

The Wilf Ward Family Trust

The Paceys

Inspection report

1 Wakefield Road,
Swillington,
Leeds,
West Yorkshire,
LS26 8DT
Tel: (0113) 286 3050

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection carried out on the 29 January 2015. At the last inspection in February 2014 we found the provider met the regulations we looked at.

The Paceys is part of The Wilf Ward Family Trust. It is a home providing a short breaks residential service with a holiday style atmosphere and can accommodate up to seven young adults with learning and/or physical disabilities. The home is in the centre of Swillington, close to local amenities.

At the time of this inspection there was a manager in post but they were not yet registered. Our records showed an

application to be registered had been submitted. 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.

The management team and staff were passionate, dedicated and committed about providing a high quality short break service where people could fulfil their dreams, try new things and have fun. There was a visible

Summary of findings

person centred approach and culture, it was clear the service was tailored to meet individual needs. People participated in a wide range of activities both in the service and in the community. People were able to choose where they spent their time in the service and were able to continue activities that were a usual part of their lifestyle. People told us they enjoyed their time at the service and were looking forward to the next one.

People's care and support was delivered safely with effective systems in place to manage risk while maximising independence. Staff could describe the procedures in place to safeguard people from abuse and harm. There was a strong commitment to safeguarding and preventing any abuse or neglect. Recruitment practices included people who used the service and were robust and thorough. Appropriate arrangements were in place to manage the medicines of people who used the service. People who used the service and their family or carer said they felt they or their family member were safe and well looked after during their stays.

People were supported by well trained, compassionate staff who treated them with dignity and respect. We saw staff received the training and support required to meet people's needs. People's needs were assessed and care and support was planned and delivered in line with their individual support plans which described their needs and wishes well.

People's dietary needs were well catered for, with plenty of choice available. People spoke highly of the variety of foods available and we saw menus were planned to ensure people's preferences were met.

People were cared for by sufficient numbers of staff. The staffing arrangements were flexible to adapt to the individual needs of people who used the service. Health, care and support needs were assessed and met by contact with health professionals who were seen as part of the team in place to deliver consistent care when people used the short break service.

Staff were trained in the principles of the Mental Capacity Act (2005), and Deprivation of Liberty Safeguards. They could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity decisions had to be in their best interests.

Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from suggestions made and made improvements to the service. There were effective systems in place to monitor and improve the quality of the service provided and a commitment from the management team to constantly drive improvements forward.

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.

There were effective systems in place to keep people safe. People were happy, engaged and comfortable with staff and other people who used the service.

We saw robust safeguarding procedures, with a clear emphasis on prevention of abuse or neglect, were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service without restricting their activities.

There were enough staff who knew people well and had the skills and time to safely meet the needs of people who used the service. Recruitment practices were safe and thorough.

There were good systems in place to make sure people refused their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully. Staff and the manager showed a good understanding of the Mental Capacity Act 2005. They were trained to assist people who did not have the mental capacity to make their own decisions and to ensure best interest decisions were made, while protecting people's legal rights.

People were supported by staff who received comprehensive training and regular supervision meetings which helped them develop and carry out their role fully.

Health, care and support needs were assessed and met by regular contact with health professionals to ensure a co-ordinated approach to meeting people's health needs consistently during their stays at the service.

People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people who used the service, while making sure people's preferences and cultural needs were catered for.

Good



Is the service caring?

The service was caring.

There was a strong person centred culture within the service. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People had detailed, individualised support plans in place which described all aspects of their support needs and aspirations.

Staff and people who used the service had an excellent rapport and had developed good relationships.

Good



Summary of findings

The manager and staff were highly motivated to provide a positive, caring service. They spoke of how much they enjoyed their work and were passionate about the service provision.

Is the service responsive?

The service was responsive to people needs.

People's needs were assessed before they began to use the service and whenever any changes to needs were identified. We saw people's support plans had been updated regularly to reflect any changes.

People's care and support was based on their individual needs, wishes and aspirations. We saw staff responded promptly and appropriately to people's needs or requests.

People led full and interesting lives when staying at the service. There was a wide variety and choice of activity on offer. This was based on people's preferences and wishes. Staff worked very hard to ensure people's wishes were fulfilled.

Any concerns raised about the service were seen positively and used to improve and build upon the service provided.

