Care Quality Commission

Community Integrated Care

# The Whinnies

## Inspection report

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## Ratings

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

## Overall summary

This inspection was unannounced and carried out on 17 March 2015. A second, announced day of inspection took place on 23 March 2015. We had last inspected the service on 20 June 2013 and at that inspection we found there were no breaches of legal requirements.

The Whinnies is a care home which provides support and care for up to three people with learning and physical disabilities. At the time of our inspection there were two people using the service.

A registered manager was in place, and our records showed she had registered with the Care Quality Commission (CQC) in October 2010. 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.

# Summary of findings

People and the relative we spoke with told us the home was a safe place to live. During our time in the home we saw people were relaxed in their environment and with the staff who supported them.

Staff had received training in identifying and protecting people from abuse and were able to tell us the procedures and policies that they would follow if they had any concerns about how people were being treated. Processes and procedures were in place to manage people's finances safely and staff's contact with people's monies was monitored to ensure it was appropriate.

Risks had been assessed and where possible actions had been taken to reduce the likelihood of these risks presenting themselves. Accidents and incidents were recorded and the manager told us there was a system in place to review any accidents or incidents to identify if any trends were emerging.

Plans were in place to deal with emergencies such as a fire within the home, and these plans were practiced with people who used the service and staff on a regular basis so people and staff knew how to respond. Each person who used the service had their own detailed emergency evacuation plan which took into consideration their communication needs and the way they responded to emergencies. These plans provided staff with valuable information designed to be used in a time critical situation.

There were enough staff to meet people's needs and processes were in place to cover any short notice staff shortages due to sickness. Appropriate checks had been carried out before staff started working within the home, to ensure they had the necessary experience to work with people and they were of good character.

Medicines were managed appropriately. Staff had been trained and their competency to administer medication safely had been assessed.

The service was effective. Staff training was monitored, and we saw all essential care and safety training was up to date. In addition, staff had undertaken training courses based on the individual needs of people who used the service and staff we talked with spoke highly of the training opportunities and the support they received.

Supervision sessions, where staff met with senior staff members to discuss their performance, were held regularly. There was an annual appraisal system in place and evidence to show that appraisals were up to date.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and they were able to tell us how they applied this in practice. Actions had been taken to ensure that people were not unnecessarily or unlawfully deprived of their liberty and records showed that the MCA had been applied correctly.

We observed people were asked for their consent throughout our visit, and records showed people had signed their care records where they were able to. People were able to make choices about their care and about how they lived their lives.

Through our observations we saw staff had good relationships with people who used the service. Staff knew people well and we watched staff sharing jokes with people. People who used the service and a relative told us staff were kind.

Information was presented in a way that people could understand. Throughout our visit we saw staff explain things to people clearly and they checked people's understanding. All of the information in people's care plans and displayed within the home was in an 'Easy Read' format which included pictures to help people understand the information. One person who used the service had used an independent advocate known as an IMCA. An IMCA's role is to support people who lack capacity to make important decisions about their care. We saw the IMCA had been contacted and acted on the person's behalf in some key decisions they had made.

Staff treated people were treated with dignity and respect, and care records promoted people's right to privacy. People were encouraged to maintain and develop their independent skills. They worked with staff to identify goals to work towards over a six to 12 month period. Their progress was monitored and successes celebrated as they achieved tasks whilst working towards their goals.

Care records were clear and specific to people's needs, providing a good level of detail, so that staff had the information to support people consistently. People's health needs were monitored and records showed they

# Summary of findings

attended appointments with a range of healthcare professionals such as GP's, dentists and opticians at least once a year, and more frequently where their needs changed.

People took part in a range of activities both inside the home and within the community. They accessed local groups, took part in arts and crafts classes and met with friends and family.

People had been given information about how to make a complaint if they needed to, however no complaints had been made in the 12 months prior to our inspection. The relative we spoke with told us they had never needed to make a complaint. We saw from the home's compliments book that staff from other homes and healthcare professionals had recorded positive details about their experiences with the home.

The relative we spoke with told us that the registered manager was "very good", and staff told us the organisation was supportive. Systems were in place to ensure that staff were aware of key policies, procedures and emergency plans before they worked in the home without the manager or senior support worker. A 24 hours on-call telephone line was in place so staff could contact a manager whenever they needed one.

