

Dimensions (UK) Limited

Dimensions 61 New Road

Inspection report

61 New Road
Netley Abbey
Southampton
Hampshire
SO31 5AD

Tel: 02380453347

Website: www.dimensions-uk.org

Date of inspection visit:
02 August 2017

Date of publication:
24 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Dimensions 61 New Road provides care for up to six adults with a learning disability. The service is located on a quiet residential road, close to local amenities. At the time of our inspection there were five people living at the home some of whom were also living with physical disabilities. The home is arranged over two floors. The ground floor consists of two bedrooms which share an adapted bathroom. There is also a dining and kitchen area, a laundry room and a communal lounge. This floor is fully accessible to wheelchair users. Four further bedrooms, two shared bathrooms and the office are located on the first floor which is accessed by stairs only. The home has a large accessible garden to the rear and parking to the front.

The service had a registered manager. 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 and associated Regulations about how the service is run. The registered manager was also the registered manager of another Dimensions service and provided management oversight to two single dwelling supported living settings. The registered manager was not available during the inspection due to being on leave, but we spoke with them upon their return to discuss our inspection findings.

At the last inspection in June 2016 the service was rated as requires improvement. This was because improvements were needed to ensure that the premises were kept in good decorative order and to ensure that staff received adequate supervision. This inspection found that the required improvements had been made. Staff had ensured the premises were more homely and comfortable for people to live in and the registered manager had taken action to ensure that staff were receiving more regular supervision.

Regular checks were undertaken to help maintain a safe environment for people to live in. We have made a recommendation that the provider ensure that the window restrictors meet relevant guidance.

Staff had a good understanding of people's risks and how to support them to maintain good health and stay safe. Staff understood how to support people to take positive risks and the importance of not restricting their interests.

Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. People's medicines were managed safely.

Staff understood how to recognise and respond to abuse. People were encouraged to express their choices and these were respected. The leadership team understood the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and their dietary needs were met. Staff worked effectively with a range of other healthcare professionals to help ensure people's health care needs were met.

People were supported by staff that were kind and caring. Staff and people had a good relationship and that staff showed people kindness and patience and provided care in a calm and quiet manner. Staff listened to people and respected their choices and wishes, encouraging them to be involved in making decisions about the care and support provided.

The service and people living there continued to be part of their local community. People were supported to stay in contact with their friends and relatives.

People were cared for with dignity and respect and that staff were mindful of their need for privacy.

Staff understood the needs of the people they supported and cared for them in a person centred manner that was responsive to their individual needs.

People were able and encouraged to take part in a range of leisure activities and follow their own interests.

The provider had a complaints procedure in place that was accessible to people. Records showed that the provider had not had any complaints since our last inspection.

Feedback from staff about the registered manager and the assistant locality manager was positive. Staff felt well supported and confident going to the registered manager or assistant locality manager with any concerns or ideas.

The registered manager fostered a positive and person centred culture within the home and helped staff provide care which was in keeping with people's needs and wishes.

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.

Regular checks were undertaken to help maintain a safe environment for people to live in. We have made a recommendation that the provider ensure that the window restrictors meet relevant guidance.

Staff had a good understanding of people's risks and how to support them to maintain good health and stay safe. Staff understood how to support people to take positive risks and the importance of not restricting their interests.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect.

Staffing levels enabled people's needs to be met safely and in a timely manner.

Is the service effective?

Good ●

The service was effective.

Staff received an induction into the organisation and to the service and the needs of the people they would be supporting. Staff had received appropriate training and had the skills they required in order to meet people's needs.

People's rights were protected because staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's dietary risks and requirements and their food likes and dislikes were known and respected by staff. People were supported to have access to health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring.

Staff and people had a good relationship and that staff showed people kindness and patience and provided care in a calm and quiet manner. Staff listened to people and respected their choices and wishes, encouraging them to be involved in making decisions about the care and support provided.

People were cared for with dignity and respect and that staff were mindful of their need for privacy.

Is the service responsive?

