Rayson Homes Limited

Ann S Proctor House Care Home

Inspection report

Ann S Proctor House Care Home
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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 1 and 2 July 2015 and was unannounced. This meant the provider or staff did not know about our inspection visit.

We last inspected this service on 28 October 2013. The service was meeting all our regulatory standards at that time.

Ann S Proctor House Care Home, known to people who live there as Proctor House, is a small care home in Shotley Bridge providing residential care for up to 14 adults with learning disabilities. There were 12 people using the service when the inspection took place.

Summary of findings

The service has a Registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that there were sufficient numbers of staff on duty in order to meet the needs of people using the service. All staff were sufficiently trained in core areas such as Safeguarding, as well as training specific to the individual needs of people using the service. We found that staff were passionate about providing the best care possible for people using the service and were knowledgeable regarding their needs, likes and dislikes. People's preferences were considered and acted on with regard to meal options, personalisation of bedrooms and activities.

Capacity, compassion, dignity, respect and independence were themes underpinning management and staff behaviours, as well as the Service User's Charter put in place by the provider. We observed these behaviours during our inspection and saw evidence of them in recorded documentation. Visitors and healthcare professionals also told us that people were treated with dignity and respect.

There were effective pre-employment checks of staff in place and robust supervision and appraisal processes.

The service had in place person-centred care plans for all people using the service and we found people using the service were partners in their care planning. The provider sought consent from people for the care provided and regular reviews ensured that people's voices were heard and their medical, personal and nutritional needs met.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The Registered manager was knowledgeable on the subject of DoLS and had provided appropriate paperwork to the local authority to deprive people of their liberty, where it was in their best interests.

The service had robust risk assessments, policies and procedures in place to deal with a range of eventualities. We saw these processes were reviewed regularly and that the service was flexible enough to update and add to such processes where individual needs, or external guidance on best practice, changed.

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?

Good

The service was safe.

People told us they felt safe in Proctor House.

We saw individualised risk assessments tailored to people's needs and behaviours. We observed these risk assessments being successfully implemented during our inspection visit.

Safeguarding training had been refreshed recently and staff we spoke to had a strong understanding of risks to individuals and actions they would take in the event of identifying such risks.

Is the service effective?

Good

The service was effective.

Staff members were supported through a range of mandatory training as well as opportunities to develop further training specific to the needs of some people using the service.

People were supported to maintain good health through individualised plans and specialist involvement.

The Registered manager had a good understanding of the DoLS, as part of the Mental Capacity Act 2005. It was clear that this aspect of legislation was not applied as a blanket but that the capacity of all individuals was, as a starting point, assumed, prior to capacity assessment and, if necessary best interests assessment.

Is the service caring?

Outstanding

The service was caring.

Respect for dignity, independence, choice and diversity underpinned the interactions between staff and people using the service, which had successfully achieved an environment described consistently by all users and visitors as welcoming and homely.

We observed a range of compassionate interactions during our inspection visit and saw consistent evidence of staff putting people's wishes and needs first.

We saw that people were active partners in their own care planning.

Is the service responsive?

Good

The service was responsive.

We saw evidence of advice being sought promptly from external specialists where staff noted health risks to people using the service.

The service introduced tailored training modules to increase staff awareness of particular needs of people using the service, including when those needs changed.

Summary of findings

The service sought and acted on feedback from people using the service, their relatives and representatives, as well as external professionals.

Is the service well-led?

Good

The service was well-led.

The values of respect, dignity and compassion we observed taking place were embedded in the procedures and policies of the home at a strategic level.

There was recent evidence of embracing opportunities from external providers and charities offering support to share further best practice in Adult Social Care.

The management culture was one of openness and flexibility, positively encouraging the opinions of people using the service, staff and others.

Ann S Proctor House Care Home

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.

We visited the service on 1 and 2 July 2015. The members of the inspection team consisted of two Adult Social Care Inspectors.

We spent time observing people in various areas of the service including the dining room, conservatory, patio, lounge and kitchen areas.

A member of staff showed us the rest of the premises including bedrooms, bathrooms and the staff room.

On the day we visited we spoke with five people who were using the service. We also spoke with the Registered manager, the Deputy Manager, three other members of staff and two visiting healthcare professionals. On the following day we telephoned and spoke to one relative, one guardian and two friends of people using the service.

During the inspection visit we looked at four people's care plans, staff training and recruitment files, a selection of the home's policies and procedures, infection control and maintenance records.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). During this inspection we asked the provider to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make.