The manager monitored the quality of the service through regular checks and audits. We saw people and staff were asked for their feedback about how the service was performing.

The home had strong links with other care services and the local community. They held events within their grounds where local groups and people who lived close to the service were invited to attend. The grounds of the home were extensive and other care services were allocated land they used for allotments. The manager and staff told us about the positive impact this had had, on people who used the service as it had broadened their social experiences.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Good

People and the relative we spoke with told us the home was a safe place to live. Staff had received safeguarding training and knew the procedures to follow if they had any concerns about how people were treated.

Risks to people using the service were assessed and well managed.

Recruitment processes included checking that staff were suitable to work with vulnerable people and that they were of good character. There were enough staff to support people and medicines were managed safely.

**Is the service effective?**
The service was effective.

Good

Staff training was up to date and staff regularly met with senior staff to discuss their role. Annual appraisals were up to date.

Staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and they followed this Act and its legal requirements.

Staff talked people through their care, and asked for their consent before carrying out any care. People, where able to, had signed their care records to indicate they agreed with their contents.

**Is the service caring?**
The service was caring.

Good

People who used the service and staff enjoyed good, caring warm relationships and appeared to know each other well.

Information was provided in a form suitable for people's needs and staff checked their understanding of such information. Care records followed an 'Easy Read' format using pictures to aid people's understanding.

People's privacy, dignity and right to independence were promoted.

**Is the service responsive?**
The service was responsive.

Good

Staff had a good understanding of people's needs and their life histories. People's needs had been assessed and their care was planned around their needs and any goals that they might be working towards. Care records were clear and descriptive, ensuring all staff had specific information about how they should support people.

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

Good

A registered manager was in place. Staff, and a relative spoke highly of her.

# Summary of findings

Systems were in place to monitor the quality of the service provided. The service had good links with the local community and other care services within the local area.

# The Whinnies

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2015 and was unannounced. We returned on the 23 March 2015 for a second day to complete our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed all of the information that we held about the service and the service provider, in particular any of the notifications that had been sent to us. Notifications are sent to CQC to inform us of any legally notifiable events, such as accidents, deaths or safeguarding matters.

In order to gather the views of other organisations about the quality of the service we contacted the local authority safeguarding, commissioning and Mental Capacity Act and Deprivation of Liberty teams. We also contacted the local Healthwatch team. We did not receive any information of concern from these organisations.

During our inspections we spoke with the two people who were supported by the service, however due to their complex needs they could not fully share their experiences of the service with us. We

used a number of methods to help us understand their experiences, including the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three members of staff and one person's relative.

We spent time in the communal areas of the home and observed care and support being delivered. We also looked around all of the bedrooms in the home, with people's permission. We reviewed a range of documents and records including; two people's care and medicine administration records, three staff records, as well as records relating to the management of the service.

Good

# Is the service safe?

## Our findings

We spoke with people who used the service and carried out an observation of the way staff interacted with people. People told us they felt safe, and we saw that they appeared relaxed in the presence of staff. We spoke with one person's relative who said, "Yes, X [my relative] is safe."

Systems were in place to protect people from abuse. Staff had been given training on the different types of abuse and how to spot warning signs that someone may be being abused. We spoke with staff and they were able to confidently describe the action they would take if they had any concerns that people were at risk of abuse. Staff told us they had access to a policy which detailed how they should respond and that the contact number for the local safeguarding team was displayed in the main office.

Information was also displayed for staff about what they should do if they wanted to raise a concern within the company. This whistleblowing information stated staff should first raise concerns with their manager, but where staff did not feel they could do this, or if their concern was related to their manager, a 24 hour secure and confidential telephone line was available for staff to anonymously register their concerns.

The registered manager told us that there had been one safeguarding alert raised within the previous 12 months, and that following an investigation carried out by the local authority the allegation was unsubstantiated.

Processes were in place to make sure that people's money was managed properly. People had financial care plans in place which stated how purchases people made should be recorded and receipts for these retained. Staff checked that people's money was accounted for during daily handovers.

