Counticare Limited

Cosy Lodge

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 15 November 2016.

Cosy Lodge is a care home registered to provide accommodation for up to six people who have a learning disability or who are on the autistic spectrum. The home is located on two floors. Each person had their own individual room. The home had a communal lounge, kitchen and dining room where people could spend time together. The home had a large garden that people had been involved in developing including an area to grow rhubarb. At the time of inspection there were six people using the service.

The service had a registered manager. 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.

People and their relatives told us that they felt safe while they received support from staff at Cosy Lodge. Staff understood their responsibilities to protect people from abuse and avoidable harm. There were procedures in place to manage incidents and accidents.

Risks to people's well-being had been assessed. Where risks had been identified control measures were in place.

There was a suitable number of staff to meet people's needs. Staff had been checked for their suitability before starting work with the provider. Staff received support through an induction and regular supervision. There was training available for staff to update them on safe ways of working and how to meet people's needs.

The provider had plans to keep people safe during significant events such as a fire. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary. Staff had been trained to administer medicines and had been assessed for their competence to do this safely.

People chose their own food and drink and were encouraged to maintain a balanced diet. They had access to healthcare services when required to promote their well-being.

People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager had an understanding of the MCA. We found that appropriate DoLS applications had been made. Staff told us that they sought people's consent before

delivering their support.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected including staff discussing people in a professional and discreet manner. Staff knew people's communication preferences and used these to support people effectively.

People were involved in decisions about their support. We saw that people's records were stored safely.

People were supported to develop skills to maintain their independence. People and their relatives had contributed to the planning and review of their support. People had care plans that focused on them and what they wanted. Staff knew how to support people based on their preferences and how they wanted to be supported. People took part in activities and hobbies that they enjoyed.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People, their relatives and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement. People and their relatives were asked for feedback about the service that they had received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe. Incidents were recorded and investigated.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and offered to them as prescribed. Staff were trained and checked to make sure they were competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were encouraged to make decisions about their support and day to day lives. Staff asked for consent before they supported each person.

People were encouraged to follow a healthy diet. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were supported to maintain relationships with relatives and people who were important to them.

People were involved in making decisions about their support.

Is the service responsive?

Good

The service was responsive.

People and their relatives had contributed to the development and review of their care plan. Care plans provided information for staff about people's needs, their likes, dislikes and preferences.

People undertook hobbies and activities they were interested in and enjoyed. They were supported to develop their independence.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received. People had been involved in developing their own service.

The registered manager was aware of their responsibilities. Checks were in place to monitor the quality of the service.

Cosy Lodge

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 15 November 2016 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection we spoke with two people who used the service. We also spoke with four relatives of people who used the service. This was to gather their views of the service being provided. We observed interaction between staff and people who used the service throughout our visit. We spoke with the registered manager, a senior support worker and two support workers.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at four staff files to look at how the provider had recruited and supported staff members.

Good

Is the service safe?

Our findings

People told us that they felt safe when they received support from staff. One person told us, "I am safe. No one upsets me." Relatives told us that they felt that people were safe. A relative commented, "I know [person's name] wouldn't want to go back if he wasn't safe. I talk to him on skype [video call across the internet] and I can see he is safe and well." Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "It is important that I record what a person tells me factually. I would then report it to my manager." Another staff member said, "I would always treat the matter sensitively. I may have to contact the authorities but I would always report." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse. Staff were able to tell us about these. We saw that staff had received training in protecting vulnerable adults. This meant that staff knew what to do should they have had concerns that people were at risk of harm.

Staff knew how to reduce risks to people's health and well-being. We saw that risks associated with people's support had been assessed and reviewed. Risk assessments were completed where there were concerns about people's well-being. For example, where a person was not able to manage their medicines on their own. We saw that there were guidelines in place for staff to follow to minimise risks. These included two staff signing all financial transactions, and the registered manager carrying out audits on the records. We saw that where a person had behaviour that may be deemed as challenging, plans were in place so that staff responded consistently. This was important so that staff knew how to respond in a safe way. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so. One staff member said, "Care plans tell us how to manage any behaviour that people show. I have not had any problems. There is always someone you can ask." This meant that risks associated with people's support were managed to help them to remain safe.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because the provider had plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use, for example in the event of a flood. This meant that should an emergency occur, staff had guidance to follow to keep people safe and to continue to provide the service.

We saw that checks were carried out on the environment and equipment to minimise risks to people's health and well-being. These included checks on the safety measures in place, for example, the fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place and that people were involved so they knew what to do in case of an emergency.

