

Mr & Mrs F Haley

Victoria House

Inspection report

10 and 11 Victoria Terrace,
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Northumberland
NE22 5QA
Tel: 01670 828396
Website: N/A

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 26 November 2014 and was unannounced. A previous inspection undertaken on 29 October 2013 found there were no breaches of legal requirements.

Victoria House is registered to provide accommodation for up to nine people. It is a single home converted from three terraced houses in the Bedlington area of Northumberland. At the time of our inspection there were nine people living at the home, some of whom had a learning or cognitive disability.

The home had a registered manager who had been registered since May 2014. 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 told us they felt safe and that staff treated them appropriately. Staff had a good understanding of safeguarding issues and told us they would report any

Summary of findings

concerns of potential abuse to the registered manager or the local safeguarding adults team. Staff were also aware of the registered provider's whistle blowing policy and knew how they could raise concerns through this process. The premises were effectively maintained and safety checks undertaken on a regular basis. Appropriate staffing levels were maintained to support the changing needs of people living at the home. Proper recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Medicines were dealt with safely and effectively.

People told us they enjoyed the food provided at the home and we observed they had access to adequate supplies of drinks. The deputy manager showed us the system employed to ensure staff had regular training and updating of skills. Staff told us they were able to access the training they required. New staff members confirmed they had undertaken an induction process before fully taking on care duties. Staff told us, and records confirmed there were regular supervision sessions for staff and each staff member had an annual appraisal.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff had a good understanding of how to support people to make choices. They were aware of the need for best interest meetings to take place where decisions needed to be made and people did not have capacity. The deputy manager confirmed that an assessment was underway for one person in relation to DoLS. Elements of the home had been adapted to promote people's independence, with ground floor rooms for people who could not climb stairs and a fully wheelchair accessible ground floor.

People told us they were happy with the care provided. We observed staff treated people with patience and kindness and showed a genuine interest in what they were doing. Staff had a good understanding of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and opticians, consultants and a range of other health professionals to help maintain their wellbeing. Specialist advice was sought and acted upon, including advice on how to deal with behaviour that may be challenging. People said they were treated with dignity and respect and we observed staff knocking on doors or seeking permission before delivering care.

People had individualised care plans that addressed their identified needs. People talked enthusiastically about the range of activities available at the home or the clubs and events they went to. They told us about their work making costumes, attending "Bollywood" dance sessions and holidays, including a forthcoming weekend to Centre Parcs. People told us they would tell the staff or manager if they had a complaint, but were happy with the care at the home. We saw even minor complaints and concerns were dealt with by the registered manager, using an appropriate process.

The registered manager, deputy manager and the registered provider showed us records confirming regular checks and audits were carried out at the home. Staff were positive about the leadership of the home and felt well supported. They told us the registered manager and registered provider were actively involved in day to day events. Regular staff meetings took place to discuss the running of the service and the care needs of people. People told us they were also involved in meetings and could make suggestions and requests about activities and the running of the service. People and staff all talked about the family atmosphere at the home.

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.

People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse. Staff told us they would report any concerns they had to the registered manager or the local safeguarding adults team.

Care plans reflected people's particular needs and were regularly reviewed. Each care plan had an associated risk assessment. Medicines were stored and handled safely.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staffing levels fluctuated to meet the needs of people living at the home and any activities they were engaged in.

Good



Is the service effective?

The service was effective.

Staff told us, and records confirmed a range of training had been provided and staff received regular supervision and annual appraisals.

Staff were aware of the need to promote choice and the concept of best interest decisions in line with the Mental Capacity Act (2005). The deputy manager confirmed that appropriate processes were being followed in relation to a Deprivation of Liberty Safeguards application.

People told us they enjoyed the food provided and we observed they had good access to drinks. The home had been adapted to aid access to people with limited mobility.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care they received and were well supported by staff at the home. We observed staff supporting people appropriately and recognising them as individuals.

