they liked to do and how they wanted to live their life in the future.

One relative we spoke with told us they were encouraged to make suggestions about the care their family member received and said, "Staff listen and take action and find the best way to work with [person's name]." The relative gave us examples of how suggestions they had made to develop their family member's care plan further had been actioned by staff. The relative told us this meant their family member's care needs were responded to in the best way for them and they enjoyed the best health and well-being possible.

People told us they were able to change the way their care was planned at their regular care reviews. People told us they were also able to decide when their care plans were reviewed. One staff member gave us an example of how one person was always supported by staff if they requested additional reviews. The staff member said this worked well for the person, and improved their sense of well-being and promoted the safety of the person and the wider community. Another person we spoke with told us how they had decided they wanted to make a change in their life which would improve their health. The person said staff had put plans in place with them at the time they wanted, so they would get the support they needed to improve their health and well-being.

People said they were able to do lots of things which interested them. One person told us how much they loved the camera club which staff ran, and how much they enjoyed meeting up with people from the provider's other local services. Another person told us how much they enjoyed being involved in filming projects. The person explained they had a great time when they made a film with staff about the gardening project they were involved in. People enjoyed showing us the photographs on display which showed them doing things they liked to do with staff. One staff member we spoke with said, "I love the photographs of people doing things they enjoy and seeing how people have developed and changed."

One person said how much they enjoyed volunteering at a local charity shop. One staff member told us how they had initially supported the person to do this by going volunteering with them. The staff member explained over time the person's need for support had decreased, and they had become confident to do this in an independent and safe way. One person we spoke with told they always looked forward to attending a local disco. Another person told us they enjoyed planning and going to air shows with the registered manager. Two people we spoke with told us how much they enjoyed going out for a meal or a trip into town.

People told us they did this regularly and enjoyed spending time in the local community. We saw people had the chance to do on the day of our inspection.

One relative we spoke with explained how well staff had responded to their family member's need to do interesting things when their health changed. Staff we spoke with explained how they had supported the person so they were able to continue to do the things they enjoyed as their needs changed. The person took delight in showing us some of the items of jewellery they had made and were wearing on the day of our inspection. We saw people were offered choices about what they would like to do and staff understood sometimes people just preferred to spend their time quietly, enjoying sitting in the garden and chatting to staff.

People we spoke with said they had not needed to make any complaints about the care received because staff took action to investigate and resolve any concerns they had. One person we spoke with told us if they had any concerns they were able to talk to staff to resolve them quickly. The person was confident if they ever wanted to make a complaint staff would listen to them and take action to resolve their complaint. One relative we spoke with told us, "I have not needed to make any complaints, as staff listen." Staff we spoke with knew how to support people if they wanted to make a complaint about the care they received. We saw one person raised a concern on the day of our inspection. The concern was in relation to the local community. We saw staff took prompt action to talk to the person to resolve this so the person did not have to make a complaint. We saw there had not been any complaints made recently, but the registered manager had taken action to investigate a concern raised by one person, so any lessons would be learnt. We saw there was a pictorial guide in the reception area of the home, so people knew the ways they could raise any concerns they had.

Is the service well-led?

Our findings

The provider, registered manager and staff demonstrated a commitment to continuously improving the quality of the service people received. This included using national quality awards as a building block for involving people in the further development of the services and care they received. Staff worked with people in ways which promoted their understanding of the home's visions and values. People were encouraged to work with staff so the visions and values were developed further. People told us, and we saw, they were central in leading the improvements to the service, through suggestions they made and the way staff responded to these.

We saw the provider and registered manager had taken into account best practice research and introduced changes to the way care was delivered so the service would continually improve. The registered manager had developed effective working relationships with external organisations so people would benefit from living in a home where they received a consistent approach to care from a number of agencies. This resulted in people being safer and enjoying an enhanced quality of life.

All the people we spoke with told us they thought the home was managed well and the registered manager was approachable. One person said because they felt listened to and respected when they made suggestions about the running of their home, they knew, "We have the best manager ever." Another person said, "I see [registered manager's name] a lot. If I have any problems I can talk to [registered manager's name] or the senior staff." One of the relatives we spoke with said, "The manager is very good, and the staff are open. They always make sure they contact me when needed."