Outstanding



Is the service well-led?

The service was well led.

There were effective systems in place to assess and monitor the quality and safety of the service. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity to learn from this and continually make improvements to the service.

People who used the service, their relatives and staff spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

The management team took great pride in the service and its ethos of providing a quality short break service. This goal was shared by the staff team.

Good



The Paceys

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 29 January 2015 and was unannounced.

At the time of our inspection there were six people staying at the service. During our visit we spoke and spent time with all six people, spoke with six members of staff which included the manager and regional manager. We spent

some time looking at documents and records that related to people's care and the management of the service. We looked in detail at two people's support plans. After the inspection we also spoke by telephone with three people's relatives and an adult social care professional.

As this was a small service, the inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People who used the service said they felt safe and well looked after. One person said, “It’s gorgeous here, the staff are beautiful and take good care of us.” A relative of a person who used the service said they were confident their family member was safe and well looked after. They said, “I know she’s safe, she’s always pleased when she gets there, lots of smiles and never distressed.” Another relative said, “I leave her there with absolute confidence.” A social care professional told us the service had an excellent reputation on safety.

There were effective procedures in place to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff spoke with a high degree of confidence regarding their roles and responsibilities in the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed. Staff had received training in the safeguarding of vulnerable adults and the records confirmed this. One of the staff had undertaken further training to enable them to train others in safeguarding and to provide advice and support for staff and people who used the service to make sure all were aware of current best practice.

Staff spoke of the safeguarding approach introduced by the provider which was based on prevention of abuse. Staff and the manager spoke of the importance of keeping an awareness of good, safe practice and challenging any poor practice. They said they did this by being well trained and supported. One staff member said, “Making sure staff feel valued and supported can prevent abuse or poor practice” and “It’s important to always remain vigilant.” Another staff member told us they sat on the provider’s safeguarding board which enabled them to share good practice within the organisation. They said, “Safeguarding is taken very seriously in Wilf Ward.”

Staff told us of a safeguarding event that was held in the last year. This event involved people who used the service, their families or carers and staff. The safeguarding policy

and procedures were reviewed to check people’s understanding and give people an opportunity to comment on these. We were told that through interactive games the group identified their expectations of what good support looked like and from this ‘house rules’ were developed. We saw the ‘house rules’ were displayed in the service and included statements such as ‘don’t make promises that can’t be kept’, ‘staff not to be on their mobile phones at work’ and ‘never gossip about people’. A relative told us they had been invited to the safeguarding event but had not been able to make it. They said they received information to keep them up to date after the event.

Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge others. Records we looked at showed there had not been any reportable incidences of behaviours that challenged in the service for over two years.

Risks to people who used the service were appropriately assessed, managed and reviewed. Prior to any stay at the service, support needs and any risks were reviewed by telephone with the person who used the service or their relative or carer. For example, any risks associated with medication or moving and handling. In addition to this, there was written information from families or carers each time a person stayed at the service to identify any new risks such as those associated with eating drinking. We looked at two support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments were linked to support plans and activity involved in care delivery, such as moving and handling. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. The service was spacious with plenty of room for any specialist equipment needed to ensure the safety of people who used the service. This included mobile and tracking hoists for moving and handling and a specially adapted bath. We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required.

Staffing levels in the service were flexible and maintained to meet the needs of people who used the service. Our observations showed that staff were well directed and organised. They worked well together as a team to provide

Is the service safe?

the support needed. People were attended to promptly when they required assistance and were supervised as needed. All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. They said that rotas were worked out flexibly to make sure staff were available when people needed them. For example, there were more staff on duty to support people with social activities and outings. One staff member said they had worked a shift to accommodate going 'clubbing' with a person who used the service. Another staff member said they introduced a 'sleep-in' shift for one person who used the service when they had high support needs regarding their medical condition.

One of the people staying at the service said there was always enough staff to meet their needs. They spoke of ringing their buzzer when they needed staff at night and said they always responded quickly. Relatives said there was always plenty of staff when they visited. They said they felt staff always had time for people. A social care professional said the service worked flexibly and innovatively with their staffing arrangements to make sure they met people's needs well.

