Ashcroft House Limited

Ashcroft House - Bexhill-on-Sea

Inspection report

11 Elmstead Road
Bexhill-on-Sea
East Sussex
TN40 2HP

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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

Ashcroft House is a service registered to provide accommodation and personal care for a maximum of seven people. The service provides care and support for people with a learning disability or physical disability.

The service was last inspected on 15 January 2014. At that time we found the service was meeting the requirements of the regulations we inspected.

This inspection took place on 2 and 3 November 2016. There were 5 people using the service at the time of this inspection. There had been no admissions to the service since the last inspection.

There was a manager at the service who was registered with CQC. 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 said they felt safe living at Ashcroft House. People were relaxed and happy and they freely approached staff in conversation and interactions with them were positive. People said they enjoyed life at the service. One person said, "It is absolutely lovely here. I like the staff…I feel happy and safe here." A health professional said they felt the service was safe and staff had a good understanding of the person's needs.

People were protected from potential abuse because staff had a good knowledge of how to keep people safe from harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions. People's medicines were managed safely. There were enough staff to meet people's needs and ensure they enjoyed a range of activities. Staff had been employed following appropriate recruitment and selection processes.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices.

Staff understood the needs of the people they were supporting. Care plans were comprehensive although they contained some duplicated information, some of which had not been up-dated. There were systems in place to share information about people's changing needs.

People were supported to participate in a range of meaningful activities both in and outside of the service, according to their interests and choice. A complaints policy was in place and people knew how to raise any worries or concerns they may have.

The registered manager had created an open and inclusive ethos with people and staff feeling valued. People had regular opportunities to voice their feedback and become involved in the development of the service.

A quality assurance system was in place that consisted of audits and checks. When shortfalls were identified action was taken to address some issues although timescales for other actions were not always clear. For example, aspects of the environment needed attention to ensure the service was homely and maintained to a high standard.

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.

The registered provider had systems in place to manage risks. Policies and procedures were in place to guide staff about how to safeguard people from abuse and staff received training to support good practice.

People's medicines were stored securely and senior staff had been trained to administer and handle medicines safely.

Staff were recruited safely and there were sufficient numbers of staff available at all times to meet people's needs.

Is the service effective?

Good

The service was effective.

Improvements were planned to aspects of the environment to ensure the service was homely and maintained to a high standard.

People were supported to make their own choices and decisions. When people lacked capacity, the registered manager acted within the principles of mental capacity legislation.

Staff had access to training, supervision and support which enabled them to support people who used the service.

People's health care needs were met and they had access to a range of community health care professionals.

People liked the meals provided and menus were created based on people's individual preferences. Where necessary people's nutritional intake was monitored and specialist advice had been sought when necessary.

Is the service caring?

Good

The service was caring.

The staff approach was kind, patient and caring towards people

and positive relationships had been developed with the people they supported. People's privacy and dignity was respected.

People were supported by staff that had a good understanding of their individual needs and preferences.

People were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

People's needs had been assessed and personalised care plans were in place which provided staff with information about how to care for people in ways they preferred. The registered manager was in the process of reviewing care plans to ensure they were effective.

People were supported to participate in a range of activities, hobbies and interests.

The provider had a complaints procedure in place and there was an easy read format about how to raise concerns or complaints. This made the information more accessible to people using the service.

Is the service well-led?

Good

The service was well led.

People said the registered manager was open and approachable. People using the service told us how much they liked the manager.

There were opportunities for people and their relatives to express their views about the care and quality of the service provided.

There were quality assurance and audit processes in place. Where shortfalls were identified action was taken to address some issues although timescales for other actions were not always clear.

Ashcroft House - Bexhill-on-Sea

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 was undertaken on 2 November 2016 and the morning of 3 November 2016. The inspection was announced twenty four hours in advance as it is a small service and we needed to ensure the registered manager was available to assist with the inspection.

The inspection team consisted of one inspector on the first day of the inspection and two inspectors on the second day.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR.

During the inspection we looked around the service and met with all of the people there at the time. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with three people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager and four members of staff. Following the inspection we requested feedback from three health and social care professionals. We received feedback from one.