One person we spoke with said the director visited the home regularly, and took time to chat to them. The person also said the director and registered manager attended their review meetings, so they felt supported. People told us when the provider's representative came to visit them they also checked they were getting the care they needed in the way they wanted. The provider's representative and the director said they spent time with people and staff when they visited the home. The director told us they did this so they could be sure staff were working with people in ways which met the values and culture expected.

One staff member we spoke with explained the culture at the home was, "Open and very person centred." The staff member told us the ethos of the service was to recognise all people had individual needs and preferences and for staff to support them in the ways they wanted to be supported, so they had a good quality of life. Another staff member told us the way the home was managed meant, "Staff pull together as team, know what's going on and people pick up on this."

People told us they were encouraged to make suggestions about the running of the home, and their suggestions were acted upon. One person we spoke with said people living in the home had weekly joint house meetings with staff, so people and staff could discuss any suggestions together. The person told us how some suggestions they had made to further improve the décor in the home had been agreed. We saw some of this work was being done on the day of our inspection. Another person explained to us how people and staff learned together at the weekly house meetings. The person told us how people and staff had found

out together about "Duty of Candour". The person told us this meant they knew staff would have to tell them if anything went wrong with their care.

One person told us they also regularly attended service user forums. They said the service user forums gave them the opportunity to meet with people and staff from the provider's other local services. The person told us decisions about projects and plans for the development of the home were based on what people wanted to happen. The person said, "Staff always let us know what's happening." Staff members told us people, relatives and staff always knew about plans for the home and what interesting things were planned as details were put in regular newsletters.

Every staff member we spoke with told us they thought the home was managed well and they enjoyed working at the home. Staff said they were comfortable to raise any suggestions about how the home was run and the care people received. Staff told us if their suggestions indicated there would be a positive impact on people resources were made available to take action, so the service was developed further.

Staff said they were able to obtain advice and support from the registered manager and senior staff when they needed to. Staff told us how they had been supported to make decisions for people, so they would get the best care. This included obtaining advice either directly from the registered manager, senior staff or through the on-call system. Staff gave us examples of how they had been able to gain advice quickly when people were anxious or ill so people received the care they needed.

All the staff we spoke with said they were supported in ways which made them feel valued by the registered manager. One member of staff told us, "We always get a thank you when we have done things which have made a difference to people." The staff member also explained the registered manager and provider recognised specific pieces of work through their Care Contribution Award.

Two people, one relative and one staff member gave us examples of how senior staff and the registered manager worked with other organisations, such as health, so people were supported to get the care they needed. Staff we spoke with told us they were encouraged by the registered manager and senior staff to try new ways to care for people as their needs changed, so people's health and well-being needs would be met.

The registered manager explained how staff had worked with the local authority and other specialists over a number of years to develop the people's care further. The registered manager told us this had led to new ways of planning people's care, so people were empowered to make their own decisions. In addition, staff had further developed the care available to people through working with autism specialists, so the registered manager could be sure people were receiving their care in the best way for them.

The director explained how they worked with other organisations so people would benefit from living in a home where staff knew and followed best practice when supporting people. The director gave us an example of how they were using best practice in order to make sure they were recruiting staff with the right types of personalities to support people in the way they preferred. One relative we spoke with said they knew the way staff recruitment was managed was good, because their family member, "Always gets on well with new staff, quickly."

The registered manager said they felt supported by the provider who made sure resources were in place to support the development of the care people received. The registered manager told us they were able to work with other registered managers who worked for the provider, locally. The registered manager said this enabled them to further develop and lead on some areas of work, so people would benefit from living in homes where they were safe and enjoyed a good quality of life. The registered manager told us, "Our

strength is involving people living in the home and we use multi-media to do this." The registered manager also explained how one person living at the home had enjoyed taking part in presentations to staff from other organisations for a number of years. The person spoke with staff from other organisation to let them know how different their lives were now they were living in the community, rather than in hospital. The registered manager explained how much this had improved the person's confidence and how much they enjoyed doing this.

The registered manager gained people's feedback on the care they received through discussions at people's reviews, weekly house meetings, service user forums and through questionnaires. The registered manager explained they developed an annual quality review as a result of the feedback from people, relatives and other professionals. We saw this was in place and action plans were agreed with the people and provider. In this way, people benefited from living in a home where new ways of working were introduced and improvements were made to the quality of the care people received.

The provider's representative told us about the checks they made. These included checks to make sure people's rights were respected, checks on people's medicines, safety, and incidents where people had been anxious. We saw action plans had been developed and actions taken to drive through improvements and develop the home further.