There were effective recruitment and selection processes in place, which included people who used the service on the interview panel. Appropriate checks were undertaken before staff began work, this included records of Disclosure

and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Medicines were stored securely and there were adequate stocks of each person's medicines available. The medicines were kept safely and were in a locked cabinet in each person's room, enabling an individual, person centred approach to medication administration.

Medicines were given to people appropriately. We observed one person being given their medication and this was done in a considerate, encouraging way. People who used the service had support plans in place regarding their medication and specific instructions for administration. We saw one person had a medication to be given as and when necessary. The instructions for this medication were not however, detailed to give enough guidance for its administration. The manager made immediate arrangements to update the medication administration record and support plan with more specific instruction to ensure that in the event of the need for this medication there were specific, guidelines in place.

Staff were trained in medication administration and their competency was regularly checked. We saw documentary evidence of the competency checks and training. Staff said people received their medication on time and when they needed it. They told us they completed a daily medication audit that checked stock levels and made sure no errors had been made. We saw the records of these checks.

Is the service effective?

Our findings

We saw the care and support of people who used the service was managed by staff who were enthusiastic, dedicated and friendly. Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. For example, people were asked if they wanted to go out or engage in activity in the home. One person said they did not want what was on the menu for their tea so staff made alternative arrangements for a takeaway meal, which others then asked if they could have. This led to a fish and chip tea for all the people who used the service and was an enjoyable social occasion. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. The care provider had commenced a mapping exercise to review anyone potentially at risk of being deprived of their liberty. We saw records of this reviewing process and were told they were currently in contact with the local DoLS team to ensure appropriate assessment took place if needed.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity such as using picture cards to help people understand better. They spoke about assessing capacity in relation to particular decisions. They said people were supported to make decisions and where people did not have the capacity, decisions had to be in their best interests. Support plans gave good information on how people who used the service indicated their choices and preferences such as being tired, hungry or thirsty. Throughout the inspection we saw staff used a variety of communication methods to assist in their communication with people who used this service; this included sign language.

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They

said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Training records showed staff received MCA and DoLS training. Staff said they had received training which helped them understand how to provide good care which included key areas such as choice, respect, dignity and human rights.

People who used the service and their family or carer were involved in the assessment and care planning process. People's needs were re-assessed prior to every visit to the service to see if there were any changes. This was done through a pre-visit telephone call and written information provided by the family or carer. Records showed that arrangements were in place that made sure people's health needs were met. This included the involvement of health professionals such as community nurses and physiotherapists in the assessment process and on-going development of support plans. It was clear there were good arrangements in place to ensure a co-ordinated approach to meeting people's health needs during their stay at the service.

Staff told us people could access the local GP practice as a visiting patient during their visit to the service. However, they said that if people needed to see a GP they would try to get the person who used the service to their own GP as this was the professional who would know their needs better and who the person who used the service would feel most comfortable with. We saw evidence of contact with a person's GP during our visit. Staff were trained and confident to deal with emergencies. They spoke of the use of 111 service for advice but said they would have no hesitation in calling the emergency services if needed.

People had support plans in relation to their preferred food and drink, and details of any dietary requirements were included. Dietary needs and preferences were reviewed at each visit to the service in case there had been any changes such as the introduction of thickener to drinks or a new favourite food. People who used the service had access to food and drink throughout the day and were given the support they needed. Staff made sure that one person who was nutritionally at risk was encouraged and supported to eat well during their stay at the service. This included keeping meal times to the same time as the person was

Is the service effective?

used to at home or making sure favourite foods were always available. We saw a food and drink monitoring diary had been put in place for one person who used the service, in response to their appetite being reduced.

We observed two meal times during our visit. Staff sat with people who used the service, gave discreet support and made sure the dining experience was positive. There was plenty of cheerful conversation and people who used the service who did not use verbal communication were laughing, smiling and engaged with the staff during this time. One person who used the service told us they liked the food but if they didn't staff always made them something else. They said they liked having tea and toast in bed at night and staff made sure they got this.

Staff told us the menus were put together from the information received in the pre-visit call. People were asked what sort of things they would like during their stay and a menu developed based on these choices. One person who used the service told us this happened and they always had some of their favourite foods through the week's stay. We looked at the menus and saw there was a good variety of options available for people.

There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. The training record showed most staff were up to date with their

required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. Training included, autism, safeguarding vulnerable adults, complex needs and behaviours, first aid, moving and handling and health and safety.