People had access to a range of health and social care professionals for assessments and checks to help maintain their health and wellbeing.

Care was provided whilst maintaining people's dignity and respecting their right to privacy.[gs here>](#)

Good



Is the service responsive?

The service was responsive.

Care plans reflected people's individual needs and were reviewed and updated as people's needs changed. Specialist guidance was sought when necessary and this advice was incorporated into care plans.

There were a range of activities for people both in the home and in the local community. People talked enthusiastically about attending local clubs, work placements and going on holiday.

Good



Summary of findings

People were aware about how to raise any complaints or concerns. These were dealt with in an appropriate manner and with sensitivity.

Is the service well-led?

The service was well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the managers and the registered provider. People and staff talked about the family atmosphere at the home.

There were meetings with staff and regular meetings with people who used the service. Questionnaires had been used to gain the views of people who used the service, their relatives and outside professionals involved in care. Records were complete and up to date.

Good



Victoria House

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 checked 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 26 November 2014 and was unannounced.

The inspection team consisted of an adult social care inspector and a Specialist Advisor (SPA) who had experience of working with behaviour that may be considered challenging

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local

authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. They had no comments to make on the running of the home.

We spoke with four people who used the service to obtain their views on the care and support they received. We talked with the deputy manager, the registered provider, two senior care workers and one care worker. Additionally, we conducted a telephone interview with a relative of someone who used the service and a care manager who oversaw the care of a person living at the home.

We observed care and support being delivered in communal areas including lounges and the dining room, looked in the kitchen areas, the laundry, bath/ shower rooms, toilet areas and checked people's individual accommodation; this was carried out with people's permission. We reviewed a range of documents and records including; four care records for people who used the service, nine medicine administration records, four records of people employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.

Is the service safe?

Our findings

People at the home told us they felt very safe with the staff and did not have any concerns about the way staff treated them. Comments from people included, “The staff are alright, I always feel safe with them” and “The staff are lovely, you couldn’t ask for better staff. They watch over us. Do I feel safe with them? Yes I do.”

Staff told us they had received training in relation to safeguarding adults. They were able to describe what they would do if they felt people living at the home were at risk of abuse, or if they had concerns. They told us they would speak to the registered manager, the registered provider or, if necessary, contact the local safeguarding adults team. They told us contact details for the safeguarding adults service was available in the home’s office. Records confirmed staff had completed a range of training in this area.

Staff also told us the provider had a whistleblowing policy and how they could raise concerns. All staff were certain any concerns would be taken seriously and acted upon. Staff told us there had been one recent safeguarding incident over the summer, but this had been dealt with and there were no current concerns. The Local Authority safeguarding adults team did not highlight any issues other than this. Staff demonstrated they had the necessary skills and knowledge to ensure the risk of people being abused was minimised.

We saw risks were considered and assessed in relation to each individual. People’s care plans had risk assessments relating to each aspect of their care including mental health, behaviour that could be described as challenging, physical health conditions and activities, such as going out into the community. We saw risks were monitored and reviewed and action taken where changing needs altered the level of risk. For example, we saw staff were concerned about the increased risk of falls for one person and had sought an assessment and advice from an occupational therapist. Wider risk assessments were also in place for the home environment and included areas such as fire safety, the flushing of water pipes and the changing of showerheads around the home, to reduce the risk of legionella infection. We saw checks and risk assessments were in place for areas such as landings, stairs, bathrooms and the laundry. A care manager told us he had visited the home over a number of years and was very impressed by

the state of the building. He said there was a comprehensive maintenance programme in place to update and upgrade the home on a regular basis. This established individual risks relating to people’s needs were assessed and monitored and wider risks within the home were reviewed.

Staff told us the registered manager, deputy manager or registered provider were all available through an on call system, if there were any concerns or emergencies out of hours. We saw there were plans in place to deal with emergency situations, such as a fire. Staff also confirmed that they had received first aid training, but would also contact the emergency services via the 999 number in the event of a serious accident. The registered provider told us that he had alternative accommodation available in the event the home became uninhabitable. He also told us an agreement was in place with the local pharmacy to access supplies of medicines in the event of an emergency or other event that closed the home.