Good ●

The service was responsive.

Staff understood the needs of the people they supported and cared for them in a person centred manner that was responsive to their individual needs.

People were able and encouraged to take part in a range of leisure activities and follow their own interests.

The provider had a complaints procedure in place that was accessible to people. Records showed that the provider had not had any complaints since our last inspection.

Is the service well-led?

Good ●

The service was well led.

Feedback from staff about the registered manager and the assistant locality manager was positive. Staff felt well supported and confident going to the registered manager or assistant locality manager with any concerns or ideas.

There were some systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support.

The registered manager fostered a positive and person centred culture within the home and helped staff provide care which was in keeping with people's needs and wishes.

Dimensions 61 New 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 checked 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 unannounced comprehensive inspection took place on 2 August 2017 and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

Due to their complex needs, we were only able to speak with two of the people living at 61 New Road. However, we also spent time observing interactions between people and the staff supporting them. The registered manager was not available during the inspection, but we spoke with the assistant locality manager, four support workers and one agency support worker. We reviewed two people's care records, staff training records, recruitment files for two staff and other records relating to the management of the home such as audits and meeting minutes. After our visit we spoke with two people's relatives to obtain their reviews on the quality of care and sought feedback from four health and social care professionals. Following the inspection, we also spoke with the registered manager.

The last inspection of this service was in June 2016 during which we identified that improvements were needed to ensure that the premises were kept in good decorative order and to ensure that staff received adequate supervision.

Is the service safe?

Our findings

People told us they felt happy living at 61 New Road and it was evident they all felt relaxed and comfortable in the presence of their support workers.

Regular checks were undertaken of the fire alarm system, fire equipment and exits. Fire drills took place periodically. Checks were made to ensure that electrical appliances were safe to use and of the water temperatures, first aid kits and of equipment used for manual handling. People had personal emergency evacuation plans (PEEPs) which detailed the assistance they would require for safe evacuation of their home. The PEEPs were stored in a 'grab pack' which also contained key information about people's needs and important contact numbers. However, we noted that a window in one person's first floor room had the restrictor disabled meaning the window could be opened wide. This increases the risk of people falling from a height. We were advised that the window had been recently been replaced and staff were not aware the current restrictor had not been put back in place. We have recommended that checks of the window restrictors are added to the daily checks performed by staff. We also noted that the current window restrictors did not appear to meet Health and Safety Executive (HSE) guidance. We have recommended that the registered manager take action to ensure the housing provider review the suitability of the restrictors.

Assessments were undertaken to identify risks to people's wellbeing. For example, people had risk assessments in relation to communication, living safely, accessing the kitchen and risks associated with eating and drinking. Guidance relating to one person's nutritional requirements was readily available within the service. The staff we spoke with had a good understanding of people's risks and how to support them to maintain good health and stay safe. When new or increased risks were identified, staff acted to address these. For example, one person's mobility had deteriorated and so a referral had been made to an occupational therapist who had recommended that the person now required a walking aid. This person told us, "I've got a new frame, it helps keeps me steady".

A social care professional told us that really staff understood how to support people to take positive risks and the importance of not restricting their interests. They explained that one person was still being supported to go sailing despite their mobility difficulties which meant they now needed to be hoisted in and out of the dingy. We noted that one person could at times present with behaviours which could challenge others, including being verbally and physically challenging. Staff were generally well informed about the potential triggers for this behaviour and the interventions that were most effective at de-escalating this. We have recommended that this knowledge be captured in a specific positive behavioural support plan. A range of environmental risk assessments were in place and covered risks associated with the use of harmful substances, driving, infection control and lone working.

Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. For example, we saw that following a medicines error, the support worker was removed from administering medicines until they had repeated their medicines training and been reassessed as competent. One incident form related to one person sustaining a minor injury due to self-injurious behaviours. Whilst staff were well informed about these behaviours, the person did not have

a specific support plan relating to this. We have asked the registered manager to ensure this is addressed.