The registered manager took action when an incident or accident happened. We saw that details of any incidents or accidents were reviewed including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents.

People and their relatives told us that they felt there were a suitable number of staff. One person spent time telling us about all the staff that supported them. They agreed that there were enough staff so that they could do what they wanted to. Staff told us that they thought there were enough staff to meet people's needs. One staff member said, "People can do what they want to do. They are not restricted by staff levels." The registered manager told us that the rota was designed around the needs of the people who used the service. They described how it was based on the assessed needs of people who were using the service and then developed to make sure that each person had staff available for times when they wanted to participate in tasks and activities. The rota showed that staff had been identified to provide support to each person throughout the week to enable them to complete their planned activities and tasks in the house. This meant that staffing levels were appropriate to meet the needs of people who used the service.

People could be confident that staff were recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks had taken place.

People received their medicines safely. The service had a policy in place which covered the administration and recording of medicines. We observed people taking their medicines and saw that staff followed the policy. Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. One staff member said, "I was observed giving medicine a number of times. They do it until they are confident you can do it safely and until you feel confident." Staff could explain what they needed to do if there was a medicine error and this was in line with the policy. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were guidelines for staff to follow that detailed when these medicines could be offered to people. Some people had creams and liquid medicines that had been prescribed for them to use. We found that these had not always been dated when they had been opened. It is important to do this to make sure that creams and liquids are not open for longer than recommended by the manufacturer as these can become unsafe to use. We discussed this with the registered manager. They told us that they would make sure all creams and liquids were dated when they were opened. We looked at the medicine administration records and found that these had been completed correctly.

Good

Is the service effective?

Our findings

People and their relatives told us that they were supported well and felt that the staff team had the skills and knowledge to meet their needs. One person said, "The staff are really good." A relative told us, "The manager and staff are very well trained for the good work that they do. I know because they go for special training. I can tell because they manage [person's name] so well." Staff members who we spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "Training is always available. If there is training that anyone wants they can do it. I have done extra courses." Another staff member told us, "I have learnt loads. I have done specific courses for the needs of people here." We saw training records and certificates showing that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in diabetes to make sure that they understood how to support a person who had been diagnosed with this condition. The registered manager told us that training was arranged throughout the year to make sure that staff received refresher training when they needed this. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

Staff members described their induction into the service positively. One staff member told us, "It is a lot to take in but it opened my eyes. It was very useful. I was given time to do my induction." Another staff member said, "It was very useful I did shadow shifts and it included everything. I got more time then I had in previous jobs." The registered manager told us that staff completed an induction so that they understood their responsibilities. They told us that they were encouraging staff to complete the Care Certificate for new staff. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role.

People were supported by staff who received guidance from the registered manager. One staff member told us, "I have had a supervision meeting. I am due for another one but I can talk to my manager at any time." Another staff member said, "I have supervision monthly. I get time to discuss everything I want to." Supervision provides the staff team with the opportunity to meet with their manager to discuss their progress within the service. Records we saw confirmed that supervisions had taken place. The registered manager told us that the provider had identified 14 key policies. These included safeguarding, the Mental Capacity Act 2005 (MCA) and whistleblowing. The provider had introduced questions on these policies for staff to answer to make sure that they knew what was included in the policy and what this meant for them. The registered manager told us that this had been introduced in 2016 and staff would have an annual check on these questions to review their understanding. This meant that staff received guidance on how to provide good care and support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and

legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of MCA and DoLS. They had made applications for DoLS appropriately. We found that these were still being assessed by the local authority except for one person where an authorisation had been granted. The registered manager was able to demonstrate that people's capacity had been considered through their care plan and associated records. For example, we saw that each person's care plan had information included about how the person made their own decisions and how to give them information to help them to understand it. We found that care plans offered guidance to staff if they felt that a person could not make a decision. We saw in one person's care plan that a day to day decision form was in place. The registered manager told us that this was used if a person wanted to do something and staff decided it was not in their best interests. For example, if they wanted to go out but were anxious and it would be unsafe to do so. The registered manager told us that the day to day decision form would be used to record the reasons why a decision had been made. and to show all options that had been considered to show that the least restrictive option had been chosen. Records showed that people had been supported to read their care plans and had signed to say that they agreed with the plan. We found that where a person's capacity to make a decision was in doubt that appropriate capacity assessments had been completed. This meant that people's capacity to make specific decisions had been considered.