We examined the recording of incidents and accidents at the home. We found most of the incidents within the previous 12 months had been minor in nature, but each event had been recorded and considered to ensure that action was taken, if required. The deputy manager and the registered provider told us about a safeguarding event that had occurred over the summer and the action they had taken in relation to the incident. They told us that, because of the size of the home, they did not maintain a separate safeguarding file, but recorded incidents in people’s individual care files. This indicated incidents in the home were reviewed and changes to care or systems made in the light of new information.

The deputy manager and the registered provider told us they employed nine care workers in total. In addition, the registered manager and deputy manager were also on shift during the day. The registered provider told us he was also regularly at the home, to support staff and monitor the standard of care. They told us there was also one person specifically employed to carry out domestic tasks, but care workers also undertook domestic duties and supported people living at the home to clean and tidy their own rooms. Maintenance at the home was undertaken or overseen by the registered provider, who had a background in the building industry. Staff told us there were enough staff on duty and that numbers would fluctuate, depending on activities at the home, or if people were going out for

Is the service safe?

appointments. They confirmed the registered manager, deputy manager and the registered provider were in the home on a regular basis, in addition to normal staffing levels. The deputy manager told us they regularly reviewed people's needs and events at the home and staff could be brought in to support people to attend social functions or appointments. We observed staff were available to support people living at the home and that they had time to support people in an unhurried manner. People told us they felt there were enough staff to support them. One person told us, "Staff take me to the local shops when I want to go and a member of staff came with me when I went to hospital."

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references being taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff told us they were required to wait for checks to be completed prior to starting work at the home. There was also evidence of checks to verify staff's identity through the use of passports or driving licences. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. This verified the registered provider had appropriate recruitment and vetting processes in place. The registered provider had a recognised policy and procedure for dealing with any disciplinary issues at the home. The deputy manager and registered provider confirmed disciplinary action had been taken in the past, but there was no current disciplinary action in progress.

We observed staff dealing with people's medicines. We saw people were given their medicine appropriately; with time given for them to take their tablets or medicine and a drink given to help them swallow the dose.

We examined the Medicine Administration Records (MARs) and found there were no gaps in the recording of medicines. We saw MARs contained a photograph of each individual person and also listed any allergies or issues of note, relating to their medication. We noted a number of people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We noted there were no specific care plans or instructions in place to indicate when these medicines should be given, the maximum dose that could be given or action to take if the medicines were not effective, or too much was accidentally given. We also noted one person self-administered one of their medicines. Whilst this was noted on the MAR there was no specific assessment or care plan around the person's use of this medicine. We spoke with the deputy manager about this who told us this would be addressed straight away.

We saw medicines at the home were stored securely and there were proper processes in place for ordering, checking and returning unwanted medicines to the pharmacy. We saw a copy of a recent review carried out by the local pharmacy and noted only minor recommendations had been made about how systems could be improved. Staff told us they had undertaken training on the safe handling of medicines, and records confirmed this. They also told the deputy manager carried out checks on their competency in handling medicines throughout the year.

We recommend the provider considers the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes.

Is the service effective?

Our findings

People told us they felt well supported by the staff. Comments included, “All the staff feel like my friends here”; “All the girls, the care staff, they are my friends and help me” and “I’m quite happy here, there are some lovely staff here.” Staff told us they had access to training and development and they were supported to undertake additional training. Staff told us, “They are really good on training, (deputy manager) checks if we are okay” and “I’ve had training in challenging behaviour, infection control, health and safety. A whole list of things.”