Good

Is the service safe?

Our findings

Three people who used the service told us they felt safe in Proctor House. One person commented they were "Happy here" and another person using the service told us about the bullying awareness session they had recently attended at a day service, stating that there was "No bullying allowed." Another person told us that they were sometimes anxious about days out away from the home but that staff supported them to feel safe.

A relative of a person using the service told us the home was "Absolutely safe; never ever a complaint." The guardian of another person using the service commented on the proactive approach to individualised risks and how the Registered manager had "Reached out" and involved them when a deterioration in wellbeing had been identified to ensure risks were minimised.

We saw that people using the service had individualised risk plans in place. For example, we saw evidence of people's differing attitudes to hot weather noted and individualised 'Heat Wave' risk assessments in place. This included thermometers in bedrooms and communal areas, with dedicated shaded/cool areas where people could move if they wanted, as well as fans for anyone who preferred. All people using the service had a range of risk assessments in place, tailored to their needs, which were robustly documented and observed being applied in practice. This meant people were protected from avoidable risks through early identification and mitigation of such risks.

We reviewed a range of staff records and saw that all staff underwent pre-employment checks including enhanced Criminal Records Bureau (now the Disclosure and Barring Service) checks. We also saw that the manager verified at least two references and ensured proof of identity was provided by prospective employees' prior to employment. This meant that the service had in place a robust approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

All staff we spoke to felt staffing levels were appropriate. One member of staff commented that it could be "Hectic" but only at busy times. All relatives, guardians and friends of people using the service we spoke to agreed there was ample staffing and during our observations we saw that all people using the service were supported without delay or, conversely, excess haste.

We spoke to two members of staff about their recent experience of safeguarding training and both were able to articulate a range of abuses and potential risks to people using the service, as well as their prospective actions should they have such concerns. This demonstrated that the service had ensured that appropriate safeguarding training had been delivered and that staff were able to identify live situations where it would be applicable.

The registered manager confirmed there had been no recent disciplinary actions or investigations recently. We saw that the disciplinary policy in place was current, clear and robust.

All communal areas, bedrooms, bathrooms and the kitchen were clean. The home had embedded infection control awareness into its practices. We saw recent correspondence from the Infection Control Prevention Team with no areas of concern identified. We observed staff washing hands during our inspection and saw current and archived hand washing audits on file. We also saw minutes of Infection Control Champion meetings and staff trained to Level 2 in Infection control. There was accessible information pertaining to the risks of Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium Difficile (C diff). The Food Standard Agency (FSA) had given the home a 5 out of 5 hygiene rating and the home was using current FSA guidance regarding allergens in food. One friend of a person using the service commented "It is always immaculately clean and smells nice." This meant that people were protected from the risk of acquired infections.

We saw that the accident/incident file clearly documented any such occurrences, detailing what had happened but also what improvements or mitigating actions were needed to reduce the risk of re-occurrence (as well as noting who was responsible for these actions). For example, one person had slipped from the edge of the bed whilst trying to get dressed. Alongside evidence of a prompt referral to the Accident and Emergency unit, we saw that there was in place an amended risk assessment requiring staff to support the person to get changed whilst

Good

Is the service safe?

sat at a chair rather than on the edge of a bed. This meant that the service was finding ways to minimise risk without implementing changes detrimental to people's ability to choose and to behave as independently as possible.

Maintenance records showed that Portable Appliance Testing (PAT) was undertaken in March 2015. There was documentation evidencing the installation and servicing of the new gas boiler, the stair lift and all lifting equipment. We saw that fire extinguishers had been checked recently and fire maintenance checks were in date. The annual fire safety assessment took place in March 2015. This meant people were prevented from undue risk through poor maintenance and upkeep of systems within the service.

The home had detailed and robust medicines policies and procedures in place. We saw that an annual pharmacy audit was undertaken and that medicines were kept in a locked medicines cabinet within a locked cupboard. Staff administering medicines had their competency with medicines reviewed annually. We reviewed the Medication Administration Records (MARs) and there were no gaps. We also saw that liquid medicines had had their date of opening noted on the bottle to ensure excess liquid could be disposed of rather than left in the cabinet. The registered manager talked us through the medicines file, which was adapted to make medicines administration safer. For example, photographs of each person using the service were kept with medicines records, as well as images of tablet shapes to assist staff where those tablets had changed shape recently. The file also contained all relevant pharmacy contact details and First Aider information. The latest National Institute for Health and Social Care Excellence (NICE) guidelines were also to hand and it was clear the registered manager had considered these alongside existing practices. This meant that people were protected against the risk of maladministration of medicines.

