The Lodge Rest Limited

Claro Homes

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 1 November 2017 and was unannounced. At our last inspection in April 2015, the service was meeting the regulations inspected.

Claro Home is registered with us to support up to 54 people with mental health needs. At the time of our visit there were 51 people were living there.

There was a registered manager for the service who was also a company director for the provider organisation. 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.

Health and safety audits showed that risks to people had been identified and the actions that were needed to keep people safe were set out. However some risks had not yet been fully addressed, and some staff did not follow up to date infection control and food hygiene practices. This in turn could impacts negatively on the health, safety and wellbeing of people in the home. The registered manager acted on our concerns on the day or our visit.

People told us they felt safe and staff knew how to protect people from the risk of harm and abuse in the home and when they were in the community. Risks that people may experience were managed safely. Medicines were managed safely and people who wanted to were able to look after their own medicines with assistance from staff when needed.

People were involved in planning menus and their wishes in relation to meal choices were acted upon so that they were included in the options available. People were supported to eat and drink enough to stay healthy. Some people were supported to build up their confidence in self budgeting and preparing and cooking their own meals. This also helped people to gain independence.

The staff team were well supported by management to do their job effectively. This was because they were properly supervised in their work and this meant they knew how to provide people with effective care. Staff supervision meetings were kept up to date for all staff. These were used to review the progress and performance of individual staff members.

The people we met were positive in their views to us about the staff and the type of support and care that they received. This showed people felt well supported with their particular and often complex mental health needs. People were treated with kindness and care by the staff that supported them at the home. We saw how staff spent plenty of time to speak with people they were supporting. There were also many positive and very warm interactions between them. People looked really relaxed to engage with the staff when they wanted to speak with them.

Each person's mental health needs were fully assessed and their care was well planned with the involvement of the person concerned. Some care plans did not show in sufficient detail how to meet certain people physical care needs. Some of this information was seen in individual risk assessments but it was not easily located. This could have meant staff did not fully know how to support those people with their physical care needs Care plans generally supported and guided staff so that care was delivered in a way that properly met the needs of the person. The staff on duty had an up to date understanding of the complex mental health needs of people at the home. People told us and we also saw that they were being enabled and encouraged to make choices about their care and in their lives.

We have made a recommendation about care planning processes.

There were systems in place to ensure that staff followed the Mental Capacity Act 2005 if people lacked capacity to make informed decisions in their daily lives. The provider had completed applications under the Mental Capacity Act Deprivation of Liberty Safeguards for a person. This had been accepted and DoLS safeguards were in place for the person.

People were really well supported to engage and do things that mattered to them in the local community. Staff supported people very well with a wide variety of activities and in the home and the community.

People's complaints were addressed according to an easy to use complaints procedure. The procedure was to help to ensure that the registered manager would investigate and respond properly to all complaints and concerns.

Staff and people who lived at the home felt supported by the registered manager and deputy manager. People said that they were both, "Very approachable "and "Very nice to us". People also said they could approach and see the registered manager and deputy manager at any time if they wanted to speak with them.

Recent health and safety checks had identified the need for actions to be taken to keep the environment free from safety hazards. To monitor and check quality and safety there was a number of quality monitoring systems and audits in place to audit the care and service people received

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe

Health and safety risks were identified but action was not always taken to reduce risks.

Medicines were managed and given to people safely.

The risks to people from abuse were understood and actions taken to keep them safe.

There were enough staff employed to safely meet the needs of people who lived at the home.

Is the service effective?

Good

The service remains good

Is the service caring?

Good

The service remains good

Is the service responsive?

Good

The service remains good

Is the service well-led?

Good

The service remains good

Claro Homes

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.

Before the inspection w used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 1 November 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 17 people who lived at the home. We interviewed 10 members of staff. We pathway tracked the care of six people. We saw care and support in communal areas, spoke with people in private. We also looked at records that related to how the home was managed.

Requires Improvement

Is the service safe?