The deputy manager showed us a copy of the training matrix maintained to ensure staff had up to date training and to plan for future training needs. We saw training due for renewal was highlighted on the training matrix. We saw copies of emails from training companies confirming that future training courses; on the safe handling of medicines and moving and handling, had been booked to take place during December 2014 and January 2015. We noted regular training was offered in areas such as; safeguarding, food hygiene, moving and handling and medicines management. Staff files contained copies of certificates confirming the successful completion of courses. One staff member told us, “I try to get on all the courses I can to keep myself up to date.”

One staff member, who had been employed within the last six months, told us she had been required to have a period of induction on starting at the home. She told us she worked on both day shifts and night shifts with experienced staff, to ensure she had a good understanding of all the care needs. She told us, “The induction was really good. I had a booklet to complete to make sure I’d covered everything.” This meant the registered provider was able to demonstrate staff’s skills and knowledge were updated and reviewed, to promote the delivery of effective care.

Staff told us they had supervision approximately every two or three months and annual appraisals were also undertaken by the deputy manager. We saw copies of appraisal and supervision documents in staff files and saw these covered a range of areas, including personal support and planning for future care needs of people at the home. This meant proper arrangements were in place to ensure staff had access to regular supervision and ensure their work was reviewed in relation to delivering appropriate care.

Staff told us they had received training in relation to the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). They told us people at the home had capacity to make their own decisions and choices and it was their job to help and support people in making these choices. One staff member told us, “Everyone has some capacity. Everyone can make some choices, such as what to eat or what to wear. It’s their choice – it’s their wardrobe. It’s all their own choice.” Staff were also aware of the need for best interest meetings for major decisions, where the person could not make the decisions themselves, and that these could involve family members or other professionals.

The deputy manager and the registered provider were aware of the recent Supreme Court ruling on DoLS and the implication for people who lived in care homes. They told us one person was currently being assessed in relation to a DoLS application and had been seen by a doctor the previous week. The deputy manager told us that restraint was not used at the home. Our SPA confirmed this through his discussions with staff. He also confirmed staff had received breakaway training, to be used if they needed to extricate themselves if they were held inappropriately by a person living at the home. This meant people’s rights against inappropriate restriction of liberty were protected because appropriate measures were in place to make the required assessments and applications, in line with MCA and DoLS legislation.

We saw people were encouraged to give their personal consent and agreement to care being delivered. We noted care staff asked people questions framed with “Would you like..?” and “Do you want...?” One person told us, “The staff always knock on my door and ask if they can come in.” Another person told us, “The best thing about living here is that I get to make my own choices.” We noted one person had a door bell fitted to their room door for staff to use before they entered. One staff member told us, “I always ask them about things; make sure they are happy. They have their own opinions so can tell you if things are okay or not. If things aren’t right for them then we can change how we do things.”

People told us they were happy with the food at the home. People said, “The food is lovely here” and “The food is good and there is enough of it.” We observed meal times at the home. We saw the food was hot and appetising. We noted there were lots of positive comments about the food during the meal, such as, “This is nice” and “This scrambled egg is

Is the service effective?

very good.” People living at the home were able to support themselves during mealtimes, but were encouraged by staff to take sufficient food and drink. We saw a choice of meals was provided and alternatives were available if people did not like the main choices. Between meals we saw people had regular access to drinks and snacks. Staff told us some people could access the kitchen themselves and make their own drinks.

We saw where people had particular dietary needs these were recorded in their care plans and monitored. For example, we saw one person could not eat nuts because of a health issue. Another person was noted to have fluctuating weight and was to have a high calorie diet if their weight dropped below a certain level. We saw all people’s weight was monitored and recorded monthly. We checked the kitchen and saw there was a good supply of fresh, frozen and dry good at the home.

