

Rotherham Doncaster and South Humber NHS Foundation Trust

10a -10b Station Road

Inspection Report

10a-10b Station Road
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Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8

Summary of findings

Overall summary

10a and 10b Station Road is a care home for people with learning disabilities. It is comprised of two bungalows, each with three bedrooms and is registered to care for six people. The service is run by Rotherham Doncaster and South Humber NHS Foundation Trust and is in Hatfield, Doncaster. At the time of this inspection the home was providing residential care for five people.

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We were supported on this inspection by An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the service on 10 April 2014. We used a number of different methods to help us understand the experiences of people who used the service. These including talking with people and observing the care and support being delivered.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The people we spoke with told us they felt happy and safe living at 10a and 10b Station Road. There were policies and procedures in place to make sure staff understood how to respect people's privacy, dignity and human rights. This was part of staff's induction and on-going training. We saw that staff treated people with respect and were mindful of their rights and dignity.

People were involved in making decisions about taking risks in their lives. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.

The registered manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguard (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

The arrangements for handling medicines were safe and people received their medicines as prescribed.

People who used the service and people who mattered to them, such as a close family member, had been encouraged to make their views known about their care. An independent advocate from Doncaster Advocacy sometimes visited people to help with this. An advocate is someone who speaks up on people's behalf. People and those who mattered to them had contributed to their assessments and care plans, about how they should be given care and support. People's care plans had a good level of information about how each person should be supported, to make sure their needs were met. This included their needs around their diet and their health.

The staff were well trained, skilled and experienced. They had caring attitudes and we saw they encouraged people to be as independent as they could be. People told us about how they helped with keeping their house clean and doing their laundry. One person said they liked to help with keeping the kitchen clean.

People told us the staff were kind. We saw people had the privacy they needed. People did the activities they were interested in and we saw that staff supported them to maintain relationships with their friends and relatives.

People were encouraged to share any concerns and complaints they had. They said they told the staff if they had any worries. People didn't have any complaints to tell us about and were very happy living at 10a and 10b Station Road.

People had a chance to say what they thought about the service and the service learned from its mistakes, using complaint and incidents as an opportunity for learning or improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe at 10a and 10b Station Road. Staff understood how to safeguard the people they supported. This was because they had training and there were clear safeguarding procedures for them to follow. People told us they felt their rights, privacy and dignity were respected.

When people did not have the capacity to consent, 'best interest' meetings had taken place and decisions made on people's behalf, were made in accordance with the principles of the Mental Capacity Act 2005 (MCA). The registered manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguard (DoLS). These safeguards make sure that people who lack capacity are protected and are not deprived of their liberty unlawfully. The registered manager told us they were aware of the process and applications had been submitted and approved in the past, but none had been needed in recent months. There were policies and procedures in place and relevant staff had been trained to understand when an application should be made. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

The house was safe, clean and hygienic and people told us it was a nice place to live. There were alarms on external doors that led to the garden connecting the two bungalows.

People were kept safe because the service had an effective system to manage accidents and incidents and to learn from them, so they were less likely to happen again.

Where the risk had been identified that people might display behaviour which challenged the service there was clear guidance to help staff to deal with any incidents effectively.

We found that the arrangements for handling medicines were safe and people's medicines were administered by suitably trained staff. People wishing to self-administer medicines were supported to do so.

Are services effective?

People who used the service and those who mattered to them were involved in the assessment about their care, support and health needs and involved in producing their care plans and reviews. We saw people's plans had been updated regularly and when there were any changes in their needs.

Summary of findings

People told us they were happy with the care and support they received and said their needs were met at 10a and 10b Station Road. Staff had a good understanding of people's care and support needs and knew people well.

Staff had received training in the core subjects needed to provide care to people. They also had training to help them meet the specific needs of the people who used the service.

People told us they talked to staff if they felt unwell or were in pain. People's health was monitored, and responded to.

The menus we saw offered variety and choice and were put together using feedback from people who used the service about what they liked and didn't like. Each person had a detailed care plan about their needs. These included guidance about the way their food should be prepared and any special equipment they used to help them to be as independent as they could be with eating and drinking.

Are services caring?

People told us the staff were kind and caring. We saw staff were kind and attentive to people. Staff and people who used the service related to each other with genuine warmth. Staff showed patience, gave encouragement and had respectful and positive attitudes.