Staff who administered medicines had completed training and underwent annual competency assessments. Whilst most medicines were kept safely in a locked cabinet, we did note that a medicine used to thicken drinks for people with swallowing problems was not kept securely and no risk assessment was in place regarding this. We discussed this with the assistant locality manager (ALM) who took immediate action to address this. The temperature of the medicines cabinet was monitored daily. Storing medicines within recommended temperatures is important as this ensures they are safe to use and remain effective. We reviewed all five people's medicines administration record (MAR). These contained sufficient information to ensure the safe administration of medicines. The provider's policy was that each administration of medicine was witnessed by a second support worker and a check of the MARs showed that this had happened in all but one case. We did note that the weekly medicines audits were also highlighting ongoing problems with the correct completion of the medicine administration records. We discussed this with the registered manager and ALM, they advised that staff were recording that the charts had not been fully completed as the second support worker (the witness) was not signing to confirm that topical creams had been applied during personal care when in fact this was not required. The registered manager will clarify correct procedures with staff and ensure that the audits reflect this moving forward.

There were person centre protocols in place for the use of 'as required' or PRN medicines. These included information about the signs and symptoms which might indicate the medicine was needed. We observed people being given their lunchtime medicines. People were invited to come to the medicines area, where, staff prepared and administered their medicines. This was completed in a safe manner and in line with the provider's policies and procedures. Staff were aware of the procedures to follow in the event of a medicines error and there was evidence that medical advice was sought appropriately.

There were no current safeguarding concerns regarding the service or the care provided. Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. Staff completed daily checks on people's money to protect them from financial abuse. We checked two people's finances and associated records and found these to be accurate. Staff told us they were aware of how to report concerns about poor practice which is often known as whistleblowing. They were confident that the leadership team would act on any concerns they might have.

During our inspection, we observed that the staffing levels enabled people's needs to be met safely and in a timely manner. The staffing levels were based upon people's assessed needs and the amount of funding provided by the commissioners of their care and support. During early shifts there were three care staff on duty. This reduced to two support workers after 4pm. At night there was one waking support worker. The current staff team had all been employed within the service for some time and this helped to ensure that people received continuity of care, however, there were currently two staff vacancies and if in addition to this a support worker was unwell or on annual leave, staff told us it was not always possible for the remaining staff to cover their shifts which meant agency staff were required. Whilst shifts were planned to try and ensure there was the correct mix of staff to meet people's needs, some staff told us there were not always enough staff who could drive. For example, one support worker told us, "A lack of drivers can be an issue, but we try and find an alternative activity". We were concerned that on a small number of occasions night shifts had been staffed by an agency worker who was lone working, but had not worked in the service before. Whilst the agency worker was provided with an induction, we were concerned that this could impact upon the agency worker being able to be fully responsive to people's needs. The registered manager was

working hard to recruit additional support workers to provide additional flexibility within the staff team and to ensure that gaps in the rota were always able to be covered by staff who were familiar with people's needs. Moving forward contingency plans have been put in place to try and avoid the use of agency staff at night working their first shift in the home. If, as a last resort, this is required, the registered manager has ensured that robust on call arrangements are in place to provide quick and accessible support.

No new staff had been recruited since our last inspection, but the provider had systems in place to ensure that relevant checks were completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. We did note upon checking the recruitment records of two longer serving staff that their DBS checks had not been repeated for over ten years. Whilst this is not a requirement of the Health and Social Care Act Regulations, this was not in line with the provider's policy. We have asked that the register manager audit the remaining staff files and then complete any checks required to ensure they are acting in line with their policies.

Is the service effective?

Our findings

People told us they were well looked after. A relative told us, "It's the best place I have known [their family member] to be, I have no worries whatsoever". A social care professional told us, "It's a brilliant service, I'm really impressed, the staff are great". This professional told us it was "Really hard to think of anything they can do better".