Elements of the home had been designed to accommodate people’s particular needs. We saw that whilst there was no lift at the home there were bedrooms on the ground floor, for people who were unable to manage stairs. We also noted doorways on the ground floor were all wide enough for wheelchair access. The home consisted of three separate houses converted into one building. However, access around the ground floor was single level, meaning wheelchairs and people who may have difficulty with walking could access all areas of the home on that floor. People had access to courtyard areas, at the back of the home, and a private garden area through a rear gate. Toilet and shower facilities were available on both floors, with facilities available for wheelchair access.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided. Comments from people about their care included, "The staff listen to me and look after me"; "I like living here; it's splendid" and "I like it here, there is nothing I am not happy about." One relative told us, "She is very happy with the way things are. She is always well cared for." A care manager we spoke with told us, "The care workforce are so settled and so skilled."

We spent time observing how staff interacted and treated people who used the service. We saw people were treated individually and with patience and kindness. Staff took time to ensure people were happy with their approach and spoke to everyone by name. Staff showed a genuine interest in what people had done and their anticipation about going out that evening. There was also good communication and discourse between people and staff, including the sharing of jokes. One person told us, "I like the staff; we tease each other, but in a fun way." Another person told our SPA, "I have had people care for me before, but not care about me, until I came here."

Staff said there was no one at the home with particular cultural or religious needs, but spoke with us about how the home supported acceptance of people. One staff member told us, "They are all people. You treat them how you would like to be treated. We treat them all like our family; they are our extra family in a way." The deputy manager and the registered provider told us, "The standard of living is nothing below what we would expect for our own families."

People were able to move around the home independently and decide what they wanted to do. We saw some people were sat watching a film whilst others were engaged in activities, such as art work and knitting. Other people were sat in the office area and dining room talking to staff and some were in their own rooms, listening to music or sorting out clothes.

People told us staff involved them in their care. All the people we spoke with told us they had a care plan and knew where it was kept. We saw care plans and risk assessments had been signed by people, to indicate they had been involved in drawing up the plans and they had been explained to them. One person told us, "I have meetings with staff sometimes, and my social worker as

well, but mostly the staff. We discuss what I would like to happen. They are trying to find me a job that I can do." Staff told us they were committed to helping people at the home to achieve their goals. One staff member told us, "I enjoy working here; in fact I love it. I want to make sure the ladies are happy and that they have the life they would like to live."

People were supported to maintain their health and wellbeing, through access to hospital appointments and care provided by a range of professionals. We saw copies of letters from general practitioners, consultants, occupational therapists and specialist nurses confirming people had attended for appointments and reviews. One relative told us, "They always make sure she attends doctor's appointments and the like." One person told us, "I had a pain in my arm and they got me the doctor, who has given me some cream for it." This meant staff took appropriate action to help people maintain a healthy lifestyle.

The deputy manager told us no one at the home was currently accessing an advocacy service, but that some people had been supported this way in the past. She told us they would contact the person's care manager to arrange this support, if it was required.

People told us the staff treated them with dignity and respect. People said, "The staff respect my privacy; they always knock on my door before coming in" and "The staff respect my room as my space." We saw people's care plans contained forms, signed by them, giving staff permission to enter their rooms during the course of their work. We witnessed that staff asked people's permission to enter their rooms, when showing us around the home.

People who lived at the home, and the deputy manager, confirmed there were currently only female care staff working at the home. The deputy manager confirmed people would be offered a chance to express a choice, if male staff were employed. Staff were able to explain how they helped maintain people's dignity and privacy. Staff told us they always knocked on people's doors before entering rooms, checked doors were properly closed when delivering personal care and ensured people were covered during support with personal care. One care worker told us how she helped a person into the shower, but then waited outside whilst they washed and only entered again when asked to do so, to help them get dried and dressed. She

Is the service caring?

told us, “She just shouts if she needs help, but I’m there for safety.” This meant staff understood about maintaining people’s dignity and applied the concepts when they delivered care.

Is the service responsive?

Our findings

People told us they felt involved in their care. One person told us, “I can decide what I want to do. I can decide to go to bed early or I can decide to stay up late.” A care manager told us, “It is very person centred and the staff are very skilled. They provide a very good quality of life.”

