

United Response

# United Response - 9 Beverley Road North

## 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 21 May 2015 and was unannounced.

This service is registered to provide care and accommodation for up to five people who have a learning and/or physical disability. The home is a detached dormer bungalow providing good access to

local services and amenities. Each person has their own bedroom and shares communal facilities. The registered provider is a national, non profit making organisation, United Response.

The last inspection of the service took place on 3 September 2013. During this inspection the service was found to be meeting all the regulations assessed.

# Summary of findings

We were assisted throughout this inspection by the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection there were four people who used the service. None of the people who used the service were able to verbally tell us about their experiences but we were able to meet them, observe them in their surroundings and their interactions with support staff. These observations were very positive. We also had the opportunity to speak with parents of all the people who used the service to gain their views and opinions.

During these discussions we were given exceptionally positive feedback about all aspects of the service. Every person we spoke with described the service as 'excellent' or 'outstanding' and spoke very highly about the registered manager and staff team. Their comments included, "They are a model for others to aspire too!"; "If I had a million pounds to spend I could not find a better place!" And; "Please give them an excellent report. If they don't deserve it I don't know who does!"

We found people were provided with a safe service. Risks to their health, safety and wellbeing were thoroughly assessed and managed well. Care workers understood their duty to protect people from harm and were fully aware of the procedures to follow if concerns about a person's safety were identified.

People received effective health care support and care workers were able to quickly identify any health related issues and took prompt action. People's medicines were managed in a safe manner.

Staff were carefully recruited to help ensure they had the suitable skills, knowledge and character to provide safe, effective care. There was a comprehensive training programme in place, which all staff were supported to complete.

Staffing levels were sufficient to meet people's care needs and facilitate their valued social activities and pastimes.

People spoke highly of staff, describing them as caring, compassionate and dedicated. People felt their loved ones' privacy and dignity was promoted at all times.

People felt fully involved in their loved ones' care and felt staff at the service communicated well with them to keep them fully informed and updated. Care was planned in line with people's individual needs and wishes, the things that were important to people were understood and appreciated by staff.

People were encouraged to express their views about the service and the registered manager took action as a result of their feedback. People felt able to raise concerns and were all confident any concerns they did raise would be dealt with properly.

There was a well-established management structure in place and clear lines of accountability. The registered manager and provider had effective systems to regularly assess and monitor the quality of the service that people received.

# 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.

Risks to people's health, safety and wellbeing were thoroughly assessed and carefully managed.

Care workers were fully aware of their responsibilities to protect people from abuse. There were clear arrangements in place to recognise and report any concerns and staff were confident to report any concerns they identified.

Staff were carefully recruited to help ensure they were of suitable character.

People's medicines were carefully managed to help promote their health, safety and wellbeing.

Good



### Is the service effective?

The service was effective.

People's health care needs were carefully managed in partnership with community health care professionals.

In circumstances where people did not have the capacity to consent to any aspects of their care, the provider acted in accordance with legal requirements to ensure their rights were protected.

People received care from a consistent staff team who were well supported and well trained.

Good



### Is the service caring?

The service was caring.

People received care that was centred on their individual needs and personal wishes. Staff understood the things that were important to people and how they wanted to be supported.

There was a strong person centred culture. People we spoke with told us the service often went above and beyond their expectations.

People were treated with kindness and compassion and cared for in a way that promoted their dignity.

Outstanding



### Is the service responsive?

The service was responsive.

People's care and support was planned with their involvement. Their care plans were based on their individual needs and wishes.

The service was responsive to changes in people's needs.

People received support to engage in meaningful, fulfilling activities.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was a well-established management structure in place and clear lines of accountability were evident.

There was an open culture within which people who used the service and staff, felt able to express their views and raise concerns.

There were systems in place which enabled the registered manager to monitor quality across the service and make constant improvements.

Good



# United Response - 9 Beverley Road North

## 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 the 21 May 2015 and was unannounced.

The inspection was carried out by an adult social care inspector.

During the inspection we spoke with family members of all four people who used the service. We also spoke with four staff members, including the registered manager and three care workers. We contacted three community professionals and asked them for their views about the service as well as local authority commissioners. We received one response.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

Throughout our visit we carried out observations, including how staff responded to people and provided support. We observed daily activities being carried out and viewed all areas of the home. We used 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 reviewed a variety of records including policies and procedures, safety and quality audits, three staff personal and training files, records of accidents, complaints records and various service certificates.