Our last inspection had found that improvements were needed to ensure that all aspects of the environment enhanced people's quality of life. Some areas of the home showed signs of wear and tear and needed to be replaced or updated. This inspection found that improvements had been made. The lounge carpet had been replaced with wooden flooring. The lounge was freshly painted and was decorated with artwork. A new storage unit had been purchased for the dining room. The provider did not own the premises and repairs and improvements to the property were the responsibility of the housing association that owned the property. Through environmental and health and safety checks, staff continued to identify issues that required maintenance or repair and to work with the housing association to ensure these were addressed in a timely manner.

Our last inspection had identified that staff were not receiving regular supervision. Supervision is an important tool which helps to ensure that staff receive the guidance required to develop their skills and knowledge and to understand their role and responsibilities. This inspection found that the registered manager had taken action to ensure that staff were now receiving regular supervision. Staff told us they found their supervision helpful and supportive. One support worker said, "Supervision is informative, there are things you don't know, you are always learning something new".

Procedures were in place to ensure that new staff received an induction into the organisation and to the service and the needs of the people they would be supporting. Both longer serving and new staff were required to complete the Care Certificate. The Care Certificate sets out the competencies and standards of care that new support workers are expected to demonstrate. Staff had received appropriate training and had the skills they required in order to meet people's needs. Training was mostly delivered by e-learning and included manual handling, administering medicines, first aid and basic life support, food safety, health and safety awareness, fire safety, Mental Capacity Act 2005 (MCA 2005), risk assessment, infection control and safeguarding people. Staff also had additional training relevant to the setting and to the needs of people using the service. For example, staff had completed training in autism, person centred care and lone working. Staff were positive about the training available and told us it helped them to perform their role effectively. One support worker said, "We have to keep on top of training, I have CPR training tomorrow".

People's rights were protected because staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 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. Where people were able to express their wishes and

choices it was evident that staff respected these. To check whether people were able to make more complex decisions about their care, staff had, when required, completed and documented mental capacity assessments in relation to decisions such as money management and support with personal and intimate care. When undertaking the mental capacity assessments there was evidence that staff had presented information in a variety of ways that might be easier for the person to understand and to support them as far as possible to be able to make the decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where potentially restrictive care practices were in place, relevant authorisations were in place and the registered manager had taken action to ensure that these were being reassessed before they lapsed. People subject to restrictions were supported to have access to a 'relevant person's representative' (RPR). The role of a RPR is to maintain contact with the person and to represent and support them in all matters relating to the deprivation of liberty safeguards.

People's dietary requirements and their food likes and dislikes were known and respected by staff. The menus were planned by people on a weekly basis and they were encouraged to also be involved in preparing their food. People had a detailed eating and drinking support plans based on their requirements, risks, routines and preferences. Plans included support guidelines for mealtimes and where necessary guidance from speech and language therapists. Where people were at risk of poor nutrition, they were being weighed regularly and were being supported to eat a fortified diet. Fruit and fresh vegetables were available and people were encouraged to eat healthily although not in an overly restriction manner.

Where necessary staff worked effectively with a range of other healthcare professionals to help ensure that people's healthcare needs were met. This included GP's and occupational therapists. People were supported to attend dental and optician appointments and had hospital passports. These are documents that assist people with disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People told us they were happy living at 61 New Road. One person said, "I'm happy, I go shopping". A relative told us, "[Family member] speaks very highly of the staff, she gets attached to them". Our observations indicated that staff and people had a good relationship and that staff showed people kindness and patience and provided care in a calm and quiet manner. We observed one person blow a support worker a kiss and another person tell their support worker that they liked their hair. The support worker responded by saying, "I like yours too". Staff told us that all of their colleagues were kind and caring. One support worker said, "We all want things to be nice for the people we support". An agency worker told us, "I like it here, it's relaxed for staff and service users, it's not rush rush rush, the staff are all lovely". We saw that the service had received a recent compliment from a social care professional. It read, 'It was a pleasure to be at New Road, I go to numerous services but like the feeling at New Road, the staff interaction is fantastic and also the way staff speak about the people is very person centred'.