Risks that people may be exposed to in relation to their needs, the support they received and any environmental risks within the home had been assessed. Measures had been put in place to minimise these risks whilst supporting people to live their life as independently as possible. For example, one person enjoyed baking with staff and the risk assessment relating to this task highlighted that the person could be at risk of burning themselves and poor food hygiene. Control measures had been identified such as staff supporting the person on a one to one basis at high risk times, such as putting things in the oven and washing their hands before they began baking. We saw the practical control measures that had been put into place enabled people to take part in activities with little exposure to risk.

Accidents and incidents were recorded using an online system. The manager advised us that whilst there had been no accidents and incidents within the previous 12 months, if any accidents or incidents did occur these would be assessed to make sure that staff had responded appropriately. The manager told us that they checked these records regularly to see if preventative action could be taken to reduce the chance of them happening again.

Plans were in place to deal with emergencies. Each person who used the service had a detailed evacuation plan to guide staff on their needs in the event of an emergency. One of the people who used the service had complex communication needs, so pictorial signs were kept in their room showing a fire, for staff to use if a fire occurred, to encourage the person to leave their room. Staff had identified that this person was at additional risk in the event of a fire or emergency at night, as sometimes they were not receptive to getting out of their bed. This person's emergency plan was very specific and detailed timescales for how long staff should spend communicating that there was an emergency and how long they should encourage the person to evacuate the building before taking specific action to make them as safe as possible within the building. Fire drills were practiced regularly so people who used the service, and staff were aware of the procedures to follow.

There were enough staff to meet people's needs. The manager told us that two staff were always on duty during the day and overnight. An extra staff member was also regularly on duty to support one person who had been assessed as requiring the support of two members of staff when they were in the community. Staff and the relative we spoke with confirmed that this number of staff was sufficient to meet people's needs. The relative we spoke with said, "They definitely have enough staff, there will always be at least two when I visit if both X [my relative] and Y [the other person who used the service] are there." The manager told us that bank staff, who had all completed the same health and safety training as the regular staff, were available to cover any short notice sickness or staff absence from work, to make sure that there were always two staff members on duty.

Good

# Is the service safe?

Appropriate checks were undertaken before staff began work. We looked through three staff files; each one contained a completed application form, interview records, two written references and a signed job description. These showed checks had been carried out to ensure staff had the necessary qualifications, skills and experience to carry out their role. Records showed information had been sought from the Disclosure and Barring Service (DBS) to find out if staff had any criminal convictions that may prevent them from working with vulnerable people. The home was set within a large amount of land and two people from the local community volunteered to work on the home's garden. The manager told us that volunteers were subject to two references and DBS checks before they could begin working in the garden.

All of the staff who worked at the service had been trained in the safe administration of medicines. The manager showed us competency assessments which staff undertook once a year. They included answering questions about medicines management and being observed administering medicines to make sure their skills were up to date. People's care plan's contained specific instructions about how people took their medications, for example one person took all their tablets in yogurt to aid swallowing. The care plan was very clear that this medication was not to be given covertly, and that staff were to tell the person what medicine they were being given. The person and their GP had been involved in making this decision. Medicines were stored securely and we saw records related to medication were complete.

The home was well maintained and both the communal areas, and people's private bedrooms and en-suites were very clean. The relative we spoke with said, "The home is beautiful, it's always spotless."

Good

# Is the service effective?

## Our findings

People who used the service had complex needs which meant they weren't fully able to share their experiences with us. We asked one person if staff looked after them well and they replied, "Yes". During our observations we saw that staff were confident in their role. We spoke with one person's relative who said, "The staff are brilliant, X [my relative] is looked after so well. They are always telling me about one training course or another that they've been doing."

At the time of our inspection 17 staff worked at the home. The registered manager kept an overview of all staff training, in addition to individual staff certificates. Training records showed that all staff were up to date with their essential care and safety training in areas such as moving and handling, health and safety, and food hygiene training. Staff also had a broad range of training specific to the needs of people they supported. We saw all staff had been trained in managing behaviours that may be perceived as challenging and the Mental Capacity Act 2005 (MCA). In addition, over half of the staff team had been trained in autism awareness, end of life care and deprivation of liberty safeguards.

We spoke with three members of staff who all told us they were given enough training to be able to carry out their roles well. One staff member said, "Oh yes, oh we definitely get enough training. It's a running joke that if X [the manager] knows we've finished some training then it won't be long before we are starting some more. We laugh about it, but it is brilliant to get the chance to learn so much. The company really invest in their staff." Staff told us about some training they were currently undertaking in dementia care which was delivered through learning workbooks. One staff member said, "I'm doing dementia care training at the moment, through learning curve, it's the level two and it is so interesting. I've learned loads from it. We go through the workbooks and then send off work to be marked. I'm about half way through and I've recommended it to some of the other staff already as it really is good."