# Is the service safe?

## Our findings

All the people we spoke with expressed absolute confidence in the staff team to provide safe and effective care. People were highly complimentary about the way their loved ones' care needs and any risks to their safety and wellbeing were managed. One parent told us, "The feeling of reassurance we have about (name removed)'s care cannot be overstated." Another commented, "As a parent I am so incredibly grateful that I can sleep at night with no fears – we know he is in really safe hands."

We viewed people's written plans of care and assessed how the service addressed risks to their safety and wellbeing. We found there were effective systems in place which ensured that any risks were identified and clear guidance was in place for staff about how to support people in a safe manner.

Risk assessments and risk management plans were in place for areas such as moving and handling and nutrition. Where people had health conditions which could cause them to be at risk, such as epilepsy, there were comprehensive guidelines to help ensure they were protected from harm. Risk assessments were also in place for individual activities that people engaged in, for example, swimming, which helped to ensure care workers were aware of safe practice.

We found evidence that care workers were able to identify risk and take appropriate action. For example, one person had started to experience some difficulties in swallowing. Records showed the registered manager had immediately sought advice from relevant community professionals who provided support to develop safe swallowing guidelines. In addition, the registered manager had sought training in the area of 'safe swallowing' for all staff at the service.

In discussion, care workers demonstrated a very good understanding of the risks to people's wellbeing and were able to tell us in a clear and confident manner about the action they took to maintain people's safety. One care worker told us she felt the stable and consistent staff team at the service helped maintain people's safety and wellbeing. She explained, "All the staff here know people so well. People here can't say if they don't feel right but we can pick up on the smallest change in someone straight away."

Guidance about protecting people who used the service from abuse, known as 'safeguarding procedures' was in place. This information provided advice for staff on how to identify signs that someone might be the victim of abuse. The procedures also included contact details for the relevant authorities, so that staff could refer any concerns to the appropriate agencies without delay.

The safeguarding policy and procedures were also produced in a pictorial, easy read format for the benefit of some people who used the service. This helped to ensure that people could access information about their right to be treated in a safe, dignified way and what to do if they had any concerns this was not the case.

Training records demonstrated all the staff who worked at the service were provided with training in the area of safeguarding, which was regularly updated. In discussion, care staff were able to describe their responsibility to safeguard people and were clear on the procedures they should follow in the event they had any concerns.

We asked staff if they would feel confident to report any concerns or utilise the service's whistle blowing policy to report bad practice. All the staff we spoke with were very clear this was the case and expressed confidence in the registered manager to deal with any concerns appropriately. One staff member told us, "I would report something bad without any doubts whatsoever. Part of our job is to speak up for people. We have to." A relative commented, "I have no doubt that anyone of that staff team would whistle-blow."

We noted there was a clear whistleblowing policy in place for staff which made clear their responsibility to report concerns and provided advice about how to go about it. In addition to standard reporting systems, the provider had a 'whistleblowing email address' in place, which staff across the organisation could contact anonymously, if they felt unable to speak to a direct line manager.

We viewed a selection of staff personnel files and found the registered manager followed robust recruitment procedures. In all the files viewed, we noted there had been a thorough process followed, which ensured a variety of background checks were carried out, prior to an applicant being offered employment. These included a full employment history, previous employment or character references and a DBS (Disclosure and Barring Service) check which would highlight any previous criminal

## Is the service safe?

convictions and if the individual had ever been barred from working with vulnerable people. We noted the DBS checks were periodically renewed to ensure the information was current. The thorough recruitment procedures followed by the registered manager helped to reduce the risk of employing someone of unsuitable character.

A number of people we spoke with commented favourably about the consistency of the staff team and the low turnover of staff at the service. People felt this was of great benefit to people who used the service because it meant they were cared for by a staff team they knew well and who understood their needs.

People we spoke with were equally positive about staffing levels at the service. Satisfaction was expressed by everyone we spoke with that the staffing levels were ample to meet people's care needs and support them in their chosen hobbies, activities or holidays.

Rotas demonstrated that staffing levels were assessed in line with the needs of people who used the service. We saw that staffing levels were flexible and could be increased to support individual needs, for example to provide round the clock care for a person, whilst they were in hospital.

We looked at how the service managed people's medicines. We found there were effective arrangements in place for the safe storage, administration and disposal of medicines.

Staff were provided with clear written guidance on how to manage people's medicines in a safe manner. The guidance included advice on administering homely remedies and how to deal with events such as refusals or errors.