We reviewed the care records of two people who were using the service at the time of the inspection and a range of other documents. For example medicine records, two staff recruitment files; staff training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who were able said they felt safe living at Ashcroft House. One person said, "I feel much safer here than at my last home. No harm comes to me here. No-one bullies me…I feel happy and safe." Another person said, "I like it here. Everyone is nice to me." We saw people who were unable to fully tell us about their experiences, were relaxed and happy with staff. A health professional said they found the service to be safe, they added, "Staff understand (person's) needs. They do very well with (person)…" They said they had no concerns about the service.

People were protected from the risk of abuse because staff knew about the different types of abuse, how to recognise the signs and how to report any concerns. Staff had received training in order for them to understand the issues. Staff were confident action would be taken by the registered manager should they report concerns to them. They were also aware of who to contact outside of the service should they have any concerns about people's safety or well-being. One said, "I have seen no issues that would be safeguarding about staff practice in the four years I have been here." Safeguarding and whistle blowing procedures were in place. Whistle blowing is a way in which staff can report misconduct or concerns within their workplace. Staff were able to refer to these procedures if they needed more information.

The registered manager was aware of their responsibility to report any safeguarding concerns. There had been one safeguarding concern raised by the registered manager in the past 12 months. This was in relation to an incident between people using the service. They had alerted the local authority and CQC about the concerns, so these could be investigated and addressed.

The registered manager and staff confirmed that restraint was not used within the service. The majority of staff had attended conflict management training to help build their confidence and competence in how to prevent and safely manage challenging situations. Staff were very familiar with people's characters and triggers which may result in behaviour which could be challenging. Records showed there had been four incidents in a 10 month period and no injuries as a result of these incidents. The registered manager and staff had reviewed the incidents in order to understand how they occurred and what other actions could be implemented to reduce them.

There were arrangements in place to ensure risks were identified and minimised. Care records contained risk assessments that were individual to each person's specific needs. For example, two people were at risk of developing skin damage due to their immobility. All staff were aware of this risk and there were clear instructions in place describing the action needed to reduce it. For instance, staff checked people's skin daily and applied prescribed barrier creams. People also had special beds and pressure relieving mattresses in place to reduce the risk of skin damage. At the time of the inspection no pressure damage had been sustained by either person.

Where people's behaviour presented risks to them or others, these had been fully considered and strategies were in place to manage risks effectively. For example, one person had a set routine when they returned from day care, which helped to lower their anxiety and restlessness. This included having a bath as soon as

they arrived home. We saw staff planning for the person's return and immediately assisting them with their bath, which had a very positive impact on their anxiety and restlessness. After their bath they were calm and sociable and enjoyed their evening meal. Where people presented a risk of choking due to swallowing problems, a referral had been made to the speech and language therapist. Speech and language therapists worked with people with speech, language and communication problems, and with those with swallowing, drinking or eating difficulties. Their recommendations had been incorporated into people's care records and we saw staff followed the advice given to keep people safe. The registered manager said there had been no incidents of choking at the service.

Where accidents or incidents had occurred, these were recorded and reviewed by the registered manager to help them identify any patterns or trends. There had been no serious injuries as a result of accidents or incidents. Action had been taken as a result of incidents. For example, the transport arrangements for one person had been reviewed and adjusted in order to keep them and others safe.

The service had plans and procedures in place to safely deal with emergencies. Staff had received fire safety and first aid training to ensure they were equipped to deal with these types of emergencies. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building.

People were supported to receive their medicines safely and on time. Medicines were administered by staff who had received training in medicine management and had their competency assessed and regularly monitored. The home used a monthly monitored dosage system for each person which was kept in their bedroom in a locked cupboard. Each person had a medicine file which contained medicine administration records (MARs). They also contained detailed information about the medicines prescribed for each person and procedures and risk assessments. These included a detailed assessment of the level of support each person required and how staff needed to support the person. The system used ensured there was an ongoing auditing system to monitor medicine quantities balanced with medicines given.

MAR sheets were accurately completed and showed people always received their prescribed medicines. Where, as required medicines (known as PRN) were used, the reason for their use and the effect was recorded to guide staff to administer them appropriately. Medicines were stored at the recommended temperatures with daily temperature monitoring of each person's medicine cabinet. Prescribed topical creams were safely administered using body maps to guide staff. Creams with a limited life once opened had been dated to ensure they were used effectively.