Good

Is the service effective?

Our findings

One friend of a person using the service said "They absolutely understand his condition". They went on to confirm that the person using the service was involved in decisions about his own care and, when we explored care records, we saw that specialised training to equip staff to support a person with a diagnosed condition had also been procured. In other documentation we saw an email from a professional at an NHS Trust praising the fact that Proctor House staff were "So professional and knowledgeable about their service users. There was not a question I asked that could not be answered straight away."

Staff training was comprehensive, covering the provider's mandatory training such as Safeguarding, Manual Handling, First Aid, Infection Control, Mental Capacity, Privacy and Dignity, Health and Safety, as well as directed training specific to the needs of people using the service (for example, Epilepsy Awareness training, Parkinson's Disease training and Dementia Awareness training). This meant that staff had the knowledge and skills to carry out their role and provide high levels of care to people using the service.

There was also evidence of staff being given the opportunity to develop their knowledge through achieving National Vocational Qualifications Level 2 and 3. One member of staff confirmed that the home had shown flexibility with her working hours to ensure they were able to access this learning. This meant the provider was committed to the continuous improvement of staff, which in turn ensured people using the service could continue to expect high levels of care.

We saw that staff supervisions were undertaken three times during the year along with an annual appraisal. When we spoke with staff, they spoke positively about the opportunities they had to contribute to the improvement of the service, their own development and, ultimately, outcomes for people using the service. Staff told us they liked having the specific responsibilities that came with being allocated to specific individuals as a key worker, although all staff and management we spoke with acknowledged that, given the size of the service, staff were flexible and could support anyone within the service at a given time. We observed staff supporting individuals flexibly during our inspection visit.

The registered manager showed us that individual care plans were in the process of being streamlined and rehoused in files with the person's picture on the front and a message that read, "Capacity is Everything: No Decision About Me, Without Me." We saw this ethos was put into practice. For example, relatives told us that they and the person using the service had been consulted when the person had moved into the home's only shared bedroom..

The registered manager showed us that care plans covered five main areas of daily care: Health, Self-Care, Daily Living, Diet and Nutrition and Mental Health. We found there was a comprehensive review of these 5 five areas every six months as well as an additional annual health check to help capture any health trends. We saw that people were weighed every month and that no one had lost weight. People had a choice of meals each day and their likes/dislikes were taken account of, with a range of healthier options provided. We saw one person who was acknowledged as favouring higher fat/sugar foods (but stated they told staff they wanted to "Eat healthier"). The staff worked with them to put in place an 'Achievable Objective' to attain a "Well balanced, healthy, nourishing diet." We saw evidence of this being met, both through comments by a visiting District Nurse, and by the person using the service, who said that meals were "Good". The plan was informed by the advice of a Dietician. One friend of a person using the service we spoke to described the positive impacts made by Proctor House in terms of diet. They said "She's encouraged to eat healthily and it shows." Another person using the service told us they were always given a choice of meal options and we saw that everyone had their own personalised mug. The dining space was flexible, with dining tables also available in the conservatory area and people were able to choose where they ate.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Where that freedom is restricted a good understanding of DoLS ensures that any restrictions are in the best interests of people who do not have the capacity to make such a decision at that time. We saw that members of staff had been trained on the subject of Mental Capacity recently and, when we spoke to various members of staff it was clear the theme of capacity was

Good

Is the service effective?

prominent in the home. The registered manager was knowledgeable on the subject of DoLS and had submitted appropriate applications to the local authority. The registered manager and all members of staff we spoke to confirmed the service did not use restraint.

We found there was comprehensive evidence that people were supported to maintain health through accessing healthcare such as opticians, podiatrists, occupational therapy, speech and language therapy, GP appointments and District Nurse visits.

The service was set in a conversion of two terraced houses and various modifications and adaptions were in place to ensure it was as effective in supporting those using the service as practicable. For example, the home had recently completed installation of a ground floor wet room, which was spacious and clean when we visited. We saw evidence in one care plan that one person using the service had previously been limited to bed-bathing but was now able to shower regularly. The provider had put specialised hand rails in the bathroom and a ceiling hoist in the bedroom. This meant that the person was supported to be as independent as possible and maintained good upper body strength.

Other successful adaptations of the premises including a smoking area outside with seating for those who chose to smoke and a modification of the existing stair lift to enable one person using the service to get past the top landing unassisted (a deterioration in their condition meant they could no longer climb this smaller flight of stairs). This meant that people's individual needs were being considered and met through the adaptation of the premises.