People had individual care plans in place specifically relating to the assistance they required to take their medicines. People's individual needs were well detailed as was any relevant information about medicines administered by specialist technique. For any person prescribed medicines on an 'as required' basis there was detailed information about when they should be given. This helped ensure people received their medicines when they needed them.

Patient information leaflets were retained with the medication records for all medicines administered by staff. This meant they had easy access to important information such as possible side effects of specific medicines.

We noted that when people were prescribed a new medicine the service used a 'drug monitoring sheet.' This was to help ensure that any side effects or ill effects brought about by the new medicine would be quickly identified.

Medicines were stored in a safe and secure manner. We viewed medicines stocks which were well organised, so that care staff would be able to access them easily, when required. All items with a limited shelf life were dated on opening to help ensure they would be disposed of within appropriate time scales.

Medications Administration Records (MARs) were in good order. Each person's MAR included a photograph and clear details about the medicines they were prescribed. For items applied externally such as creams and ointments, body maps were in place to clearly describe to care workers how and where they should be applied.

We cross checked a number of loose medicines (those not included in the dosage system made up by the supplying pharmacist) against stock records. In each case, the quantities were correct in accordance with the records, demonstrating they had been administered properly.

The registered manager carried out regular audits of medicines and records. This helped ensure that any errors or discrepancies would be identified and addressed in a prompt manner. In viewing records of audits we noted that the registered manager had on one occasion, identified an unexplained omission on a MAR which she had dealt with immediately. This demonstrated that medicines audit processes were effective.

Some people who used the service were prescribed medicines, which were administered by specialist technique. We saw that all staff at the service has been provided with training in the specialist techniques and observed to ensure they were competent to administer the medicines safely. Records showed that the training was renewed on an annual basis to ensure staff retained their skills.



# Is the service effective?

## Our findings

All the people we spoke with felt their loved ones received highly effective support to maintain good health and wellbeing. People told us care staff monitored their relative's health very carefully and took prompt action when any concerns were identified. Their comments included, "They are very good at keeping on top of any medical issues."; "(Name removed) is not in good health. They are so aware of this and support him brilliantly."; "They are very quick to get medical advice when it's needed." One person felt strongly that her loved one's life had been extended due to the care he received and described how care staff had done lots of research into his medical condition and worked hard to find effective therapies.

Each person who used the service had a Health Action Plan (HAP) in place. This included a detailed medical history as well as any current medical conditions. The support people required to maintain good health was well detailed as was the input of external professionals such as district nurses or physiotherapists.

We spoke with a community health care professional who told us that staff at the service worked positively and in a proactive manner. They commented, "I cannot speak highly enough of (registered manager) and the team. They are excellent and the care is excellent."

We found some particularly good examples of person centred care planning around people's health care needs. For example, one person who used the service was particularly vulnerable to experiencing chest infections. There was extremely detailed guidance for staff about the early warning signs that the person was becoming unwell to help them identify a problem quickly.

In addition to the HAPs a hospital passport was in place for each person, which included important information for hospital staff in the event the person was admitted in an emergency. This information included a medical history, prescribed medication and a profile about how they liked to be supported. We also noted that in the past when people had been admitted to hospital, the registered manager had made arrangements for them to be supported by a staff member during their stay.

Any support required by people to maintain good nutrition and hydration was fully detailed in their care plans. Where people were at risk of becoming malnourished or dehydrated, there was clear guidance for care workers about how to support them effectively in this area.

We viewed the care plan of one person who was assessed as being at high risk due to a low body weight and, at times, a low appetite. The person's care plan demonstrated the service worked in partnership with a community professional in assisting him to maintain a healthy weight and measures such as providing increased snacks and fortified meals were undertaken. In discussion this person's relative told us, "He has a tendency to go off his food when he is unwell but they soon get him back eating and they make sure he has his fluids."

People's care plans contained details of their food likes and dislikes and whether they wanted to have involvement in meal preparation. Each person had an individual menu plan in place to ensure their personal preferences were met. We also noted records were maintained of the food and fluids people had, to ensure their intake could be monitored carefully.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

In discussion the registered manager and staff demonstrated a clear understanding of the requirements of the MCA and associated DoLS. The registered manager was able to produce examples of relevant DoLS applications that had been made. It was apparent these had been completed in an appropriate manner.

A variety of formal best interest decisions were recorded within people's care plans covering areas such as assistance with medicines, use of wheelchair safety belts



## Is the service effective?

and use of bed sides. We were able to confirm that the best interest decisions had been made in partnership with people's relatives and external professionals and were reviewed on a regular basis.