Staff had a good understanding of the MCA and how to involve people in making their own decisions. One staff member told us, "Decisions about what people want to do are made during 'Talk Time' or we help people to make day to day decisions. We know how each person communicates so it is important that we use this to make sure people understand what decision they are making." Another staff member told us, "It is important that we encourage people to make their own choices." Staff told us that they asked people for consent. One staff member said, "I always ask. I knock on the door and ask the person who they want to support them first. I ask about everything. What time do you want to get up, do you want a bath." All staff we spoke with told us that people had the right to refuse if they didn't want support. One staff member said, "People can say no. It is their choice and their life. People have the rights to refuse." This meant that people's human rights were protected by staff.

People told us they were happy with the food that staff supported them to make. One person said, "The food is good. I had pizza last night." A relative commented, "Every time I have visited at mealtimes I thought the food was very good. They have a choice. It must be pretty healthy because [person's name] has been here for 10 years and has only put on two or three pounds." We saw that people were supported with specific diets, where required, that met their needs and followed guidance from health care professionals. For example, one person had their food cut into small pieces due to their risk of choking. We saw that each person had information in their support plan about how to involve them with preparing their own food and drinks.

People were supported to maintain good health. One person said, "I go to the doctors." A relative told us, "[Person's name] has access to a GP. They always keep me informed about why the visit was necessary." Another relative commented, "They are very proficient with [person's name] treatment. They have access to a specialist clinic and they oversee his treatment." We saw that people were supported to access healthcare appointments. People had health action plans (HAP). These are documents that record people's health needs and any appointments they have had so that all health related information is available in one place. Outcomes from appointments had been included in each person's HAP. We saw that each person had an emergency grab sheet that contained key information about them and their health in case they needed to

go to hospital. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff team at Cosy Lodge were kind and caring. One person said, "I am happy. Staff are nice to me." A relative told us, "I think the care at Cosy Lodge is excellent. It is very hard to hand over your son to someone else to care for." Another relative commented, "When [person's name] had an operation they really cared for him. They were all fantastic." A relative said, "The staff never lose their patience." A social care professional provided feedback to us. They said, "[Person's name] seems to be well cared for."

People's dignity and privacy was respected. A relative told us, "They do not go into his room without knocking. They do not allow other residents to go in without permission." Staff we spoke with told us how they promoted this. One staff member said, "I make sure that I always knock on the door. I also like to make sure that people have their medicines done privately. It is a very personal thing." Another staff member told us, "I make sure the door is shut when people are going to the toilet as they sometimes leave it open. I also wait outside to give people privacy. I like to get people to do as much for themselves as possible as this promotes their dignity." This meant that staff were promoting people's dignity and privacy.

People were given information in ways that were easier for them to understand. We saw that information was on display around the house and this had been presented using simple words and pictures. This included important information for people such as what abuse meant, how to evacuate the building and how to report any concerns that they had. We saw that pictures were used to help people understand information. For example, the menu had pictures of the food that was being cooked. We saw that easy to read information had been made available about voting and the European Union referendum. The registered manager told us that this had been discussed with people who used the service to give them information so that they could vote. People's communication needs had been considered in their care plans. For example, we read that laminated cards with pictures on were used to help one person to understand what part of their body they should wash as they did not like verbal communication. This meant that people received information in ways that were appropriate for them to help them to understand.

People were supported by staff who knew them well. A relative told us, "Their knowledge of [person's name] needs are amazing. They know just how to divert his attention when problems arise." Staff we spoke with knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "The care plan tells you how to work with people but you learn more from working hands on. You get to know people and what is important to them." We saw that people's care plans included details about their significant life events, likes, dislikes and preferences. These included their family relationships and other people who were important to them. Staff listened to people. We saw that one person was keen to go shopping to get a new item to replace something that had broken. Staff listened to what the person wanted and then supported them to find the item online and reserve this before going to collect it. This meant that staff had important information about each person to enable them to support the person to do things that were important to them.

People were supported to maintain links with family members and other people who were important to

them. One person showed us some pictures in their room of their family. Staff explained that family were encouraged to visit and did so when they could. They told us that this person was supported to keep in touch with their family.

Relatives told us that they were made to feel welcome and could visit when they wanted to. A relative told us, "I am always made welcome. The first thing they ask is would we like a drink." We saw that one person was supported to meet with their brother as regularly as possible and that they visited each other at home. The registered manager told us that events were planned and family members were invited to these. One relative said "We were invited to a barbeque. It rained but it was a very successful indoor buffet in the end." This meant that people were supported to maintain family relationships.