Staff told us they regularly met with senior staff in supervision sessions to discuss their role and the needs of the people they supported. Supervision records showed discussion topics focussed on staff needs, such as their performance, training needs and what had gone well within the home in addition to gathering feedback from staff about how the service was performing staff were asked to think about what more could be done for the people they supported, and how could they make their lives better. Annual appraisals showed staff were asked to assess their performance and consider how they had displayed the behavioural competencies which fit the service ethos. Staff told us these sessions were very useful, and that they felt supported by their manager. One staff member said, "X [The manager] is great, I would go to her with anything, her door is always open, literally. She or the senior would sit and listen to anything if you had any issues."

Staff had a good understanding of the MCAand followed the requirements of the law. The MCA protects and supports people who may not be able to make decisions for themselves. Key decisions are individually assessed and people are supported to make these decisions whenever possible. Where people lack the capacity to make their own decisions, the MCA sets out the process which needs to be followed so decision making is made in people's 'best interests'. The manager told us about some examples where they had followed the MCA, for example when one of the people who used the service bought a car. We saw detailed records had been kept in accordance with the MCA.

The provider acted in accordance with the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. The manager told us that following new guidance about DoLS, she had got in touch with the 'Best Interests and MCA team' within the Local Authority to arrange a visit to the home to make sure the home was following best practice. We spoke with the Best Interests Assessor who carried out the visit. They told us the manager had a good understanding of MCA and DoLs, and they had "found the viewed care plans and assessments as being very person centred and robust".

People were encouraged to give their consent and agreement to care being delivered. We saw care records had been written using an 'Easy Read' format which included pictures to aid people's understanding of their planned care. We saw people had signed their care plans to show their consent. Staff asked for people's consent throughout our inspection, for example when they were offered their medication or when they needed assistance to use the toilet. Records promoted people's right to consent

Good

# Is the service effective?

to their care. For example, one person's care plan for personal care stated, "Staff should discreetly ask me if I would like to go to my room to get changed. I will answer your request either yes or no. If I answer no perhaps give me a few minutes to process what you have asked of me and return being very positive and quite jovial as I respond best to this approach".

People were supported to make their own choices about what they wanted to eat and drink. Pictorial signs were available in the kitchen for people to use when deciding and communicating what they wanted to eat. People were involved in planning the weekly food shopping and then asked before each meal what they would like to eat. Care plan's included information about people's likes and dislikes and how staff should support people to eat, for example one care plan referred to the feeding aids which one person used to remain independent when eating, such as adapted cutlery and a specialised plate. The care plan also included specific information about how staff should prepare meals, such as, "Food should be cut into pieces the size of a 5p". This information was also included on a specially designed placemat which the person used for their meals. This meant staff had clear information about how to support people consistently. During observations we saw staff encouraged people to enjoy their meal and to be independent, we heard one member of staff say, "We'll put your gravy in a bowl, so you can put as much as you want on your plate yourself."

The building was all on one level with step free access for wheelchairs. People could access the whole of the building. During the time we spent in the home we saw lounge and dining areas were a hub of activity where people and staff talked about what they had been up to and what they had planned. They watched films together and took part in crafts. When people wanted to spend time in a quieter area, they could sit in the conservatory, access the gardens, or go to their bedrooms. The grounds linked to the home were very large, and had been separated into allotments. The home, with the help from volunteers and local organisations, looked after three of the allotments. These were all wheelchair accessible and had raised vegetable patches and flower beds so people who used the service could grow vegetables. There were also seating areas in the gardens so people could spend time outside.

People's health needs were monitored and people saw a range of health professionals on a regular basis. Care records showed that people who used the service had seen their GP, dentist, optician and podiatrist within the previous 12 months.

Good

# Is the service caring?

## Our findings

Although people were not able to fully share their experiences, they did tell us they liked the staff. One person said, “I like X [staff member name].” When we asked one person if the staff were always kind to them, they said, “Yes.” The relative we spoke with told us the staff were very caring, they said, “I can’t fault it, the staff are wonderful, they are so caring. X [My relative] has built up a good relationship with all of the staff. He gets on particularly well with a few of them, but all of them are great with him.”