Clear records were maintained of any practices which were deemed as restrictive. The registered manager was clearly mindful of the requirement to ensure the least restrictive practice was always taken, whilst ensuring a person was protected from harm. We saw an extremely good example of a very creative approach taken to support one person with an aspect of their personal care they had, in the past, found difficult. This involved care workers using fun distraction techniques, which had turned the experience into something the person enjoyed.

The feedback we received about the behaviours, skills and competence of the staff team at the service was excellent. Family members expressed extreme confidence in the care workers and spoke exceptionally highly of them. Their comments included, "You can tell by the behaviour of the staff that they are just happy to be there – and that means a lot."; "I have never ever had to worry about one of the staff. I know every one of them. They are all trained but there is something more than that. They really care." And; "People seem so happy to work together. They seem to get on very well but it's still professional."

Staff we spoke with expressed satisfaction with the training and support provided. Care workers felt they received a good amount of training which helped them carry out their roles. One care worker said, "We get the general training but we also get special training about the people who live here, so we know about their conditions and how to care for them."

Each staff member had a Personal Development Plan in place which outlined their learning progress and future goals. The training programme commenced with induction training provided at the start of a staff member's employment. The induction programme included a variety of health and safety related courses such as moving and handling and infection control, which were classed as mandatory. This meant they had to be completed.

A programme of ongoing training was in place covering areas such as safeguarding, mental capacity and person centred care. In addition, training relating to the needs of people who used the service was also provided, for example, in the areas of safe swallowing and epilepsy. Staff told us they were encouraged to develop their skills by the registered manager. One care worker commented, "I've been offered team leader training, I am going to do it when I feel the time is right."

All staff members had a supervision contract in place. This outlined what they could expect in terms of one to one supervision and their own responsibility to engage in the process. Records were available to demonstrate that all staff were provided with one to one supervision on a regular basis during which they could discuss area such as training and development, general work issues or any concerns either party may have.

All staff we spoke with told us they felt extremely well supported by the registered manager. The registered manager was also able to show us documentary evidence of specific support plans implemented for staff, for example during pregnancy. We saw that support plans involved the input of the staff member and the registered manager and were regularly reviewed to ensure they remained effective.



# Is the service caring?

## Our findings

We spoke with the parents of every person who used the service. People were eager to speak with us and tell us about their experiences of the service which they felt were consistently excellent. People spoke of a service that was not only highly effective but immensely caring and compassionate. “The love and care that (name removed) receives is incredible. They are incredible.”; “The interaction with the men and the staff is just so lovely. They are so very caring and compassionate.” And; “I have never seen such dedication from staff.” One parent joked with us, “It’s awful in a way because he comes to see me and he can’t wait to get back there!”

People gave us many examples of care and support their loved ones regularly received that they felt had a positive impact on their everyday lives. One person said, “It’s the small things, like taking him on shopping trips at Christmas and getting gifts for the family. I don’t ever have to remind anybody about things like that. It’s always in hand.” Another person commented, “They care like a family whilst following all the rules they have to follow.”

Several people we spoke with commented favourably on the consistency of the staff team at the service. One parent said, “There is lovely consistency. The staff really get to know people. They know them and they understand them.” Another told us, “They won’t use agencies so they never have to be supported by people they don’t know. I am so happy my son is never looked after by someone that is a stranger to him.”

During the inspection we spent time observing people as they received support and interacted with staff. Our observations were very positive. We noted people seemed very relaxed and comfortable in their surroundings. Care workers were seen to approach people in a kind and gentle manner and responded quickly to people’s observable needs.

There was a very relaxed and pleasant atmosphere in the home. People were seen to engage positively with care staff, making lots of eye contact, smiling and initiating contact. Care workers understood when people communicated with them none verbally and responded in a warm manner. People’s individual communication plans included extensive guidance on the ways they expressed

themselves and how they were feeling. In addition, information about any communication aids used was included in people’s care plans. These included picture boards, for example.

We viewed the care plans of three people who used the service. These were very well detailed documents which addressed people’s daily care needs but also paid a great deal of attention to their personal wishes, goals and aspirations. People’s individual methods of communication were clearly described, for instance, how they might express a certain mood or need. This information helped care workers to support people in expressing choices in their daily lives.

People’s care plans frequently referred to the importance of providing care in a manner that respected their privacy and dignity. One person’s plan around personal care stated, ‘Ensure you talk to (name removed) throughout, so he knows what is happening.’ Another person’s plan contained guidance for care workers about the additional measures they should take to protect the person’s dignity when assisting them to engage in certain community activities.