There were enough staff to meet people's needs and provide personalised care, and support with people's preferred activities. Two people were able to confirm that staff were always available to assist them when needed. One said, "I have a lot of respect for the staff…yes, they are always around if I need them…" Staff also said there was enough staff on duty to meet people's needs and support them with their activities. During the inspection there were two staff plus the registered manager on duty; this increased to three care staff and the registered manager late in the afternoon as people arrived home from their day services. At night there was one waking member of staff on duty with on call support available. The registered manager confirmed this was the preferred staffing levels and the staff rota for October 2016 confirmed these levels were maintained. Staff responded to people requests in a timely way and they took time to support people with activities, for example reading or a trip to the shops. Staff were present when people spent time in the communal areas and people who were spending time in their rooms were checked regularly.

Effective staff recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference

checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
The provider and registered manager had ensured people were cared for in a safe environment. Records showed gas, and electrical equipment was regularly tested and serviced. Regular checks of the fire alarm and fire safety equipment were also undertaken. A fire risk assessment was in place which showed there was a good provision of fire safety equipment. Potential hazards had been addressed. For example, windows on the first floor had been restricted to reduce the risk of people falling. A sample of the hot water temperature showed it was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Radiator covers were fitted to reduce the risk of burns to people. The service had achieved a food hygiene rating 4 in September 2016; improvements recommended related to record keeping only. This was an improvement on the last rating of 3 which was given during a food hygiene inspection in 2014.

Good

Is the service effective?

Our findings

People, who were able, said staff had the skills and experience needed to support them properly. One person said, "They seem to have all the training. They know their stuff. I have no concerns on that account…" A health professional said staff appeared to be well trained and competent. They added, "Staff are well informed…"

The registered manager ensured people were supported by staff who had the training, skills and knowledge to meet their needs. All new staff completed induction; this was tailored to the needs and experiences of the member of staff. The registered manager explained, staff new to care would complete the Care Certificate, a nationally recognised induction training for care staff. New and experienced staff completed an 'in-house' induction, which consisted of shadowing staff and getting to know people; reviewing policies and care plans and completing core training, such as health and safety training. Two staff told us about the support they had received when they started working at the service. They said the registered manager and staff had been welcoming and helpful. One added, "It took me three days just to read the care plans…I had really good support from (the registered manager) and the staff…"

As part of staff recruitment, potential employees were asked to complete a 'one page profile', similar to that completed for people using the service. This told the registered manager about their strengths and weaknesses as well as the type of support they may need at work, which helped the registered manager to plan an effective and supportive induction. One member of staff told us about the help and support they were receiving with numeracy. They said, "Our manager is very good…"

Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Various training methods were used, for example on-line training and face to face. Training topics included, health and safety, for example, fire safety; food hygiene, first aid, safeguarding and moving and handling. Topics relating to the care and support of people included communication; conflict management; epilepsy; nutrition and valuing people. The PIR showed 73% of staff had obtained a nationally recognised care qualification.

The registered manager recognised the importance of staff receiving regular support and feedback to carry out their roles safely. Staff received on-going supervision. The records of these meetings were detailed and showed staff received information, praise and thanks, but also information about areas for improvement. This showed staff were supervised and supported to carry out their roles and responsibilities effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

We observed staff gaining people's consent before care and support was provided. For example, they

consulted with people about their personal care needs; offered choices about what people ate and how they spent their day. One person said, "There are no restrictions on me. I can go out when I like." People's ability to make decisions and the support they required with decision making was recorded in their care records. For one person staff were instructed to "Offer me choices and allow me time to make a decision for myself." Where people required communication aids to help them with decision making these were in place. For example photos and pictures to prompt them.

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).

An authorisation had been granted to restrict the liberty of one person in order to keep them safe. The registered manager had assessed three other people as requiring a DoLS authorisation and had submitted applications and was waiting for a response from the local authority. We saw a letter from the local authority acknowledging the applications and explaining that delays in authorisation had been caused by the volume of applications following the Supreme Court ruling in March 2014.

The registered manager and staff were able to explain the MCA and DoLS process to us and they had received training to ensure they understood the implications for people.