Outstanding ☆

Is the service caring?

Our findings

We consistently saw patient, caring and compassionate interactions between staff and people using the service throughout our visit. There was warmth and humour in the relationships staff had developed with those they cared for. In a compliment emailed to the service a healthcare professional commented:

"May I say how pleasant your member of staff was caring for the gentleman that day and I was amazed when she said she would stay with him until he went home even though this meant she would be staying long past her finishing time. Often when we have patients from care homes staff from the care home do not stay and are not happy if they are asked to stay."

One person using the service said "it's lovely here" and another said the staff were "spot on."

We saw through staff interactions, personalisation of premises and through giving a voice to individual interests, people were enabled to feel a part of the home. We saw that when people using the service entered the kitchen to either make a drink or to get something from the fridge they were supported and encouraged where necessary and jokes were shared. Numerous visitor comments reference the participation and enthusiasm of people using the service. For example, we spoke to people's relatives and friends who were unanimous in making positive comments about the provider's capacity to enable people using the service to engage in the day-to-day activities of the service. For example, two people we spoke to commented on the offers from people using the service to make them cups of tea on arrival, and that the service focussed on enablement and independence as well as basic needs. One person we spoke with said "They motivate the mind, not just the hygiene side of things." One person told us they regularly visited their friend and "Stayed for an hour or so, doing jigsaws with them and having cups of tea – it's very friendly." Another person we spoke to described it as "A home from home." This meant that friends and relatives were not unduly restricted with regard to their visiting times and were made to feel welcome.

During our inspection one of the people using the service was keen to show us their room and interests. Staff gave us information to enable us to communicate with the person most accessibly. Their room was highly personalised with aeroplane memorabilia and they chose to put on some classical music. When asked what their favourite thing in the room was they pointed to the music system and then a range of model aeroplanes/helicopters. They appeared content, gestured a thumbs-up and waved as we left the room. This meant that that people's needs were understood by staff and made accessible to visitors to enable people to express their preferences.

During our observations one person sat in the dining room became anxious due to a thunderstorm outside. They were promptly and patiently reassured and asked if they would like to move to another part of the building and were supported to do so. This meant that staff showed patience and empathy when supporting people who were experiencing anxiety or distress.

It was 30° on the day we visited the home and we saw individual risk assessments being fully adhered to and actions implemented by staff, with numerous fans in operation, windows open and people able to access the outside space or the cooler part of the home.

Staff dedication was praised by the registered manager when we asked them about what the service did well. They told us they were "extremely proud" of staff and the fact that everyone working at the home had helped to build what they described as a caring culture that staff and residents alike considered safe and homely. Following the inspection visit we spoke with relative and friends of people using the service who shared this opinion of the home. One family member stated that "the standard of care is of a very good standard." Another said that "staff are very caring", whilst another said "I feel as if it is an extended family unit (home from home). Carers and residents always are helpful, pleasant and it's a pleasure to visit."

We saw the registered manager had discussed in staff supervision the need for the emphasis of the culture to be firstly on caring rather than tasks, encouraging a more person-centred approach to caring. This meant that caring was embedded through staff supervisions.

We asked a member of staff to give us examples of what activities were on offer and, rather than list the activities, their first response was to detail the specific likes of people. For example, one person loved reading, another knitting, and the other person military history and aeroplanes. This meant that staff had a good knowledge of people's individual interests.

Outstanding ☆

Is the service caring?

The member of staff added, “Residents always come first,” a sentiment echoed unanimously by other members of staff. When we spoke to relatives they told us they had experienced this same approach to care. One person said “The staff always make a real fuss of the client.” This meant that people were respected and treated quickly and compassionately.

People using the service were partners in their own care planning. We saw that staff held one-to-one meetings with people using the service to seek their views on care being provided and how it could be improved. One person using the service said they found these meetings “really helpful” and said “they can’t do enough for you.” We found the service supported and respected people’s personal relationships and supported the continuation of relationships. For example, one person’s independence was supported through the arrangement of taxis to continue a long-term relationship with their partner. We also saw that people’s religious beliefs were respected, with two people using the service supported to attend church regularly.

In addition to individual meetings with people using the service, we also found the provider held group meetings as a means of gathering preferences and addressing any wider ongoing concerns. This meant people were given voices as individuals and as a group to contribute to their own wellbeing.