All the parents we spoke with told us they felt fully involved in the development of their loved one’s care plans and able to make decisions about their every day care. One parent explained she spoke with staff at the home several times every day, to get an update on her loved one’s day.

People told us they visited regularly and were always made welcome. One person said, “It is my second home. That is how I see it. I feel we are all like one big family.”

Details of local advocacy services were posted in the home and staff we spoke with were aware of how to support someone to access an external advocate should this be required. In this service family members were very much involved in their loved ones’ care. One parent told us, “We are all strong advocates for our children. There is a sense that this is not only accepted but encouraged and appreciated. It is as if they value that challenge and they don’t see it as a challenge but a positive thing.”

The registered manager spoke passionately about the values of the service and how she promoted them through positive role modelling. She said, “We always strive for the best we can and always look at how we can do things better.”



## Is the service caring?

In discussion, the registered manager spoke of the importance of values based recruitment. This is a selection method which examines people's motivation for carrying out a caring role and their values and beliefs in areas such as caring, compassion, respect and dignity. This was apparent in the feedback we received from people about the staff team, who described them in ways such as 'dedicated', 'compassionate' and 'outstanding'.

We spoke with care workers who all demonstrated an in-depth understanding of the people they supported and their care needs. Staff spoke about the people they supported in a respectful and compassionate manner and expressed pride in the service they provided.

Several parents wanted to tell us about how their loved ones had been supported through a recent bereavement of a fellow resident at the start of the year. One parent told us, "(Registered manager) really considered the effect on fellow residents and worked closely with families and staff. They have waited to move someone else in to allow the men and the staff to get used to the loss. I think that is brilliant."

Another parent said, "They were so thoughtful. They looked for signs of bereavement and spent time with people to talk." They went on to explain that staff had given each person a possession to remind them of their friend. "My son was thrilled, he kept it with him for a long time. It was so sensitive and respectfully done."

Staff we spoke with told us of this experience. They explained how they looked for signs of bereavement in the people who used the service and supported them and each other. One care worker explained, "(Registered manager) arranged some bereavement counselling. I had it and it helped me."

At the time of the inspection people who used the service were in the process of having a memorial to their friend placed in the garden. Staff explained that they had chosen a water feature. This was because one of the people who used the service had reduced vision. A care worker told us, "(Name removed) will not be able to see the feature but he will be able hear it, so it will mean something to him as well."

# Is the service responsive?

## Our findings

Every person we spoke with expressed extreme satisfaction with all aspects of the service. People described a safe, effective service that was responsive to their loved ones' needs. Their comments included, "We cannot believe how lucky we have been to find this service."; "We are always very, very pleased. They have worked hard over the years and continue to do so."; "We have complete peace of mind and we can always be assured he is well looked after." And; "They are very good at getting equipment when he needs it. He never wants for anything."

People's care plans were centred around their individual needs, views and wishes. They included important information about what mattered to people on a daily basis, their preferred routines and important relationships. This is known as person-centred care planning.

One page profiles were in place, which provided an easy to read overview of the things that were important to people. These profiles were also in place for staff, so that people who used the service and their families could learn about them too. Some parts of the care plans were pictorial to help make them more meaningful for people who used the service.

As well as attention to any risks to a person's wellbeing and health care needs, people's care plans included detailed protocols in relation to various aspects of their personal care, to help ensure they received safe support. All the staff we spoke with had an excellent understanding of people's individual needs and were able to speak confidently about the support people required.

There was comprehensive information about people's social support needs, such as valued hobbies, education and relationships. People we spoke with were very complimentary about the opportunities their loved ones had to engage in valued and fulfilling activities. Their comments included, "Activities are endless! They are always looking for new ideas."; "(Name removed) leads a very full life. I lose track of all the things he does. It is marvellous." Another parent explained, "He loves theatre but because he gets tired at nights now, they look for matinee performances." This was a good example of staff responding to this person's changing needs.

Activities regularly enjoyed by people included, drama, music, theatre trips, pub trips and days out to places of interest. In addition, people had the opportunity to enjoy a holiday of their choosing each year.

Formal care plan reviews took place on a regular basis and were always attended by parents. However, people we spoke with felt they didn't have to wait for a review to request any changes or express their views about their loved one's care. People felt they could discuss any aspect of their loved one's care, at any time.

People told us they felt fully involved and that staff at the home communicated with them very well.