People were supported to see appropriate health care professionals when they needed, in order to meet their healthcare needs. There was evidence of health care professional's involvement in people's individual care records on an on-going and timely basis. For example, GPs, speech and language therapists (SALT); physiotherapists, psychiatrist, optician and dentists. Records showed how staff recognised changes in people's needs and ensured health care professionals were involved. For example, referrals were made to the SALT when one person experienced swallowing problems. A GP said referrals to them were timely and appropriate and staff implemented their recommendations. They added, "Staff try to support healthy choices for (person). Staff are well informed about people's needs and any changes." They said staff accompanied people to the surgery for their appointments. Staff were knowledgeable about the people they supported. They were aware of their health and support needs, which enabled them to provide personalised care.

People said they enjoyed the food at the service. Weekly menus were planned with them and reflected their dietary needs and preferences. One person said one of their "jobs" was to help with the weekly shopping. They added, "I am very happy with the meals. (Staff member) is a very good cook and we get what we like. We are always asked what we want eat. There are choices." Another person said, "The food is gorgeous here. I like the Spanish omelette and roast on Sunday and cooked breakfast." On the first day of the inspection staff made fresh cheesy scones for people to have when they arrived home from day care. People enjoyed this snack. One person said, "They were delicious!" The evening meal was a cottage pie and vegetables chosen by the people living at Ashcroft House. The staff ate with people in the dining room and it was a convivial mealtime with lots of chatting about the day. People were assisted or prompted with their meal by staff where needed in a respectful way. People had the adapted cutlery they needed to manage their meals as independently as possible.

As a result of guidance given by a speech and language therapists, one person was recommended a specific 'fork mashable' diet to reduce their risk of choking. This information was included in their care records and in information kept in the kitchen. All staff were aware of the diet recommended and we saw this was adhered to. One person was at risk nutritionally and supplements had been prescribed by their GP, which were used as directed. The person's dietary intake was monitored and we saw they were offered food and

drink throughout the day. This person's health was regularly reviewed by the GP. However, the service was unable to monitor the weight of two people as they were unable to use standing scales due to their mobility needs. The service did not use the body mass index (BMI) to help monitor any weight loss and we expressed our concern to the registered manager. Shortly after the inspection the registered manager wrote to us to confirm that arrangements had been made with another local service for people to be weighed in November and then monthly, with their consent. New support plans and risk assessments were submitted to us, which clearly detailed the action to be taken should any concerns be observed about people's weight loss.

Ashcroft House was a converted family home in a residential area. Parts of the environment were in need of attention as they were not well maintained or homely. The front entrance to the service from the street did not make a good first impression as the area looked tatty and overgrown, with peeling paint. Two bedroom carpets were worn and badly stained. The registered manager had identified a number of improvements required within the environment and shared these with the provider in October 2016. We saw that the majority of the works had been completed but there were still areas which required some significant work. For example, some window frames were showing signs of damage and were swollen and splitting. The flooring in the laundry room was damaged and need to be replaced. Following the inspection the registered manager wrote to us to confirm that bedroom carpets were due for replacement on 11 November 2016. There were also plans in place to address the other outstanding works identified.

Good

Is the service caring?

Our findings

People said staff were kind and caring. One person said, "The staff are absolutely lovely. (Person) is my key worker and I like him a lot. He is very nice to talk to. I am lucky to have him, he makes me laugh and he helps me…" Another person said, "I like the staff. They are always nice to me." We could see from the staff interactions they were genuinely caring and concerned for people's well-being. One staff member said, "This is their home, they are our bosses and we must work around them and involve them…" Another said, "I feel the care is really good here. The whole team care passionately about the work we do…" A health professional said, "Staff are sensitive…" They said people were relaxed with staff, cracking jokes during their visits.

Staff had developed a good rapport with people and understood their personalities and preferences. We observed many positive interactions. For example, staff took time to be with people, listening and chatting. We heard discussions about the news, the weather and people's day. People were confident, relaxed and happy in the company of their peers and staff.