We saw people had individual care plans in place to ensure staff had information to help them maintain their health, well-being and individuality. We also saw care files contained information about people’s personal history, their background, details of their family life and early years. Care plans involved a range of assessments covering such areas as; physical care, mental health and the support of personal care. Identified health issues were also highlighted. We saw plans for people who required special care due to having a stoma or because they were prone to epileptic fits. Care plans contained an assessment of needs, a detailed care plan of how staff should support people, action to be taken in the event of concerns and a risk assessment linked to the care plan.

Care plans addressed needs on an individual basis. For example, we saw one plan for a person who was prone to anxiety. The care plan highlighted possible causes of the person’s anxiety, how they felt supported by structure and routine and how staff should use positive talk to help the person, if they became anxious. Staff had a good understanding of people’s individual needs and were able to describe the support people needed and their individual likes, dislikes and personal traits.

Our SPA looked at how the service supported people who had behaviour that could be described as challenging. He found care plans related to this area were detailed, identified triggers to certain behaviours and how these could be managed. They also showed involvement of people in developing the plan and interventions. The plans incorporated advice from specialists in this area and fitted the current thinking of a “positive behaviour support” approach. There was evidence people were involved in reviewing the care plans and also participated in “debriefing” sessions after any significant incident, to help determine what could be done differently.

Care plans were regularly reviewed and updated, as and when required. For example, we saw one person’s care plan indicated that a different piece of equipment should be

used following a review by a specialist nurse. Another person’s medicines had been updated following a series of monthly visits by their consultant. This suggested care was reviewed and updated to ensure it met the current needs of people living at the home and was based on sound clinical advice.

People told us there were a range of activities available at the home. They talked enthusiastically about attending discos, local clubs, and attending a local “Bollywood” dancing class. People told us they had been on trips out to concerts, the theatre, the cinema and shopping. On the day of our inspection a number of people were excited about going away for the weekend to a Centre Parcs, to visit the “Winter wonderland experience”. One person was also organising to attend a local youth club that evening. A person told us, “The staff help me go to dancing and discos and I do knitting.” Another person said, “I’m meeting my boyfriend on Thursday. One of the staff will take me to see my boyfriend.” A third person told us, “They have all sorts of activities. I join in sometimes, but prefer to be in my room spending time watching TV. But that is my choice.” One relative told us, “They have activities and go to discos – which she loves to go to.”

There were photographs on display around the home of holidays, trips out, parties and events. The deputy manager told us some people attended a local business venture making fancy dress costumes which were then hired out to the public. People talked ardently about working there and how much they enjoyed it and being part of a group. One person told us how they had been welcomed into this group and showed us a certificate they had been presented with to mark their first day. This indicated a range of activities and events were offered for people to be involved in and meet their individual interests and social needs.

We saw each person’s care file had a copy of a hospital passport, containing important information about people’s likes, dislikes, health issues, communications preferences and other items that would assist health staff, if the person was admitted to hospital or transferred between the home and another service. Whilst completed, in those care plans we examined, we noted some information was not always detailed and relied on ticking pre-printed boxes or questions. We raised this with the deputy manager who agreed to look into this issue.

People told us they had no complaints about the service, but if they did have any concerns they would speak to a

Is the service responsive?

staff member, the deputy manager or the registered provider. One person told us, “I like it all; there is nothing I am not happy about. If I had a complaint I would tell my social worker or (deputy manager).” Another person told us, “I wouldn’t change anything about living here; I like it so much. If I wasn’t very happy I would tell them.” A relative told us, “I’ve never had to complain about anything to anyone. I would just speak to (deputy manager) if necessary.”