Most staff we spoke with had worked at 10a and 10b Station Road for more than three years and had a good understanding of people's likes and dislikes and their strengths and needs. We saw that they encouraged people to be as independent as they could be. When we spoke with the registered manager and care staff it was clear they cared for the people they supported.

People had detailed care plans about all aspects of their needs. They contained a good level of information setting out exactly how each person should be supported. Their preferences, interests, aspirations had been recorded and care.

People told us about they helped with keeping their house clean and doing their laundry. One person said they liked to help with keeping the kitchen clean.

Respecting people's privacy, dignity and human rights was part of staff's induction and on-going training.

People told us they felt staff listened to them and valued what they said. They and their relatives, friends and other professionals were asked to complete an annual satisfaction survey and their feedback was used to improve the service.

Summary of findings

Are services responsive to people's needs?

Staff asked people's views, encouraged them to make decisions and listened to and acted on them. People's capacity was considered under the Mental Capacity Act 2005 (MCA). When a person did not have capacity, decisions were always made in their best interests. People also had access to independent advocates, who spoke up on their behalf.

People's needs had been assessed before they moved into the service. There were plans that clearly showed people's preferences, interests, aspirations and diverse needs and how care and support should be and was provided. People were involved in activities they liked, both at home and in the community. They were supported to maintain relationships with their friends and relatives.

There had been no complaints made to the service since the last inspection. There were systems in place to show that complaints and concerns were fully investigated and resolved, to the person's satisfaction.

Are services well-led?

We saw good leadership at all levels. The manager promoted a culture that was centred on the individual and was open, inclusive and empowering.

Rotherham Doncaster and South Humber NHS Foundation Trust, who ran the service, had a clear set of values. These included involvement, compassion, dignity, respect, equality and independence for people.

The NHS Trust management team had systems in place to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents. Where action plans were in place to make improvements, these were monitored to make sure they were delivered.

We saw that there was a policy about whistle blowing and the registered manager told us staff were supported to question practice and whistle blowers were protected.

People who used the service had meetings, which were facilitated by a staff member. An advocate had been invited to attend these. People had a chance to say what they thought about the service at the meetings. People were asked to fill in questionnaires about the quality of the service. This showed the management team asked people to give feedback about their care and support to see if there were any improvements they needed to make at 10a and 10b Station Road.

Summary of findings

What people who use the service and those that matter to them say

We spoke with four of the five people who used the service. One person we spoke with had limited verbal communication. However, they very clearly indicated they were happy living in the home, liked the staff and did the activities they liked to do. They seemed delighted to see the staff who came on duty in the afternoon.

Another person had complex needs and we were unable to verbally seek their views. However, during the inspection we saw staff supporting the person. We saw that staff interacted well with the person, who appeared relaxed, happy and well cared for.

When asked if they felt safe in the home people all said they did.

When asked if the staff were caring people indicated that they were. One person said, "The staff are nice." Another said they liked, "all of the ladies in the room" indicating several care staff.

When asked about the home in general one person said, "I like it here. I have my own room. I go out when I want to."

Two people said they liked the service user meetings and could say what they thought.

When asked about choice, everyone said they could choose when to go to bed and when to get up, what to eat and how they spent their time. One person told us staff knew exactly what they liked to eat. Everyone said staff always asked them what they liked and what they wanted.

One person said, "I like the new carpet. I like my room." They said they were very happy living at Station Road.

10a -10b Station Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We were supported on this inspection by An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the service on 10 April 2014. We used a number of different methods to help us understand the experiences of people who used the service. These including talking with people and observing the care and support being delivered. We also looked at documents and records that related to people's support and care and the management of the service.

The inspection team consisted of a lead inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service and contacted a representative of the local authority. They gave positive feedback about the service.

The last inspection was in September 2013 and we found no concerns.

On the day of our inspection five people were living at 10a and 10b Station Road. We met all of the people who used the service and talked with people in both bungalows. Three people were out using specialist, local day services in the morning, but chatted with us when they returned in the afternoon. We spoke with the registered manager and seven members of the care team.

Are services safe?