We found the provider had in place a Service User’s Charter. This was in the entrance hall and made accessible via large-print and pictorial documentation. The Charter detailed the rights and responsibilities of people using the service. It clearly set out the principles and behaviours people could expect of staff, such as the commitment to consult people in their care, ensuring privacy and dignity was promoted and protected, ensuring individual choice was respected and people were protected from all forms of abuse. The service had an advocacy policy in place but nobody in the home had been assessed as lacking capacity. What we observed however was evidence that friends, relatives and those people who knew people using the service best, were regularly consulted and encouraged to contribute to decisions.

Staff respected the wishes and interests of people using the service and ensured their dignity and privacy was maintained. For example, in the only shared bedroom in the home, both people and their families had been consulted on the issue of sharing the room and a screen had been installed to ensure there was as much privacy as possible whilst receiving personal care.

The provider had in place a key worker system but positively encouraged staff to be flexible in supporting all people in the service. We observed a strong rapport between all members of staff and all people using the service and saw members of staff supporting people other than the person they were the assigned key worker for.

We saw that positive and enabling approaches were taken by the home with regard to diversity, ensuring that staff had regard to people’s rights at all times but also ensuring that people using the service were engaged and part of the respectful culture. For example, there was a pictorial file for people using the service to aid and promote their understanding of and respect for diversity.

This combination of meeting care needs through involvement and delivering care with compassion, empathy and genuine rapport, as well as championing capacity, meant that people were cared for exceptionally well.

Good

Is the service responsive?

Our findings

The service had in place a range of systems to ensure people received personalised, responsive care. For example, the provider held regular group meetings with people using the service to ensure activities were meeting their needs. At this forum people using the service expressed a desire to re-start regular outings by bus every Saturday. They also reflected on an enjoyable recent visit by a mobile educational company specialising in exotic creatures. We saw evidence that the bus and the educational company had been rebooked in light of this meeting and when we talked to people using the service they were excited about future trips on the bus. This meant that people's experiences and preferences were listened to and acted on.

During our inspection we observed staff interacting with people in a way that supported them to make their own decisions. For example, one person walked into the kitchen and said "can I get a drink?" to which the member of staff responded "No problem whatsoever. Would you like to choose?"

We reviewed four care plans of people using the service and saw evidence of people and their relatives involved in three-monthly reviews of their care plan and regularly consulted. The service also ensured a broad range of input was compiled to ensure people's care plans were accurate. For example, in one care plan information was sought from the GP, District Nurse, Speech and Language Therapy, Occupational Therapy, Podiatry and Social Services to inform the 6 monthly health review. We saw the registered manager acted on advice from Occupational Therapy to help one person's physical independence through the most appropriate combination of hoist and other adaptions to the premises.

We saw that when one person using the service had begun to suffer short-term memory loss and symptoms of dementia-type condition, the service had sought expert advice and put in place dementia-specific staff training. This meant the home responded flexibly to the changing needs of people using the service.

The service made feedback forms accessible (in the entrance hall) for people using the service, relatives or visitors.

We asked one person in the dining area how often staff involved them in decisions about dietary choices and they responded "every day." They also took the opportunity to comment on how they had asked for a fan in their room and had promptly been given one to help cope with the heat.

We saw there was a robust complaints procedure was in place and, whilst no complaints had been made, there were clear actions set out to ensure that complaints would be responded to with a resolution sought, and information shared with other relevant agencies where appropriate.

People were protected from social isolation through a range of group and individual activities including a befriending service. For example, one person we spoke to was looking forward to a trip to the theatre the home had organised, and reflected excitedly on a trip they had been taken on to see their favourite singer. Other activities we saw that people had engaged in included further theatre trips, regular day service visits, a trip to Dancing on Ice, a trip to Sage Gateshead, beach days, a trip to Beamish, church attendance, hairdressing, armchair dancing and dance entertainers. These group activities were chosen by asking people to select their preferences from a range of monthly planned activities.

With regard to potential transition between services we saw that everyone using the service had a comprehensive Hospital Passport in place. This documented essential information to be used if a person was admitted to hospital. We saw the provider had used this when one person was admitted to hospital. The benefit of this was commented on in a compliment received from a local hospital. This meant that people could be assured a more consistent, co-ordinated approach to their care should they have to transition between services.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. A registered manager is a person who has registered with the CQC 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. The Registered Manager had worked at the location for over twenty years.

During the inspection we asked for a variety of documents to be made accessible to us during our inspection. These were promptly provided, well maintained and organised in a structured way, making information easy to find. The management of documentation was such that key policies and procedures were clearly accessible for any member of staff. We found the registered manager maintained up to date and accurate records.