People were involved in making decisions about their support. One person told us, "I had a bath today. I liked it. I chose it." A relative told us, "They wash [person's name]. He doesn't like showers but has a bath. He does not mind a male or female carer." We saw from care plans that people were encouraged to make decisions. For example, in one person's care plan we read, '[person's name] likes to choose their own cereal in the morning'. Records showed that people had been involved in decisions about their support. For example, one person had said they preferred to get up between 6:30am and 7:30am as this was part of their routine. This meant that people were supported to be involved in decisions about their support.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Good

Is the service responsive?

Our findings

People had contributed to the planning and development of their support. One person spent time with us on the day of our visit showing us their care plan. They knew where to find this and enjoyed showing us the pictures of them in it. A relative told us, "They try their best to find their likes and dislikes. They act on them. The care they take pays out in the end." We saw that people's care plans contained information about routines that they followed and what was important to them. For example, we saw how staff had guidance on how to support one person in the morning. This included things that made the experience better for them such as using a small amount of bubbles in the bath, washing their hair first and singing certain songs that they liked. The registered manager explained that people's support needs were assessed prior to them receiving support from Cosy Lodge. As people had been living at the home for a long time these were no longer included in their records.

People's care plans were centred on them as individuals and contained information about their likes, dislikes and preferences. We read how one person preferred to have their cereal and what clothes another person preferred to wear so that they were comfortable. A relative told us, "They help them get used to their routines." Staff knew about people's care plans and could describe information recorded within them. This meant that people could be sure that they received care centred on their preferences. We saw that people had set objectives that they agreed and were working towards. Records showed that progress towards goals had been reviewed monthly and new targets had been set. This meant that people were being supported to achieve their aims and objectives.

People's care plans had been reviewed with them monthly and with family and social care professionals annually. A relative told us, "Everything is discussed at [person's name] review." On the day of our inspection one person's annual review was taking place. We saw that people met with their allocated worker each month to discuss what they had done and what they wanted to do for the next month. People also had sessions throughout the month call 'Talk Time'. This was where people had a one to one conversation with a member of staff and discussed topics including staff, other people who lived at Cosy Lodge, things that were happening in the home and allocated jobs. For example, we saw that one month someone had been asked if they wanted to have a picture of themselves on the noticeboard in the house. The person had agreed with this and we saw that there was a picture of them. Records showed that people had been involved in reviewing their support plan and signing their own documentation. One person showed us that they had signed their own plan.

People were supported to increase their independence. One person told us, "I clean my room." Another person said, "I do my washing." A social care professional told us, "People are encouraged to join in with the housework via a rota. This seems to give them some pride in the home. [Person's name] loves going shopping so he can push the trolley. People are encouraged to join in with daily activities as much as possible." Staff who we spoke with told us how they supported people to develop their independence. One staff member said, "Each person has something they are responsible for. We like to promote people looking after their own home and take pride in how it looks." Another staff member told us, "We promote that people live an independent life as possible. Ultimately it is why we are in the job." We saw that care plans

gave staff guidance to encourage people to do what they could. For example, we read, '[Person's name] can change his bedding on his own and take this to the laundry room. Encourage him to do this.'

People were supported to follow their interests and hobbies. We saw that people attended a range of activities throughout the week and had an activity plan in place. This included hobbies such as growing rhubarb for baking, horse riding and completing tasks in the house such as cleaning to develop people's skills and independence. We saw that each person had an allocated responsibility in the home. For example, one person was in charge of checking the vehicles. They had a clip board with a checklist that was in a simple format to enable them to complete the check with staff support. People were proud of their role and told us about them. We saw that people were supported to participate in activities that helped them to develop key skills such as reading and counting. The registered manager told us that each week a person was recognised for doing well in their key skills and became the champion for a week. We saw that one person had been recognised the previous week and had a picture on the noticeboard to tell people about this. This meant that people were doing activities they enjoyed and that helped them to develop their skills.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. One staff member told us how important routines were to one person and how the staff team all tried to follow the routine as much as possible.

Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and how to de-escalate it. A relative told us, "[Person's name] used to lash out all the time. By their calm approach and providing one to one care, he has improved." Another relative said, "They take him into situations and manage very well. I couldn't do it." A social care professional told us, "Staff are aware of [person's name] behaviour. They use distraction techniques. It rarely happens now." Staff were able to explain methods that were used to de-escalate a person's behaviours. This meant that staff were able to support people effectively when they were upset or distressed.