Staff paid attention to and were aware of ways to improve people's daily lives and comfort and make people's experience as pleasurable as possible. For example, one person had enjoyed a shopping trip in the morning and had returned with new books. A staff member took time to read the books with them, which produced lots of smiles and chuckles from the person, who obviously enjoyed the experience immensely. One person told us how touched and appreciative they were when staff visited them during their hospital admission. They added, "I was very happy about that…"

Staff supported people in an empathic way. They understood that people's behaviours were at times an expression of their excitement or anxiety and as such people were supported in a considerate and caring way. One member of staff explained, "There is no malice meant. (Person) gets excited and this is how he expresses himself…"

Staff communicated effectively with people using their preferred method of communication. Care records contained clear information about people's communication needs and how best to support them. Staff used Makaton and some people's care records contained communication passports. There was detailed information about the meaning of particular sounds and expressions used by people to express themselves where they were non-verbal. Makaton is a language programme using signs and symbols to help people to communicate and communication passports are a practical and personalised way of supporting people who cannot easily speak for themselves. Important information, such as the complaints procedure and satisfaction surveys were available in a format people could understand easily. Staff were preparing pictorial menus to show people what was on the menu that week.

Staff respected people's independence. For example, supporting them to take part in specific activities of their choice. People were engaged in a variety of activities and accessing the local community during the inspection. Some people were supported to make drinks and snacks when they wanted them.

Staff were respectful of people's privacy and dignity. Personal care was provided in private. People had a choice about who provided their personal care. One person said they preferred female staff to assist with their personal care and this was respected. Another person told us how important it was for them to look good. They bought and choose their own clothes, they enjoyed having their hair done regularly and they loved perfume. Staff had assisted the person to paint their nails. They said staff supported them to look good and this made them happy. People were supported to express their sexuality and staff were given clear and sensitive guidance about how to support the person and ensure they had private time.

People were involved in the running of the service and their views and ideas were listened to and acted upon. For example, as part of the service's recruitment process, people were involved in the selection of new staff. One person said, "I have two jobs here. I sit and interview new staff. I interviewed (two people) and I am very happy with the new appointments. The atmosphere is good…they are fun." A member of staff remembered being interviewed by another person when they applied to work at the service. People's bedrooms were individual and personalised and reflected the person's style and interests.

Staff always included people in conversations and took time to explain plans and obtain consent. For example, staff discussed a person's plans for the day with them, to make sure they were happy with their choice. The person engaged in conversation and made decisions which were supported by staff.

People were supported to stay in contact with family and friends. Important relationships and how people kept in touch had been included in people's care records. One person said their relative was always very welcome at the service. They added, "My (relative) likes to visit. He is welcome. He likes (staff member) and we trust (staff member). Another person was supported to go on frequent home visits, and the service liaised with families to arrange visits at special times, for example Christmas.

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs and they had been involved in assessments and planning their care. One person said, "Staff talk to me about my health and how I want things done. I have a care plan. I am happy with it." A health professional said staff had a "good working relationship" with one person and the person had reported staff looked after them well.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support them. The plans of care had been written in a sensitive and personalised way and re-enforced the need to involve people in decisions about their care and support. For example, one person's care records showed they liked people to spend time with them reading and we saw this happened.

Care records contained comprehensive information about people's health conditions, personal care needs, diet and hydration needs, mobility and emotional and behavioural needs. Other information included 'important people to me', 'important possessions', 'positive things people say about me' and 'things I don't like and should not happen'. There was also information about people's likes, dislikes and preferred routine. This provided staff with important information about the person. However, care records were very large, there was duplicated information and some out of date information. The registered manager and staff explained care records were being reviewed and reorganised to reduce the size of the files and ensure all information was up to date.

Activities formed an important part of people's lives and people engaged in wide variety of activities and spent time in the local community. Three people were busy getting ready to leave for their day centres when we arrived and there was lots of excitement and activity. People told us how much they enjoyed their activities. One person said, "Staff make such as effort. Especially for Halloween and Christmas…"

Each person had an individual activity programme for the week, which reflected their interests and hobbies and the level of activity was decided by the person. Three people attended a local day centre three days a week, which provided an opportunity for them to meet friends and peers outside of the service. One person was supported to attend college and was undertaking a horticultural course. Another person had attended a computer course but the course had finished and staff were supporting the person to explore other appropriate courses. Two people attended a local cinema club regularly and were excited about their trip on the day of the inspection. People went horse riding; to local discos and used the facilities in the local community. For example, shops, cafes and other places of interest. Staff were exploring other opportunities, for example swimming. Two people had expressed an interest in swimming and staff were keen to support them. Activities were harder to plan for some people but one staff member said, "We are flexible and can be spontaneous." On the day of the inspection two people enjoyed a shopping trip.