The deputy manager told us the home did have an official complaints procedure, but there had been no formal written complaints made within the last 12 months. The

home kept a log of all complaints or issues raised by people who lived at the home, however minor. We saw people had raised issues about other people borrowing their possessions or going into their rooms. We saw staff had listened to and noted their concerns and then mediated between people, to resolve the issues to everyone’s satisfaction. The deputy manager told us that for more complex issues they would speak to people’s care managers and involve them in reaching a resolution. This meant people were aware of how they could complain and a process was followed to ensure complaints were dealt with appropriately.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since May 2014. She was unavailable on the day we visited, but both the deputy manager and the registered provider assisted with the inspection.

The registered provider and the deputy manager told us the culture of the home was to provide a family like home for the people who live there. The deputy manager told us, "We are very much family orientated. We are the closest things some of them have to a family. We want the home to have that family feeling." Staff told us, "The best thing is keeping the ladies happy and content. We are a very good team. Not just the management and the staff but all the ladies as well." The deputy manager told us, "We are all one, we are a team. There is nothing we would expect a care worker to do that we would not do ourselves. No one is higher than anyone else."

We saw the registered provider, registered manager and deputy manager carried out a range of checks on the home, including fire safety checks, legionella checks, and temperature checks on the water system. Where there were any faults or problems these were recorded and acted upon. The registered provider also told us he regularly checked the state of the building and the environment of the home. The registered provider told us he regularly walked around the home to check on the building. We saw that five year electrical systems checks had been undertaken and there was a current gas safety certificate maintained. A care manager told us, "They seem to have a comprehensive programme to keep the building up to date."

Staff told us there were regular staff meetings, although because of the size of the home they constantly talked and communicated. We saw notes from recent staff meetings. We noted time had been taken to discuss issues at the home following a difficult series of events with one person, who had now left the service, and for staff to debrief. We also saw future planning for client support was also discussed, such as planning individual shopping trips for Christmas.

People told us they were regularly involved in meetings with staff to discuss how the service should run and what

events should take place. One person told us, "We have meetings. All of us get together and make suggestions about what we want to do and where we want to go." We saw notes from these meetings and noted people were able to contribute to the discussions and have their views listened to. We saw people were able to discuss planned shopping trips, holidays and to plan birthday parties. People were also asked if they were happy with how the staff worked. We saw there had also been an opportunity for people to express their views about past events at the home and raise any concerns.

We saw the registered provider carried out annual reviews of care, through the use of questionnaires, the last ones being sent out in September 2014. Questionnaires had been given to people living at the home, any relatives in regular contact and professionals with significant involvement in care delivery, such as care managers or consultants. Each questionnaire asked people to comment on the environment of the home, meals, communication the attitude and professionalism of staff. These were then collated into individual reviews for each person living at the home. We noted the form used for people was not an easy read version and that staff had supported some people to complete the forms and record their answers. Comments from people living at the home included, "I like all the staff, they help me as much as they can" and "I am happy with the staff, they make me happy" One relative had commented that the person had "grown as a person" during their time at the home. A care manager and consultant psychiatrist had both made positive comments about the care delivery for one person and the effectiveness of the placement.

Staff told us they felt well supported by management and that the atmosphere at the home was very positive. One staff member told us, "I feel really well supported. It is nice to have (registered manager) and (registered provider) there. If you have a problem, even outside work, you get immediate support." Another staff member said about the management, "I love it; absolutely love it. If you have a problem they are there to help you out. Whatever it is." A care manager told us, "The registered manager is very professional and keeps care managers up to date. They are always open to different approaches and ways of doing things."

We found records were up to date. People's care plans were regularly reviewed, safety checks and audits filled in,

Is the service well-led?

cleaning schedules up to date, daily records and activity records completed and current. There was clear evidence in people files of staff at the home working in partnership with other professionals, such as district nurses and care managers. One care manager told us, “They have involved the behaviour analysis and interventions team (BAIT), occupational therapists and physiotherapists. They work in a very multidisciplinary way.”

The deputy manager told us the thing she was most proud of was the people who lived there, the progress they had made and how they had settled and adapted since coming to live there. The provider told us the challenge for the future was to adapt or develop the service to continue to support people as they got older and their needs changed.