During the time we spent in the home we saw that staff were very warm and caring towards people. Staff knew people and their needs well and there was a friendly atmosphere, with staff and people who used the service talking about things they had done and people they knew. Staff and people laughed and joked together. In our conversations with staff they told us they enjoyed their work and spending time with people who used the service. One staff member said, “It’s a great place to work, it’s so clear that everything is focussed around X and Y [Names of people who used the service] and that’s what makes it so good. We are providing the very best life for them and that makes it so enjoyable. They are happy and we are happy supporting them. Call me sad, but sometimes I miss it on my days off.”

Staff explained things to people in a clear way, repeating key pieces of information and checking that the person had understood. Throughout people’s care records it was highlighted to staff to ensure they discussed care and gave people time to take the information in before they continued with any care.

One person who used the service had accessed an independent advocate known as an IMCA. An IMCA’s role is to support people who lack capacity with important decisions about their care. An advocacy service had been contacted to support one person with decisions about applying for funding for a new wheelchair, and about planning a holiday.

We observed that people were treated with privacy and dignity and their independence was promoted. During our visit to the home we saw staff knocked on people’s doors and waited to be invited in before they went into people’s rooms. They asked people about their needs in a sensitive manner and they supported people to do as much as they could independently around the home. We saw records also promoted this. For example, we saw one person’s care plan for bathing and dressing included the information, “I can be encouraged to wash myself to maintain my independence”; “When I am ready to come out of the bath a towel is placed on my lap to protect my dignity”; and ”Staff will then support me to choose what I would like to wear that day and help me to put them on.”

Good

# Is the service responsive?

## Our findings

During our time at the home we saw staff were responsive to people's needs. We observed staff asked people what they would like to do, checked whether they needed any support and knew people who used the service and their needs very well.

We looked through the care records of each of the two people who used the service. These records were thorough, detailed and very specific to each individual's needs. There were a range of assessments within people's records to determine if they were at risk of for example falling over, malnutrition, or of developing pressure damage. Following these assessments, care plans were in place to describe how staff should support people to ensure that the care they received was consistent. In addition to these assessed needs, people had care plans in place related to each of the areas in which they needed support from staff. Care plans were in place to support people to take part in activities in the community and to work towards personal goals. One person liked animals and a goal had been identified between the person and staff, that they would care for some chickens living in the garden of the home. The support plan showed this goal had been broken into smaller tasks such as feeding the chickens and collecting the eggs, and the person had discussed their progress towards meeting this goal with staff during key worker meetings.

All of the care and support plans we looked at were clear and very easy to understand. Most had been broken down into bullet points detailing the individual steps staff needed to carry out to support the person. Staff we spoke with told us they had read all of the care plans for people using the service, and this meant that staff had enough information to support people consistently.

We spoke with one person who used the service who was able to tell us about how they liked to spend their time. They said that they liked to draw, watch films and meet up with their friends. We saw from their care records that they regularly took part in these activities. We spoke with one person's relative who said, "I go out with X [My relative] and a staff member at least once a week; we've been to the coast for a coffee or fish and chips, and go shopping or just have a wander around." They also said, "They take him out and about all of the time, he likes to be out and about. He does a little bit of everything, anything that he wants to do. He likes walking, going to the pictures, and to Washington disco."

People who used the service were very involved in their local community. They took part in organised walks, attended art groups and were active within social clubs. People told us about their friends who were cared for within other services in the local area; one of these friends usually visited the home weekly for Sunday lunch and had spent Christmas day within the home.

People were given choice in all aspects of their care, during our visit we saw staff consulted with people on all decisions regarding their day. People were asked what they would like to eat, what they would like to watch on television, what activities they wanted to take part in within the home, if they wanted to go with staff to the local supermarket, and where they wanted to go the following day. We saw from care records that people's choices had been recorded throughout. Care records included information about people's preferences and dislikes, and they showed that people discussed their care with staff on a regular basis.