There was Wifi at the service, and staff assisted people to use this. One person was a big fan of Cliff Richard and staff had accessed social media sites and a fan club so the person could read about "Cliff" and look at pictures and videos.

The service had a mini-bus which was used regularly for activities. However this was not in use at the time of the inspection as it was "waiting for a part" in order to be repaired. Staff said the part had been ordered two weeks prior and was expected the week of the inspection. This hadn't prevented people attending their day centres or enjoying trips out to town as alternative arrangements had been made.

The registered provider had a policy in place detailing how they managed and responded to complaints. This was available in an accessible 'easy read form to guide people using the service on how to raise concerns. In addition, the registered manager spent time with people individually to make sure they were happy. Some people were able to verbally confirm they knew who to speak with should they have a worry or concern. One person said, "Complaints? I have none. I can speak with (registered manager) anytime. She would resolve things. The atmosphere is wonderful here".

The service had received one complaint since the last inspection. This was in relation to a communication issue. Records showed the registered manager had investigated the concern, met with the complainant and given an unreserved apology to the person. The complaint had been resolved swiftly and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

There was a registered manager in post and people knew her by name. One person said, "I know (the registered manager) well. I see her daily. I am very fond of her. She helps me…" Staff expressed their confidence in the registered manager. One member of staff described the pastoral care they received during a difficult personal time. They added, "(The registered manager) is one of the best managers I have ever had…" Another said "I have good support from the registered manager and staff team." The registered manager had a 'hands-on' approach to the running of the service and knew each person very well.

The registered manager had created a positive and inclusive culture at the service. People found the registered manager to be approachable and responsive. One person said, "I can speak my mind. (Registered manager) listens and she cares."

Staff confirmed they had regular discussions with the registered manager about the service and the needs of people using the service. They said communication was good between the team and they were kept up to date with things affecting the service via team meetings and conversations on a daily basis. Staff said they felt listened to and their ideas and suggestions for improving the service people received had been acted upon. For example, the development of more activities.

Feedback from people using the service, relatives, professionals and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. Responses from people using the service showed they were happy with the care and support they received. Feedback obtained from five relatives in December 2015 was very good, with people scoring all aspects of the service as "excellent" or "good". Comments included, "Ideal for (person's) needs. I think you are all wonderful with (person) and "(Person) enjoys a good and varied diet." Responses from visiting professionals were equally positive about the service. Their comments included, "I love coming to the home. The staff are lovely…" Another said they had been impressed with the support given to one person and the level of information given to them about the person had been the best they had seen. The registered manager had not formally analysed the feedback but had acted on one suggested improvement in relation to communication.

The registered manager conducted a number of audits and monitoring of different aspects of the service. For example, they completed an unannounced visit at 5.30am to ensure the building was secure and that staff were completing the duties expected of them. Checks relating to environmental safety, medication, staff training, finances, and reviews of support plans were undertaken regularly. Records confirmed that action had been taken to address shortfalls, for example, minor repairs to an emergency light and window repairs. Where staff required refresher training, this had been up-dated. Senior managers carried out monitoring visits to the service on behalf of the provider and identified areas for improvement and highlighted good practice. The last visit in September 2016 had identified where improvements had taken place and where improvements were needed. For example, new flooring and redecoration had been completed in 2015. It also stated the need for 'general repairs' were observed. However no timescale for the repairs had been given. The registered manager said the maintenance and repairs were being planned. We recommend that an action plan with appropriate timescales be developed to improve aspects of the service

as identified by the registered manager and provider.

The registered manager monitored and analysed all accidents and incidents and reported these to the registered provider for further analysis. There was evidence that learning had been identified and adjustments made to minimise the risk of the accidents or incidents occurring again. For example, following medicines errors staff were retrained, their practice was observed and supervised and additional competency assessment had been completed. The registered manager was candid with relatives and external professionals when errors had been made.

Records were stored securely and generally well maintained. Care plans were detailed however, we spoke with the registered manager about ensuring information in care plans was not repeated in order to improve accessibility of the information.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.