Our findings

The care plans we saw included mental capacity assessments. These detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

We were told that staff had received training in the principles associated with the Mental Capacity Act 2005 (MCA). The records we saw of staff training confirmed this. The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

We asked whether anyone was subject to a Mental Capacity Act Deprivation of Liberty Safeguard authorisation (DoLS). These safeguards make sure that people who lack capacity are not deprived of their liberty unlawfully and are protected. The registered manager told us they were aware of the process and applications had been submitted and approved in the past, but none had been needed in recent months.

The staff we spoke with were clear about their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests. The registered manager told us that people living in the home had received support from independent advocates and they were involved where decisions were more complex. A new advocate had visited, to start the process of getting to know everyone and had been invited to attend the service user meetings.

We saw records in two people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA. Meetings usually involved people who were important to the person and involved in their life. Often an independent mental capacity advocate was involved, along with staff from the home and other professionals. One meeting was about whether a person could afford to spend money on going on holiday. The person's parent and a specialist nurse had attended. The process that had been followed was designed to protect the person's rights and it was clear that the person was the centre of the decisions made.

The staff we spoke with had a good understanding of safeguarding people and were confident about what they would do if there were concerns. They knew what can constitute abuse, and how to report it. The training records we saw showed staff had safeguarding training and this was updated regularly. We also saw that each member of staff had signed up to 'safeguarding objectives', which were kept on their files. These listed the different kinds of abuse and reminded staff of best practice and of their responsibilities in protecting people.

The registered manager told us the NHS Trust policies and procedures for safeguarding and whistle blowing were part of the induction when new staff started work. This was confirmed by the training records we saw. We saw that the policies about whistle blowing and safeguarding people from abuse were available and accessible to all members of staff. Each person also had a 'stay safe' plan. This was designed to make staff aware of each person's areas of vulnerability to abuse. They included what staff should do to help keep the person safe.

There was information regarding abuse, what abuse is, and how to report it. We felt it could be less 'wordy' and easier to read. The information was displayed on notice boards in each bungalow. In one bungalow it had been partially covered by other notices. We felt that it could be displayed more obviously. We discussed this with the registered manager, who told us that work was being done to make sure all information for people with learning disabilities was presented in a way that met their communication needs.

The care plans we looked at had an assessment of the person's care and support needs and a plan of care. People had individual personal plans (IPPs). They included risk assessments specific to the needs of each person. They were different for each person and included areas such as going out in the community, bathing, choking and falls. The assessments were clear and outlined what people could do on their own and when they needed assistance. They gave guidance to staff about how the risks to people should be managed.

Each person and people who mattered to them had been involved in discussions about the risks associated with their specific needs and lifestyles. Individual choices and decisions were recorded in each person's care plans and

Are services safe?

reviews. From talking to people who used the service and the staff it was clear people were supported to take risks so they could be as independent as they could be and wished to be.

The registered manager told us it was unusual for people to display behaviour which challenged the service. However, where this risk had been identified there was clear guidance for staff in people's care plans and risk assessments to help staff to deal with any incidents effectively. We saw the risk assessments and risk management strategies in people's written records. These focussed on de-escalation techniques and included respecting people's dignity and protecting their rights. The records of staff training showed staff had been given training in this area.

The house was safe, clean and hygienic and people told us it was a nice place to live. There were alarms on external

doors that led to the garden connecting the two bungalows. These sounded when anyone came in or out of the building and allowed staff to keep track of who was in the building.

We found that the arrangements for handling medicines were safe. All medicines were administered by suitably trained staff. The medicines administration records were clearly presented to show the treatment people had received. When new medicines were prescribed these were promptly started. Written individual information was in place about the use of 'when required' medicines and about any help people may need with taking their medicines, to help make sure medicines were safely administered. We found that medicines, including controlled drugs, were stored safely.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at the care plans for three people who used the service. There was documented evidence that people who used the service and those who mattered to them had contributed to the development of the assessments of their care and support needs.

There were a number of assessments, care plans and reviews that very clearly set out people's individual needs, choices and preferences. People's care plans provided detailed information to staff about what specific support they needed, what they liked and didn't like and how their support should be provided. People had 'communication passports'. These showed how people communicated what they felt and their decisions, and how to provide information to them to help them to be as independent as they could be.

Each person also had a 'my review' document. These talked about the relationships and things that were important to each person, their strengths and needs and hopes and dreams for the future. People's communication passports and my review documents were person centred and presented in an 'easy read' format, with large print and pictures to help people be involved in them. They included photographs of people taking part in activities they liked.