In addition to this, visiting health professionals came to deliver specialist training which included percutaneous endoscopic gastrostomy (PEG) feeding and training to use an 'Epipen' in the event of severe allergic reaction. Staff said any training needs identified, based on the needs of people who used the service were always addressed, for example, an occupational therapist coming in to demonstrate a postural sleep system or communication aid. Staff were also able to further develop their skills and knowledge by undertaking the diploma in health and social care, learning disability pathway. One staff member described the training as "Brilliant."

Staff confirmed they received supervision and development meetings where they could discuss any issues on a one to one basis with their line manager. They said they found this useful as they received feedback on how they were progressing in their role. One staff member described the system of mentoring within the organisation. They said the Chief Executive of the organisation had been their mentor and they had found this very supportive and encouraging in their role.

Is the service caring?

Our findings

People who used the service told us they enjoyed their stays. Comments included: “It’s gorgeous”, “I like staying up late”, “The staff are all nice” and “I like being able to help out.” Others nodded, smiled and laughed when we asked them if they enjoyed coming to the service. A relative said staff were, “Lovely, very kind and caring and very nice people.” The relative clearly knew a number of staff by name and was aware of their family member’s key worker. Another relative said, “We like them all, they are great.”

We saw evidence that the provider regularly asked for feedback on the care provided. There was a questionnaire to complete after each visit and an annual satisfaction survey. At the last survey completed in January 2014 the vast majority of people rated the service as excellent or good. Comments on the survey included; ‘I enjoy being asked to make decisions about the PACEYS’, ‘Staff are always willing to listen’ and ‘The service we receive has always been excellent.’

Staff were encouraging and supportive in their communication with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People appeared relaxed and comfortable in the presence of staff. The atmosphere in the service was positive, vibrant and cheerful. We observed staff had time to attend to people’s needs and generally spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff.

Our observations showed that people who used the service had an excellent rapport with staff. It was clear that staff knew the individual needs of people who used the service. Staff supported people with kindness and gave every thought to people’s dignity. People were answered fully whenever they raised a query and responded to well whenever they requested any support. We saw staff were aware if anyone was showing signs of anxiety and made efforts to comfort the person or find ways to help them relax. One person who used the service was supported by staff to continue an activity they did at home with their family as they knew this helped them to be more settled. Staff had made sure this person had all the necessary equipment to enable them to do this.

Staff we spoke with said people received good care. They described it as person centred and individualised. One staff member said, “Everything we do is person centred, it’s all about the individual and what they want or need.” Staff gave good examples of how they protected people’s privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful, dignified and age appropriate manner. All the staff we spoke with said how much they enjoyed their work. One said, “I love my job, everyone works so hard to make it good for the guests.” (People who used the service were known as guests). Another said, “This is the best job I have ever had, love coming to work and being with the guests.” All the staff said they would be happy for their relative or loved one to be cared for at the service.

There was a high emphasis on dignity and respect in the service. Staff were asked to consider the ‘10 Point Dignity Challenge’ at the end of every shift they worked. Staff were familiar with this and we saw the challenge was on display in various parts of the service. The challenge asked staff to consider how they had treated people and what sort of service they had offered. This included listening to people, encouraging independence and offering a personalised service. Staff said this really made them consider how they worked with people and make sure their practice was the best it could be. A social care professional said the staff provided a great, caring service. They said, “I rate them very highly, it is really obvious how they put customers first.”

We saw people were able to express their views and were involved in making decisions about their day to day care and support. They were able to say how they wanted to spend their time and what support they needed. Bedrooms in the service were themed to help people settle and enjoy their stay. People could choose a themed room prior to their stay and this would be arranged for them. Each room could be made into any of the themes available. Themes included; Hollywood, Space, Rock UK and a recently introduced theme for the popular music band One Direction. One person using the service said they usually had the Hollywood theme but had changed to One Direction at this visit. There was a sensory room available which was furnished with equipment designed to promote relaxation. There was also a games/chill out room where people could listen to music, play computer games have parties or just spend some time alone if they wished.

Is the service caring?