The registered manager was clear about the values set out in the Service User's Charter and the staff code of conduct and was responsible for ensuring those values were held consistently by staff. We saw evidence of this in staff supervisions and, at the time of our inspection the whole staff team were approachable and helpful. They were passionate and dedicated to their caring work and, when asked, spoke enthusiastically and consistently about the visions and values of the service, as set out by the registered manager. This meant that people were assured a consistently fair, caring and dignified service through the continued promotion of a positive, person-centred culture.

The registered manager was aware of and part of the day to day culture of the home, which was one of compassionate care, warm interactions and an openness of communication. We found the registered manager supported and valued staff both in day-to-day interactions and through supporting continuous professional development through additional training. As such, turnover of staff was extremely low. All people we spoke to, relatives, friends and staff agreed this meant people received a continuity of care and a familiarity of environment. One relative of a person using the service said "It's fantastic. I've experienced similar places and a lot of residential homes are too big. Proctor House is more like a family." Another said "To me this is how a home should be run. They are well cared for and have many friends, including the staff."

The registered manager showed us the staff rota and kept staffing levels under review on a weekly basis and adjusted levels according to needs and activities. For example, when particular activities were planned the home needed to ensure more staff were available.

One member of staff said of the registered manager "You can approach her anytime" and spoke positively about the focus on continuous improvement of staff. One friend of a person using the service noted how concerned staff had been when her friend's condition deteriorated and praised the proactive approach of staff and management, stating the registered manager had "Reached out" to ensure the involvement of people who knew the person well.

Visiting healthcare professionals described an open and inclusive culture. They described the management of the home as "top notch: proactive, creative, open minded and flexible". They told us that the registered manager was managing the risk of potential reductions in budget by looking at alternative activity-planning options to ensure the needs of people were not negatively impacted by such potential financial constraints.

We saw the service had pledged to sign up to the Learning Disabilities Health Charter, a charity-led (Voluntary Organisations Disability Group) approach designed to "Support social care providers to improve the health and well-being of people with learning disabilities, thus improving people's quality of life generally." At the time of inspection we also saw that the service had signed up to the Care Certificate scheme. This meant that the registered manager was accessing resources to build on and assure good working practices with a view to continually improving the experience of people receiving care.

We saw that policies and procedures, which the registered manager effectively reviewed and updated, were informed by current thinking, research and practice. For example, National Institute for Clinical Excellence guidance regarding medicines administration in care homes.

The registered manager had put in place annual staff audits to ensure that staff kept themselves up to date with any new or amended policies. We saw that these had been signed and that staff were aware of relevant policies when we had discussed them throughout the inspection. This included the staff code of conduct, which underpinned the principles of dignity, privacy, independence and person-centred care we observed during the inspection.

Good

Is the service well-led?

We found the registered manager carried out other audits regularly. These included accident/incident audits, Bare Below Elbow checks, mattress checks and wheelchair safety checks also saw that people using the service were asked to complete a 'Client Satisfaction Survey' regularly (the latest being in March 2015, which showed that the majority of people using the service thought it was either Good or Very Good). Accessible and tailored methods of communication (primarily pictorial guides) meant that people using the service were able to actively engage in a dialogue about the management of the service.

Feedback was formally sought through questionnaires on an annual basis from staff, people using the service and family members. The feedback was largely positive. This forum, alongside the meetings and surveys noted above involving people using the service, meant the service was actively involving a broad spectrum of people in the development of the service.

We also saw the provider had employed another organisation to collate feedback received directly to them regarding the home and to feed that information back to the home (as well as publishing independently). These feedback forms were readily available in the entrance hall. We reviewed the feedback and found only positive comments. This meant that the registered manager ensured a range of feedback methods were used to liaise with people using the service, their friends and family, and staff, meaning that the service promoted a positive, open and transparent culture.

Rating options were Satisfactory, Good or Excellent and we saw that responses in the past year were uniformly positive (6% of areas noted as Good and the remaining 94% Excellent). When we spoke to a friend of a person using the service on the telephone they told us that they had made suggestions regarding the need to "Brighten up" the service in terms of décor and that this had been acted on promptly. One respondent, a friend of a person using the service, noted "The management act promptly on recommendations of reviews etc and keep me informed and updated at all times. I would highly recommend." We found the leadership, management and governance of the organisation enabled the delivery of high-quality, person-centred care within a supportive culture.