Our findings

Health and safety checks were undertaken to monitor the environment and equipment to ensure they were safe. However we saw a number of bedsteads and other small items of furniture that were going to be disposed of in a corner of the courtyard. Some were wooden and were very near a designated smoking area. This meant there could be a fire safety risk. We also saw three mop heads drying on radiators near to one of the kitchen areas. This could have been a cross infection risk. While we saw that personal protective equipment was available for staff at mealtimes, some staff did not use this and as such there was a potential cross Infection risk when they served people their meals .We also saw that three lunch meals served for people to eat later were not hygienically covered. This was also a potential food hygiene risk. The risks we saw had been picked up by the registered manager and deputy manager in a recent infection control audit completed by the staff member who was the lead person for infection control. They had identified that some staff needed to be reminded to wear suitable protective aprons when serving food in the home and that meals were not hygienically covered. An infection control action plan had also been written as a result of this audit. This had highlighted the need for mop heads to be dried in a suitable hygienic way that staff needed to be reminded to wear suitable protective aprons when serving food. A recent audit had also picked up that staff must ensure that meals that are served to people needed to be hygienically covered if they are not to be eaten immediately. For example some people came back for lunch slightly later due to attending regular therapeutic activities in the community. Staff understood that meals could only be plated and covered hygienically and left for a very short space of time. We saw a number of meals plated and covered for people. However three meals had been left and at the time we observed them were not yet hygienically covered with a lid. When we asked staff about this they told us they were going to cover the meals with lids .We saw that this was then carried out.
The maintenance records confirmed that a request had been made to the provider's health and safety manager to remove the items we saw in the courtyard urgently. The registered manager also contacted us after our visit to tell us that the items of furniture in the courtyard areas had now been removed.

Staff used a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, different coloured cleaning equipment was used to keep toilets clean and was not used to clean bedrooms and communal areas. The registered manager told us that domestic staff were employed for seven days a week to try to keep the home clean and hygienic. Staff had been on training in infection control and food hygiene. This was to help ensure that staff had the relevant knowledge to maintain a hygienic environment. We looked at the kitchen area of the home and saw that there was a dedicated basin for hand washing. Throughout the home, hand cleaning products were available. This helped minimise the risk of cross infection.

A fire risk assessment had been carried out of the premises and how to keep people safe in the event of a fire. External companies checked the fire safety equipment and fire detection systems. The fire safety records confirmed that regular fire checks had been completed. We saw that regular fire safety drills were undertaken. Some people who lived at the home smoked .We saw how changes had been made to the environment in order to ensure people only smoked outside. There were different areas people could go to smoke, including a smoking shelter with a heater for use during colder weather.

People who lived at the home told us "No one has been aggressive towards me and I'm not aggressive to anyone else" and "No one has been aggressive or shouted at me here." Further comments people made included "No I have never worried about my safety and nobody has been aggressive towards me", and "The staff are quite good they're very careful the way they treat you."

People were safe and protected from abuse and avoidable harm. Staff demonstrated that they had a good understanding of the different types of abuse that could happen to people. Staff confirmed they had been on training about recognising harm and abuse and were able to give us examples of what they would look out for, the actions they would take and who they would report their concerns to.

Staff we spoke with also understood what laws were in place to protect people's rights and aim to keep them safe form the risk of abuse. There were copies of the procedure for reporting abuse on display on notice boards in several parts of the home. The procedure was written in an easy to understand way to make it easy to use. There was information from the local authority advising people how to report abuse if they were concerned about someone. The manager reported all concerns of possible abuse to the local authority and told us when they needed to. Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact. We also saw that safeguarding and whistleblowing was raised with staff at supervision sessions. This included ensuring that staff knew how to raise any concerns. Staff we spoke with confirmed they had attended training about how to safeguard people from harm and abuse. Staff told us they felt confident and easily able to report any concerns and raise any issues with management.