We looked in detail at support plans for two people who used the service. There was documented evidence in the support plans that the person and/or their relative or carer had contributed to the development of their support and care needs. All relatives we spoke with confirmed they were involved in developing and updating their family member's support plan. They said there were 'great' communication systems in place to make sure changes were not overlooked. Staff said they were given plenty of time to get

to know people gradually and build up a relationship with them. They said they found the support plans had good information in and this helped them when getting to know people's needs and preferences. We saw each person who used the service had a 'one page profile' which gave an overview of people's needs, interests and personalities. Staff had also engaged in this and developed their profiles. We saw these were on display to help people who used the service get to know staff better.



Is the service responsive?

Our findings

People who used the service were involved in a wide range of activities. Some people chose to continue with their regular day time services such as day centres and outreach services during their stay. Staff made sure that all the appropriate transport arrangements were in place to facilitate this. Others chose to use their stays as an opportunity to experience different activities and leisure pursuits. A relative spoke of the importance of routine for their family member. They said the staff worked hard to achieve this when their family member stayed at the service. They said, "They know [Name of person] well and what works best." Another relative told us staff were very skilled in encouraging and motivating their family member to try new things. They said, "She does all sorts when she is there, things we never imagined she would do."

Choices for activities were made at pre-visit calls and then a plan of activity was developed from this. People were supported in promoting their independence and community involvement through the activities made available. On the day of our visit, one person who used the service chose to have a baking day. They made cakes and then a flan for their own lunch. We observed part of the activity and saw how the person was encouraged with their independence skills. Other activities people were involved in included: ice skating, snooker, shopping, go-karting, theatre trips, night clubs and pubs and museum visits. We saw lots of photographs in the service showing people's involvement in these activities. On the evening of our visit, people were involved in arts and crafts which included card making. People were supported in this activity to do as much for themselves as they could by patient staff who were responsive to their level of ability. It was an inclusive session that progressed at each individual's own pace. People clearly enjoyed the activity and were pleased with what they produced.

A social care professional we spoke with said the service had a clear emphasis on people having a good time during their stay. They said, "It is seen as a holiday break and staff go out of their way to make it a pleasurable experience." They also said, "It's a service where they go the extra mile."

People who used the service and staff spoke with us about the 'wishing tree' project within the service. People were asked at their pre-visit call or at any time during their stays to identify wishes they would like to fulfil. One person told

us they had recently fulfilled their wish and had been to a live recording of a day time television show. Staff said they had been applying for tickets for a number of months for this. The person who used the service was not staying at the home at the time of the show but staff made themselves available to take them. The person told us, "It was a dream come true." A relative spoke positively about the wishing tree and how staff 'made things happen'. They said, "I think it is marvellous, my daughter likes making the wishes and they are always done."

We looked at the wishing tree which was on display in the entrance of the home. A wide range of wishes had been fulfilled and there were photographs of how this had taken place. Wishes and dreams included; live dancing shows, to hold a reptile, to attend a live rugby match and to meet and spend time with the refuse collectors or have a 'lads' night out. Other people's wishes were simply to have a bath during their stay as they did not have an adapted bath at home. Staff said they always tried to make sure people's wishes were fulfilled as best and realistically as they could. They gave good examples of how they suggested alternatives to activities they could not arrange. For example, a person who used the service had expressed a wish to be on a television show so the staff had arranged for them to visit the touring show to watch the dancing display. Another example was that a person wanted to go to Disney land and the staff had been able to arrange a visit to a Disney on ice show. This showed an innovative, creative approach to meeting people's needs. Staff said they would never 'rule out' people's wishes but they had to be mindful of what people could afford and be involved in.

Prior to using the service, people's needs were fully assessed to ensure the service could meet them. Staff met people in their own homes or other placements to begin to get to know them. Following assessment, support plans were developed. These were very person centred and showed the involvement of people who used the service their family or carer and other health and social care professionals. The support plans were detailed and gave a very good account of the person as an individual, their preferences and routines. Support plans were kept under review and updated if needed at every visit.

We looked in detail at the support plans for two people. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as



Is the service responsive?

they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people through the use of signs, objects of reference and clarification through repeating back what a person said to reassure them and reduce anxiety.

People told us they knew what to do and who to speak to if they were unhappy. One person said they would talk to any of the staff and felt comfortable to do so. Staff had a good awareness and understanding of how people may indicate they were unhappy, especially if they did not use verbal communication. They described the need to be observant and watch people's changes in body language or facial expression. We saw they were particularly skilled at this and intervened to support people before their anxiety became heightened.