The registered manager told us there had been no complaints received in the previous 12 months. We saw people had been given 'easy read' information about how to make a complaint, and minutes from regular meetings between staff and people who used the service showed the complaints procedure had been discussed. The relative we spoke with said, "I've never had any complaints, I would talk to X [name of manager] if there was anything that I wasn't pleased about. It's easy enough to get in touch with her; she's given me her home and her work number."

The manager showed us the complaints and compliments book where we saw five entries had been made in the previous year. Staff from other services and health professionals had recorded positive comments about the service. A comment from a Parkinson's nurse read, "The Whinnies is a lovely home and I use it as a positive role model for what can be achieved in a residential care setting."

Good

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission since October 2010. The registered manager was present during our inspection.

People, staff and the relative we talked with all spoke highly of the manager. People said she was “nice” and “I like her”. The relative we spoke with said, “She’s doing very good, she’s always been brilliant at it. She’s caring, she’s all for the lads that are there.” One staff member we spoke with said, “X (registered manager) is great. She’s available anytime and anything that I mention, she’s on the case for it, whether it’s for X, Y [Names of people who used the service] or for one of the staff, if there is something she needs to do you can rely on her to get it done.”

The manager told us she had worked with people who had learning disabilities for over 20 years and also managed another small learning disability service within the same company. She told us this meant she did not spend all of her time at The Whinnies, but that she worked from the home at least three days a week. In addition to the manager, there was also one senior support worker who carried out some of the administrative duties within the home, and delivered staff supervisions. Because staff sometimes worked in the home without the manager or senior support worker being on duty, annual competency assessments were carried out on certain staff to ensure they knew key procedures in case any unexpected events took place whilst they were on duty. These competency assessments included testing staff’s knowledge of people’s needs, how to use the emergency response file and on call system, an understanding of when staff should contact the on-call manager, and their ability to locate; fire equipment; fire escapes; fuse boxes, the water tank etc. We were told, and staff rotas confirmed that whenever staff were working without the manager or senior care worker in the building, at least one member of staff had completed this competency assessment and demonstrated that they could deal with emergency situations.

Staff we spoke with told us that there was a strong support system within the service. The manager told us that the operations manager from the companies head office visited the home every few months to check that the service was running smoothly. We reviewed records relating to these visits and saw the regional manager from the provider's regional office regularly visited the home and feedback on the quality of the service. The manager told us that she was in contact with head office on a weekly basis to report back on quality measures within the home. All of the staff we spoke with were able to tell us about the on-call system for manager support, which they said was available 24 hours a day, seven days a week should it be required.

The home, and people who used the service were well known within their local community. The manager told us that the home held events which other local care homes, support services and the local community were invited to. We saw pictures of events which were held during the summertime in the home’s extensive grounds. Whilst we were carrying out our visit a member of staff from another local community support service visited the home. This service ran one of the 13 allotments within the grounds of the home. The staff member told us, “In the summer we have had up to 50 people coming to our barbeques which we hold in the allotment. X and Y [names of people who used the service] come to our barbeques too. Our clients know them well now. [X] has joined us for a few of the walks we put on for our clients too.”

The manager told us she was very proud of the garden and grounds of the home. She told us she had helped to set up a charity where people with any kind of health need could get involved in working on the allotments within the grounds of the home. She said, “I’m so pleased with what we’ve managed to achieve with our beautiful garden. We are sharing the resources that we have with the community. There are lots of benefits for the people who live here, they get involved and have lots of opportunities to meet new people and make friends. We have an open house here, and it’s nice that people can come along and say hello to X and Y [names of people who used the service] They have so many people who they have met through the gardening project.

The manager told us about a range of quality checks she carried out to monitor the quality of the service provided. These included monitoring care records, medication audits and health and safety checks around the home. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, this was addressed quickly. For example, following a medication discrepancy highlighted by a

Good

# Is the service well-led?

medications audit, the manager had asked the pharmacy to visit the home to carry out additional checks and make improvements to the medication system. Staff told us that their views on the quality of the service were discussed during regular staff meetings.

All of the records that we viewed throughout our inspection had been fully completed.

Staff told us that people were at the heart of the service and that all decisions centred around making their lives as fulfilling as they could be. The manager told us her aim for the service was, “An inclusive society where diversity is celebrated. For us this means every person supported is treated with dignity, respect and has real choices and opportunities in life. We are aiming to provide high quality care with the best outcomes, taking into account the people we support and their needs and experiences.”