Risks people may present to others were well managed. Care plans showed that staff had written down information about how to keep people safe and in particular how staff should deal with any behaviour that may challenge others. People were able to move freely around the building and into the courtyard. People were sat outside and we saw people went to the local shops independently. Where needed for support, a member of staff went with people when they went out from the home.

People had their needs met by enough suitably competent staff who understood how to keep them safe. We saw that staff were able to promptly offer attentive one to one time to people who needed extra support. We saw for example, how staff were able to respond immediately to people who had become upset and angry in mood .There were also enough staff to give assistance to people who needed extra support with eating and drinking. We saw that staff were readily available when needed to offer people support with their personal care needs. There was also enough staff to sit with people and spend time with them engaging them in conversation.

The staffing rotas also confirmed that the home had the number of staff needed to provide safe care. Where there were staff shortages, this had been planned for and cover was in place. The registered manager explained how the numbers and skill mix of staff on duty each day were regularly reviewed. This was to make sure there was a safe number of competent staff to meet the needs of people at Claro Homes. These numbers were altered and increased whenever needed. When people were physically unwell for example and needed extra care and support. We were told that agency staff were used if necessary but that the service had good links with a local agency and were able to access the same staff each time in order to provide continuity of care for people.

People were protected by the provider's recruitment procedures for employing new staff. These procedures helped to ensure people were supported by suitably qualified and experienced staff. We saw that thorough

employment checks were undertaken before a new member of staff would start work. There were records maintained of the interview process for each person who was recruited. References were obtained, one of which when possible was the last employer. Where someone had gaps of time in employment history this was discussed with them to find out the reasons why. There was also a Disclosure and Barring Service (DBS) certificate carried out for each member of staff before they could start working for the organisation. A valid DBS check is a legal requirement. It is carried out to prevent unsuitable staff being recruited to work with vulnerable people.

Risk assessments had been completed for people and an in depth risk assessment was completed on admission and reviewed six monthly. In one person's care record for example, we saw that a risk assessment had been completed following an incident between them and another person who lived at the home. We looked at the incident reporting system and saw this incident and others had been reported and investigated in a timely manner and that recommendations had been put in place to try to minimise future risks.

Medicines were looked after and given to people safely and when needed. We met a community pharmacist on the day of our visit. They told us the home had acted on all matters that they had picked up on previous medicine audits. They said the homes medicines managements systems were much improved. Medicine administration records we viewed had been completed accurately and were up to date. The medicines disposal book had been filled in correctly. The home had a contract with a local company for the removal and disposal of unused or unwanted medicines. People told us they received their medicines at the times they were needed. Some people had been prescribed medicines to be given only when needed. These medicines were to help reduce any episodes of anxiety. Staff told us how they would try to reduce anxiety before giving medicines. We saw staff try these techniques with people during our visit. There were guidelines in place for people who had medicines prescribed to be taken as and when required. There was guidance to support senior support staff to give 'take as required' medicine, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication safely.

We saw part of a medicines round during our visit. The provider's medicines policy was followed by staff. We saw the senior support staff giving people their medicines. They did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.
Medicine was also stored securely in a locked storage facility or the refrigerator. Medicines that required additional security were regularly checked by staff. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness.

Good

Is the service effective?

Our findings

Every person we met was very positive about how the staff were supporting them with their care. Examples of comments made included, "They are good and kind," "Yes, the staff are very good," and, "They are alright they really look after me." Another person told us "The staff are fantastic I think the furniture could do with updating and it could do with a lick of paint but the food here is very good."

People received effective and skilled support with their care needs. This was evident in a number of ways. Staff were calm and sensitive to people and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them. The staff discreetly supported people with their personal care. Staff communicated with people in a calm and clear way. They also used an open body posture to try and make people feel safe and relaxed with them. Staff checked on people regularly to ensure people felt safe. We saw that staff were following what was written in each individuals care plan.