The complaints procedure was available in different formats, including pictures and symbols. There had not been any complaints made to the service for some time. The manager and staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints. Staff said they would record all complaints and report them to the manager or

senior person on duty. The manager said if they had any complaints they would look at what they could learn from it and make the necessary changes. Staff said they received feedback on any concerns or complaints to ensure they reduced the risk of any re-occurrence and lessons were learned. We saw concerns raised had been discussed with staff at meetings. This included feedback on laundry standards and clothing items being lost during stays.

A relative told us they had raised concerns about items of clothes going missing. They said they always felt listened to and were confident action was taken. They said they felt comfortable to keep raising the matter and never felt 'fobbed' off. They were aware of changes that had been made at the service to try and improve on this matter. They said they had received a telephone call from the manager to say what action had been taken. They said they were pleased with this personal approach.

We were told about 'Guest Council' meetings. Staff said these took place with people who used the service, families and carers to discuss how money raised through fund raising would be spent to enhance the service. They said the games room had been developed through discussion at these meetings. One staff member said, "It's not for us to decide how the money is spent, people who use the facilities need to have the say."

Is the service well-led?

Our findings

At the time of our inspection there was a manager in post at the service (who had previously been the assistant manager) and they had applied to register with the Care Quality Commission. The manager, supported by assistant managers worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people staying at the service and were clearly known to them. Staff spoke highly about the management team and said they were happy working at the home.

One person who used the service told us their visits were always well organised for them and their transport was arranged. They said, “[Name of manager] is lovely.” They told us that the manager tried to arrange their visits to co-incide with those of their friend who also used the service. We saw the manager worked hard to accommodate people’s chosen dates for stays and had systems in place to arrange emergency stays if needed. A relative we spoke with praised the management team for their organisation and communication. They said everything was always ready for their family member’s stay and things always went well such as getting the themed room choice or communicating with health and social care professionals.

A social care professional we spoke with said the service was managed well and responded well to requests for the service, changes and emergencies if they occurred. They said there were good communication systems and the management team led by their good example. They also said they worked well with other agencies to ensure support was delivered in a consistent way. They described a ‘can do’ attitude and said the management team supported the staff to find ways of working well with people who used the service.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the manager was aware of issues in the home. Staff described the manager as approachable and always having time for them. They said the manager was a good role model, was well organised with great leadership skills. They also said they received good support from the regional manager who was a frequent visitor to the service and led by example; always demonstrating positive practice and encouraging new ideas.

Staff said they were aware of the policies and procedures in place about raising concerns. They said they felt comfortable to raise concerns and were aware of the whistle blowing procedures they could use. Staff described the culture in the home as ‘friendly’, ‘open’ and ‘good team work’. They said they were encouraged to put forward their opinions and felt valued as team members. Staff were very positive about their role and spoke of a high degree of job satisfaction.

People who used the service and their family or carer were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in January 2014 and these showed a high degree of satisfaction with the service. The results of the survey had been shared with people, they had been thanked for their input and given assurances that the provider had listened to any suggestions made. Suggestions made included improvements to laundry arrangements. We saw a new system had been introduced in response to this to reduce the risk of items of clothing going missing during people’s stay at the service. A relative told us that the manager frequently asked if there was anything they could do to improve the service.

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. The manager confirmed there were no identifiable trends or patterns in the last 12 months. Fire safety records were well maintained.

The manager told us that they had a system of a continuous audit in place. These included audits on support plans, medication, health and safety, and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. We also saw that these audits were discussed and reviewed at senior leadership meetings to make sure any learning was shared across the organisation.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home and review practice issues. We saw staff meeting minutes also showed quality and safety were regularly

Is the service well-led?

discussed. Minutes we looked at included discussion of a medication error which was used as an opportunity to change practice, activity planning, menu planning and feedback on documentation standards.

There were several awards displayed in the entrance hall of the service. Some of these were nationally awarded by external bodies and organisations. The manager said these

were awards won by the staff and management team for their standards of care and support provided for people who used the service. The awards included an award of excellence for the management team, an activity organiser award and a team of the year award. This showed the management team and staff worked hard to promote good practice in care and support.