The registered manager told us the staff team was well established and most staff had worked in the home for a good length of time. One staff member said they worked with one person in their previous home, and transferred to 10a and 10b Station Road when they person moved there. This helped to build relationships and with consistency of care. The staff we spoke with had a good understanding of people's care and support needs. We saw how staff members interacted with people who used the service. The staff knew the people they were working with well and were respectful of their wishes and feelings. They gave people practical opportunities to make choices, and time to think and to change their minds.

The registered manager showed us the staff training matrix, which had been developed to show the training staff had completed and to highlight the training and updates they needed. The matrix showed the dates when training was

due and when it was planned. The registered manager told us the NHS Trust put a lot of emphasis on making sure staff were provided with the training they needed to meet people's needs.

To make sure staff were supported to deliver care safely and to a good standard there was a programme of staff training, supervision and appraisal. Staff had received training in the core subjects needed to provide care to meet people's basic needs. This included moving and handling, health and safety, food hygiene and infection control.

They also had training to help them meet the specific needs of the people who used the service. This included understanding autism, diabetes, epilepsy and preventing falls. The registered manager also told us that training in working with people with dementia was planned. This was to make sure staff could meet one person's changing needs.

As we looked around the two bungalows we saw the contact details of the advocate on the notice boards. This included the advocate's photograph. The people we spoke with confirmed that an advocate had been to visit. One person told us they had their own advocate, who was also their friend and visited them regularly.

People told us they talked to staff if they felt unwell or were in pain. The registered manager described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as not everyone could effectively communicate their needs verbally.

People were provided with understandable information about the medicines they took and the health care and treatment options available to them. Each person had a healthcare plan, which was written in an 'easy to read' format. There was evidence that staff also talked people through the information and this helped to meet people's communication needs.

The records we saw showed that people's health was monitored, and any changes that required additional support or intervention were responded to. In people's files there were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, psychiatrists, speech and language and

Are services effective?

(for example, treatment is effective)

occupational therapists. They showed that referrals were quickly made to health services when people's needs changed. The registered manager told us the GP was very helpful, made sure people had their health checks and made referrals to more specialist services, when necessary. This was confirmed by the records we saw in people's files.

We saw that staff supported people to have a healthy diet. Each person was assessed to identify the risks with their nutrition and hydration and had a care plan about their needs. There was guidance for staff on how to meet people's particular needs in these risk assessments and care plans. We saw the advice available for staff from a speech and language therapist about what foods were appropriate for people on a soft diet.

We saw menus offered variety and choice, which provided a well-balanced diet for people. There was evidence the menus were put together using feedback from people who used the service about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. There were pictures of meals and these were put on the wall with the menus. The registered manager told us they were working on improving the pictorial menus to better help people make choices.

People's weight was checked at regular intervals and written in their risk assessments and care plans. This helped the manager and staff to make sure people maintained a healthy weight. Where people were assessed as at risk, records were seen detailing what they had eaten and drank. Where necessary, people's diets and menus had been put together with input from relevant professionals, such as dieticians. GP and other health care professionals.

Staff told us some people needed to eat a texture modified diet because of Dysphagia. Dysphagia is the medical term for swallowing difficulties. People had a detailed risk assessment and care plan about their specific needs. These included guidance about the way their food should be prepared and any special equipment they used to help them to be as independent as they could be with eating and drinking. This included things like slip mats, plate guards and adapted spoons and cups. We saw that the speech therapist had been called upon to help find creative ways to make sure one person could still eat the things they enjoyed, despite having a texture modified diet.

Are services caring?

Our findings

People told us the staff were kind and respected them. Two people said they liked the staff and they were caring. They said this about all of the staff who supported them. They said they were happy with their care and support and made decisions about how they were looked after. They said they had a named nurse, and had meetings each month to talk about what they liked doing and how to be as independent as they could. Three people told us they made lots of choices every day. This included what activities they wanted to do, what they wanted to eat and what clothes they wanted to wear.

We saw staff and people who used the service spending time together. Staff showed patience, gave encouragement and had respectful and positive attitudes. Staff were friendly. We saw people being offered choices about how they wanted to spend their time. We saw that staff often asked people if they were OK and if they wanted or needed anything.