Our observations indicated that staff listened to people and respected their choices and wishes, encouraging them to be involved in making decisions about the care and support provided. We observed staff encouraging people to make choices about what they would like to do and what they wanted to eat. Where people were not able to verbally communicate their choices staff used alternative methods to try and assist them to make choices and express their preferences. For example, staff showed one person pictures of options and looked to see which option made him smile. People's support plans included a 'Decision Making Agreement' which provided guidance about the level of support people might need to make everyday decisions, such as what to eat and where to go on holidays. Records showed staff spent time with people, involving them in discussions about their goals, activities, care and support. The outcome of our last inspection had been shared with people and an 'easy read' version of the inspection report was displayed within the service.

Where there were family involved in people's lives, staff kept them fully informed about their family's members care and support which they valued. One relative said, "They [staff] are on the phone as soon as there is any issue". Relatives also told us they were always welcomed at the home. One relative said, "I can go down whenever I want to, I know the staff and they know me". People were also supported to stay in contact with friends and this contributed to the quality of their life. We were told how two people had remained in contact with some friends they met on a bus holiday. The friends had been invited to, and had attended, the service's recent 20 year celebration party. People's rooms were personalised and decorated in a manner of their choosing. Outside each room, there was a board describing the person and the things that were important to them.

The service and people living there continued to be part of their local community. Visitors from the local community were encouraged and a neighbour visited to help with the garden. To celebrate the service's 20 year anniversary, they held a celebration which staff from the local supermarket and local neighbours had attended. Staff supported people's religious beliefs and assisted them to attend church on a weekly basis. People had developed friendships at the local church and parishioners visited the home to say hello and have a coffee. A local vicar visited the service and had provided counselling to one person following a family

bereavement. The registered manager told us how they had had prospective staff members apply for jobs over the last year stating that they had met people from New Road within the local community and that this had inspired them to apply for the post.

Staff supported people in a way that maintained their independence. Some people had been assisted to pursue work opportunities in the local community. For example, one person worked at the local supermarket. She had her own uniform which she was extremely proud of. Other people were encouraged to get involved in daily chores such as preparing elements of their meals or tidying their room. One person told us, "I help to do the hoovering sometimes". They added, "My favourite meal is beans on toast, I do it myself". We observed staff encouraging one person to get involved in buttering their toast. Care plans were written in a manner that was mindful of the importance of keeping people as independent as possible.

Our observations indicated that people were cared for with dignity and respect and that staff were mindful of their need for privacy. We observed that people could spend time alone in their bedrooms or in quieter areas of the home if this was their preference. We observed that people were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. The registered manager told us that each person had an end of life care plan which detailed how they wished to be supported in their final days.

Is the service responsive?

Our findings

All of the people living at 61 New Road had lived at the service for many years. The majority of the staff team caring for them had also worked at the service for many years. This helped to ensure staff understood the needs of the people they supported and enabled them to care for them in a person centred manner that was responsive to their individual needs.

We continued to find that people's care and support plans were person centred and contained information about their likes and dislikes, their preferred daily routines and the things that made them happy or were important to them. For example, one person's support plan described how they liked to take regular walks and have regular cups of tea. We saw that this happened in practice. Support plans included information about 'How to support me well' and what a good and bad day might look like for the person. We saw for example that a 'bad day' for one person would be if it was too hot or the environment too noisy. Support plans also contained information about the person's gifts and skills and the relationships that were important to them. For example, one person's gifts and skills were noted to be that they were 'a good listener' and 'affectionate'.

Care plans were written in a manner that was mindful of people's individuality and preferences, for example, we saw that one person's medicines support plan noted how the person liked to take their medicines with squash and not water. Their communication support plan described how if they stood by the kettle, this meant they wanted a cup of tea. Staff told us they could refer to people's care plans in order to understand their needs and they showed a good knowledge and understanding of people's likes and dislikes which demonstrated that they knew them well.