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I would go to Medway council or to [registered manager]." A relative told us, "I can always talk to the manager if I have any concerns." We saw that a complaints procedure was available for people who used the service and their relatives so that they knew the process to follow should they have wished to make a complaint. The registered manager told us that they had not received any complaints in the last year.

Good

Is the service well-led?

Our findings

People and their relative's felt that they were happy with the service they received. One person told us, "I am happy here." Another person explained that they liked living at Cosy Lodge. A relative said, "They treat him as I would if he lived at home." Relatives commented that they felt included and welcomed at Cosy Lodge. Staff we spoke with told us that they felt that the service was well led. One staff member said, "The service is well led." Another staff member told us, "How the staff feel about working in the home comes from the manager. It then reflects on the people who live there. It is a very well run home."

People and their relatives had opportunities to give feedback to the provider. We saw that people were asked for their feedback as part of their monthly meetings with their allocated worker and as part of residents meetings. We saw minutes from the last two residents meetings. These had been held six weekly. Topics discussed included activities that people wanted to do, ideas for the home environment, feedback on any reports or inspections, staff changes and congratulations or compliments. Actions had been set and were reviewed at each meeting. The notes were displayed on the noticeboard in the home so they were available for people who lived at Cosy Lodge to see. A survey had been sent out in January 2016 to people who used the service, relatives, advocates and professionals. Twelve surveys had been returned. The feedback was generally positive. The registered manager told us that results from this had been reviewed, displayed in the home and included in the annual report for the service.

People had been involved in developing the service. One person told us that they had painted their bedroom. A social care professional told us, "Staff supported [person's name] to redecorate his room. He chose the colour and was supported to paint some of the walls. He was encouraged to join in with laying the foundations and erecting his own shed in the garden." Staff told us that people were involved in choosing the colours to decorate the home. One staff member said, "We showed everyone the colours. They picked blue and white. It was up to them. It is their home." Records of residents meetings showed that people had been asked if they wanted things in the home. For example, people were asked if they wanted hanging baskets and to grow plants in these. We also saw that people were asked if they wanted to have events at the home and who they wanted to invite to these. The registered manager told us that people had been involved in fundraising to purchase a football goal for the garden and that they had then helped to put this up. In these ways people were involved in developing their own service.

People were very complimentary about the registered manager. One person said, "I like [registered manager]. He is nice to me." A relative commented, "[Registered manager] is excellent." Staff members told us that they felt supported by the registered manager and felt able to speak to them if they had any concerns or suggestions. One staff member told us, "[Registered manager] listens. He is one of the best managers I have had in care. He has an open door policy and is always coming up with ideas. You can talk to him." Another staff member said, "[Registered manager] is really good. He will listen." We saw that the registered manager was available to people and staff throughout the day and listened and responded to their questions and concerns. This showed effective leadership.

To ensure people knew what to expect from the service, they were given information about the standards

they had a right to expect and the service's charter. There was a statement about the aims of the service. We saw that the service respected people's rights, aimed to support people to achieve their chosen lifestyle and respected and supported people with their emotional requirements. Staff understood and were able to tell us about the aims. Throughout our visit we found that staff promoted these values in the way they provided support to people. For example, in the way they spoke with people and understood their needs

Staff told us that they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "The team meetings are very useful. We are asked for our opinion and if there is anything we have to say." Another staff member said, "We are given time at team meetings to put our ideas across." We saw minutes from the last three team meetings. Topics discussed included good practice, company announcements, policy changes, progression against the service development plan, safeguarding and training. We saw that actions were set and reviewed at the next meeting. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included reference to a whistleblowing procedure within the safeguarding procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One staff member told us, "I can report to the police or to CQC. We have a protocol I would follow."

There were systems in place to regularly monitor the quality and safety of the service being provided. The registered manager carried out checks each month. These included areas such as health and safety, care records, medicines and monies. We saw that any actions that were needed were recorded and reviewed. We found that audits were carried out on other areas of service delivery throughout the year. These included a monthly systems audit that looked at water temperatures, health appointments and outcomes for people who used the service and staff supervision. Records showed that a health and safety check was completed monthly which included inspections of the environment to identify any works that needed doing. Each quarter an inspection was completed by a senior manager. This audit looked at the whole service. Any areas for improvement were included in an action plan. The last inspection had been completed in June 2016. We found that there was also an annual evaluation of the service. This had been completed in April 2016. From this a summary of findings was recorded and a service development plan was put in place with actions to be reviewed throughout the year. This meant that the service had process in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

The registered manager was aware of their registration responsibilities with CQC. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.