People were as independent as they wanted to be. People told us about how they helped with keeping their house clean and doing their laundry. One person said they liked to help with keeping the kitchen clean.

The registered manager and staff we spoke with showed real concern for people's wellbeing.

The registered manager told us the staff knew people well, including their preferences and personal histories. They had formed good relationships and staff understood the way people communicated. This helped them to meet people's individual needs.

There was clear guidance for staff about the principles of the service. This helped to make sure staff understood how to respect people's privacy, dignity and human rights in the care setting. The staff we spoke with were aware of the Trust principles and policies and were able to give us examples of how they maintained people's dignity, privacy and independence.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could.

We looked at care plans and reviews for people who used the service. They had their own detailed plans of care and support. They included what was important to people and how staff should maintain their privacy and dignity. People had been involved in their reviews, which were set out in a person centred way. They were easy to read and helped people who used the service to fully understand what their plan contained. They talked about people's dreams and goals and showed that people had been supported to do the things they liked and were interested in.

The four people we spoke with told us staff listened to them and valued what they said. They and the people who mattered to them were asked to complete an annual satisfaction survey. This also helped to make sure that people had chances to make their views known and be listened to.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us that the staff asked their views and acted on them. We saw staff made sure people had time they need to make decisions.

People's capacity was considered under the Mental Capacity Act. We saw that people's capacity to make decisions was assessed and there was guidance for staff on how to support people in communicating their decisions and choices. When staff at Danescourt had assessed that a person might not be able to make an informed decision they had told the local authority. People had then had independent assessments by the appropriate professionals and independent mental capacity advocates (IMCAs) had supported people.

Support was provided by advocates when needed. People had access to an independent advocate, who was able to speak up on their behalf. The advocate visited people who used the service regularly, so people had a chance to get to know the advocate and the advocate had a good understanding of people's needs. The registered manager was aware of the principles of the Deprivation of Liberty Safeguards (DoLS), knew their responsibilities within this and told us they had made application under DoLS when it had been considered to be in the person's best interests. No one was subject to DoLS when we visited.

People also had access to an independent advocate, who was able to speak up on their behalf. The advocate visited people who used the service regularly, so people had a chance to get to know the advocate and the advocate had a good understanding of people's needs.

People's needs had been assessed before they moved into the service. The written records we saw clearly showed people's preferences, interests, aspirations and diverse needs and how care and support should be provided. People told us they were involved in activities they liked, both at home and in the community. They were supported to maintain relationships with their friends and relatives.

We saw that each person had an activity plan. People had a combination of activities in the home and in the local community. Some were supported to go out into their local community, others went out by themselves. Records showed the activities people had participated in. This helped the registered manager and staff to make sure they were getting enough chances to do the things they wanted

to. On the morning of our visit some people were out using specialist day services in the local community. One person who was at home told us they liked going out with staff and were going to McDonalds for lunch, which was one of their favourite activities.

People told us they were able to say how they wanted to spend their day. Two people showed us their bedrooms. They told us they had chosen how they were decorated and we saw they were very individual. We looked at people's care plans and saw these included people's likes, dislikes and what activities they liked to do.

When we looked at the information that was written about people, including their care plans and risk assessments, we saw they had been reviewed regularly and whenever people's needs had changed. We saw that symbols and pictures were often used to provide information to people in formats that helped them to understand. The support that staff provided each day was written in each person's file and was appropriate to their age, gender, cultural background and abilities.

People were made aware of the complaint's system. People were clear who they would talk to if they had a concern or complaint. They said they would tell the manager and were happy to tell any of the staff. They had no complaints to tell us about when we visited and no concerns about the service had come directly to us at the Care Quality Commission.

There was an easy read version of 'how to make a complaint' especially for people with learning disabilities. We saw this was on the notice board and a copy had been to each person who used the service. The registered manager told those who mattered to them, such as their close relatives were also given copies. The registered manager also told us people were given support to make a comment or complaint where they needed assistance.

The records we saw showed that the staff had regular contact with people's close relatives and friends, who were involved in their lives. The registered manager told us that because people who used the service and those close to them were given chances to say what they thought, and they were listened to, things didn't usually turn into complaints. They said if a complaint was made it would be taken very seriously and investigated fully.