Their comments included, "I get daily contact – that's what I want and that is what they do. Some people wouldn't want that and they wouldn't do it. It's whatever you want."; "Communication is very good. It's not just a case of 'oh he's fine.'" And; "They always keep me informed. When he went on holiday it was just little things like texting us to say he had got there safe and was settled in."

People also felt able to be involved in the wider running of the service. The registered manager was able to give us a number of examples of how she encouraged this. A satisfaction survey was carried out on a regular basis during which people were able to express their views and ideas. We noted the last survey had been very positive with all respondents rating all aspects of the service as either 'good' or 'very good'. One person had written in their survey, 'Having searched for a long time for the right home for our son, we have found the perfect place. If only people like our son could access such brilliant care'.

The registered manager advised us that people who used the service and parents were involved in the selection of new staff. This information was confirmed by people we spoke with. One parent told us, "I have taken part in interviews. It is brilliant to be able to do that, you feel really involved."

The registered manager was also able to give us examples of changes she had made as a result of feedback from people. These included changes to the way staff were deployed throughout the day, which had been the suggestion of one family member.

## Is the service responsive?

At a wider organisational level there was opportunity for people who used the service and their families to attend regional and national forums to discuss their own experiences of the service and hear from the provider about future plans and developments.

The provider employed people who used the service to carry out quality checks in services other than their own. The quality checkers carried out unannounced visits and looked at various aspects of the service before producing a report. The last quality checker to visit this service had given it a glowing report stating, 'Fantastic house, great staff'.

A complaints procedure was in place, which provided information for people about how to raise concerns. The procedure was also available in a pictorial, easy read format for the benefit of people who used the service.

People we spoke with told us they knew how to raise concerns and confirmed they would have no hesitation in raising any issues of concern. One person said, "I would absolutely raise a complaint if I needed to. I can't see it though because if we had a problem we would just mention it and it would be dealt with straight away." Another person told us, "They are really good to talk to. I would have no worries about that."

# Is the service well-led?

## Our findings

Throughout the inspection people we spoke with expressed satisfaction with all aspects of the service. Their comments included, “We have never anywhere had a service as good as this.”; “I could not think of a better service and believe me I am fussy.”; “I cannot say one bad thing at all, not one negative example springs to mind.” And; “My expectations are very high. I am always on the watch out for anything wrong but there is nothing!”

There was a well-established management structure in place and clear lines of accountability. This meant that people knew who to speak to should they require any advice or guidance. There were clear out of hours on call systems for staff, so a manager from the organisation was accessible at any hour.

The registered manager of the service had been employed by the provider for 17 years and registered as manager of the service in January 2014. Throughout the inspection we received very positive feedback about the registered manager from the parents of people who used the service, staff and a community professional.

People’s comments included, “I have every faith in (registered manager) she is so on the ball.”; “She is very professional but so warm and kind as well.”; “The way (registered manager) runs that house? Well, all I can say is wow!” And; “I have always been very reassured that anything I have raised has been fully taken on board.”

The registered manager demonstrated a positive approach to her role and was able to give us various examples of how she maintained and updated her skills and knowledge. She was aware of the importance of keeping up to date with national developments and best practice guidelines and ensuring these were cascaded to the staff team.

Staff we talked with spoke of a very positive culture within which they felt encouraged to express ideas or raise concerns. One care worker commented, “It’s very open and

you feel like you can be open and say if something is on your mind.” Another staff member said, “We have such a good manager. I am not just saying it! That is why the staff stay and we have such a low turnover. We have very high standards and I am proud of them.”

There were well established audit systems in place to assist the registered manager in monitoring quality and safety throughout the service. These included regular quality checks in area such as care planning, recruitment, staff training and infection control. We saw examples of improvements made as a result of effective auditing, for instance in infection control practices within the service.

Regular checks were conducted in important areas such as finances and medicines. Carrying out these regular checks enabled the registered manager to identify any errors or discrepancies quickly and take immediate action to rectify them.

External checks were carried out on a monthly basis by managers from other services operated by the provider. This was a reciprocal arrangement, which meant the service was subject to additional checks in areas such as health and safety, complaints and care planning. A report was produced of each monthly visit and sent to the area manager as well as the registered manager.

Unannounced inspections were carried out by people who used other services operated by the provider. During these inspections, various aspects of quality would be assessed and a report produced for the registered manager.

There were effective systems in place to record and analyse any adverse incidents or complaints. This process included senior managers from the organisation and helped to ensure any themes or trends could be identified, that may indicate a particular area was in need of further investigation. It also helped to ensure that any potential learning from such incidents could be identified and actioned.