Staff maintained daily records which noted how each person had been, what they had eaten and what activities they had been involved in. This helped to ensure that staff were able to effectively monitor aspects of the care and support people received. Each month staff noted what had worked well that and what had not. They also reviewed how the person was progressing with their goals to inform and develop their support plans. This helped to ensure that people's daily support remained relevant and purposeful.

Person centred reviews took place on a regular basis. These involved reviewing what was working well, the person's health and preferred activities. People's views and aspirations were used to agree goals and plans were produced. For example, we saw that one person's goal was to be taken out for their birthday, this had taken place. Following another review staff had supported a person to buy a new chair.

A communication book was used by staff to share information effectively, such as whether people had healthcare appointments they needed to keep. Staff also used a daily allocation sheet which helped to ensure they all knew in advance of their specific responsibilities for their shift. The sheet also recorded what health and safety checks had been made and whether people had required any prn medicines for example. There was also a daily handover which helped to ensure staff all remained informed about any changes in people's needs.

People were able and encouraged to undertake tasks such as laundry, cleaning their rooms and helping with planning and with cooking their meals. They were also encouraged to take part in a range of leisure activities and follow their own interests. For example, people attended local drop in clubs where they could take part in activities and meet their friends. One person was supported to go sailing. People enjoyed trips to the local shops where they could enjoy a coffee, going for walks, drives out to the local countryside and farm shops or to the cinema and pub. Two people had recently had a holiday on the Isle of Wight and two others were looking forward to their forthcoming cruise. One of these people told us, "I'm going on holiday with [support workers]". People were also supported to be engaged with activities within their home such as doing art and crafts, jigsaws and growing vegetables. One person told us, "My favourite thing is knitting".

The provider had a complaints procedure in place that was accessible to people. Records showed that the provider had not had any complaints since our last inspection.

Is the service well-led?

Our findings

The registered manager tried to spend one or two days in the service in each week and the assistant locality manager (ALM) two to three days. Feedback from staff about the registered manager and ALM was positive. One support worker said, "They are brilliant, the best manager, very approachable". Another said, "They are my best manager so far, he knows the residents, he is friendly, if there is anything wrong, I can ask him". Some staff told us morale was a little low at present, they told us this was due to challenges with covering shifts and the increased agency use, however, others felt morale was good. All of the staff we spoke with felt well supported and they all continued to feel confident going to the registered manager or assistant locality manager with any concerns or ideas. They all felt they would listen and take action if they could. One support worker said, "[the assistant locality manager] is always at the end of the phone and goes above and beyond".

The registered manager told us that the organisation was committed to actively seeking the engagement and involvement of people and staff in developing the service and driving improvements. Meetings with people were held periodically. We saw that these continued to be an opportunity for people to plan special events, talk about the things they were looking forward to and discuss for example, how their home might be decorated. Staff meetings were held during which staff discussed issues affecting the people using the services, training needs and health and safety matters. The meetings also celebrated any good news regarding the service. In between meetings, key information was shared with staff via a 'Read and Sign File'. This contained information about specific risks to people and new policies and procedures.

There were some systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support. The provider undertook audits at the service which looked at a range of areas including people's support plans, how medicines were managed and staff training and supervision. The frequency of these depended upon how well the service was performing with the last one being just after our last inspection in July 2016. The outcome of this and other audits fed into the service improvement plan. This detailed the areas where improvements were required, the steps needed to deliver these and a clear time scale for completion. Health and safety audits were undertaken monthly and daily checks were made to ensure that staff were complying with food hygiene regulations.

The organisation's vision and values were clearly set out and included helping people to have the best life possible, working in partnership with people and treating people with respect. We saw that the registered manager and staff worked in a manner that was in keeping with these values. A support worker told us, "We try and make their lives as good as we can...it's their home". The registered manager was committed to providing a strong person centred culture and this was commented on by a social care professional who told us the person centred focus of the service was one of its particular strengths. They told us that whilst they visited many homes, 61 New Road was in their top ten homes due to its positive culture, good leadership and knowledgeable staff team.