We saw people's reviews, the minutes of service user meetings, the results of people's feedback questionnaires

Are services responsive to people's needs?

(for example, to feedback?)

and the actions that had been taken as a result of all of these meetings. They showed that people's views were respected and acted upon. The registered manager told us that at a recent meeting people had suggested they got a digital camera, so they could take photographs of themselves and the activities they did, and copy them on to a computer. This had been agreed and an internet connection, laptop computers, printer and camera had been ordered. The registered manager said they also

aimed to improve the menus and the care plans people had and to make them more accessible to suit each person's needs. They told us the camera would make it easier to include pictures.

We saw that staff gave time for people to make decisions and respond to questions. Three people told us they took part in their meetings and were able to make their views known.

Are services well-led?

Our findings

We saw good leadership at all levels. At the time of our inspection the service had a registered manager in post. The registered manager promoted a culture that was centred on the individual, open, inclusive and empowering.

Rotherham Doncaster and South Humber NHS Foundation Trust, who ran the service, had a clear set of values. These included involvement, compassion, dignity, respect, equality and independence for people. We spoke with several staff who said the values of the Trust and of the home were very clear and demonstrated a good understanding of these values. They said they understood because these values were in the policies and procedures, were part of their induction and on-going training, and talked about in their meetings. One staff member said the ethos was made clear right from the outset when they came for interview, as it was included in their job description.

The management team had systems in place to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents. We looked at records of accidents and incidents and saw evidence these were reviewed by the registered manager and reported to the NHS Trust management team. The registered manager explained that each report was reviewed to help prevent similar incidents in the future. Various professionals in the Trust, with particular areas of expertise such as speech and language and occupational therapists, were involved in the analysis where appropriate. This was to make sure the proper resources and support were provided to help the service to learn from incidents and to make improvements.

Where action plans were in place to make improvements, these were monitored to make sure they were delivered.

The registered manager told us they completed a monthly report about the running of the service for the NHS Trust management team. This included information about accidents and incidents. It was clear that when issues were identified, these were addressed immediately. We also saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them.

We saw the form of quarterly action plans, called 'quality markers'. These helped the managers to make sure care

was constantly being reviewed and safe for people who used the service. These were monitored by the management team to make sure any action that needed to be taken was taken in a timely way. We saw that there was a policy about whistle blowing and the registered manager told us staff were supported to question practice and whistleblowers were protected. Staff we spoke with were confident to say what they thought and said they felt the management team were willing to listen. They said they worked in a good, positive team and the manager was supportive, fair and open.

People who used the service had meetings, which were facilitated by a staff member. The advocate also sometimes attended these. People had a chance to say what they thought about of the service at the meetings. People were also helped to fill in questionnaires about the quality of the service. This showed the management team asked people to give feedback about their care and support to see if there were any improvements the needed to make at 10a-10b Station Road.

In the past, when satisfaction surveys were given to people, staff had helped people to fill them in if they needed support with this. The registered manager told us that starting this year an independent advocate would be asked to support people.

When there were any actions that needed to be taken because of what people said in their questionnaires, there were action plans in their files and these showed what people said was taken seriously and acted upon. This helped to make sure people had a good quality service.

The registered manager told us that another way the Trust made sure people had a good quality service was by visits from members of their management team. These were recently introduced, specifically so they could talk to people who used the service and to the staff, to get direct feedback about their experience of the service.

The home was staffed 24 hours a day. The registered manager told us they regularly reviewed the staffing with their line manager. They explained there were systems in place to assess and monitor that there were sufficient numbers of staff to meet people's needs. The registered manager told us staffing levels were assessed depending on people's need and the occupancy levels. The staffing levels were adjusted when needed. They said where there was a shortfall, for example when staff were off sick or on

Are services well-led?

leave, existing staff were happy to work additional hours. They told us the staff team at 10a-10b Station Road were experienced and well trained and knew people who used the service well.

We saw there were plans in place to help managers and staff deal with emergencies. There was a management on call system in case staff needed management support outside

of office hours. The manager showed us there were clear emergency plans. For example, information about how to keep the service running in extreme weather and a list of alternative emergency accommodation available.

Staff we spoke with told us staff meetings were held monthly and actions were considered and taken following each meeting. They told us people who used the service were also welcome to join the meetings and contribute if they wished to do so. This was confirmed by the records we saw.