We saw meals being served to people in the dining rooms. The atmosphere was jovial and friendly. When some people with complex mental health needs showed certain behaviours that may challenge, staff were calm and attentive to them. The staff used different responses such as gentle distraction. This was to help to make people feel calm and diffuse how people felt. We saw that people responded to the staff positively at all times. Staff told us they were allocated a small number of people to support with their care needs. Staff explained this helped them get to know individuals well and how they liked to be cared for. They also told us caring for people in teams was a good way of ensuring they received an individualised service.

A Pharmacist and a Social Worker both came to the home during our visit. They both spoke positively about the care and support that people received at the home. The pharmacist told us the staff knew people very well, and what their needs were.

The care records showed how people's health care needs were closely monitored. Staff took action when needed to ensure each person's health was maintained. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments when needed. There were detailed health needs assessments in place to identify what people's safety, mental and physical health needs were. Assessments were regularly reviewed and updated when required. These actions helped to show how staff provided care that was effective for people.

People and their relatives praised the choice and quality of food on offer. Comments included, "The food is excellent ", "The foods alright and we get a good choice and we can make a cup of tea as and when I want one" and, " It's alright, a different choice every day and we get fish and chips on a Friday and we go to the inner city farm which is just down the road from here and that's on a Monday and we can always help ourselves to a cup of tea or coffee."

We observed breakfast and lunch being served. The dining rooms were bright and welcoming with a cheerful atmosphere. People were served tea and coffee with small jugs of milk and individual tea and

coffee pots. This helped people to make choices at meal times. We heard staff talk with people and tell them what the food was at meal times. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available to help people make a choice from the meals to be served. We observed a choice of water or other soft drinks were being served with lunch. People were offered tea, coffee, and other drinks throughout the day. Snacks such as fruit and biscuits were also freely available for people in small dishes in communal areas of the home .We saw people helped themselves to snacks between meals. People who required support to eat and drink enough had detailed and clear guidance set out in their care records. This information helped staff to deliver effective care and promote physical health and wellbeing.

People received personalised care and support that met their nutritional needs. For example, one person had been assessed as being at risk of malnutrition, required encouragement to eat and needed a soft diet. We found that the person was being regularly weighed and there was minimal weight loss. Records of the meals they had eaten were maintained and showed that an appropriate diet was provided. We saw that the person was supported to a dining room at lunch time and encouraged to eat. We spoke with a staff who were aware of the type of diet the person needed and the support they required. A person's daily notes indicated that there had been a change in their behaviour. We found that staff responded to this. The person had been referred to the community mental health team and was also being monitored by their general practitioner. During our visit, we saw the staff had an awareness of how to deal with the person's behaviour in order to minimise their anxiety. Records seen indicated that a person who had a Percutaneous Endoscopic Gastrostomy (PEG) tube fitted had received appropriate support to ensure that the tube was cleaned, flushed and rotated daily in order to prevent complications such as obstruction and adhesions. Clear information was available from a nutritional nurse specialist in order to guide staff. A person who had had lost weight had been referred to their GP, who had prescribed nutritional supplement drinks. They had subsequently gained weight.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS applications had been made to the local authority as legally required to make sure any restrictions on people were lawful. People's care records made clear reference to their mental state and ability to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Staff told us they had received training about the MCA and were aware of the need to consider capacity and what to do when people lacked capacity. Care records showed how that capacity was assessed and considered when needed. When a person lacked capacity, there were clear instructions within care records as to how to support the person. For people who were being restricted of their liberty, correct procedures had been applied to ensure it was lawfully carried out.

Support plans demonstrated that people were assessed with regard to their understanding of their rights and their ability to consent to any care and treatment they were offered. Details of any advocates they may have such as a Power of Attorney were also recorded. One person, who was subject to DoLS, had been found

to be at risk with regard to inappropriate use of medicines. We found that a best interest decision, including a capacity assessment, had been recorded in relation to the removal of the medicines.

Another person who was subject to a DoLS authorisation had been assessed as being unable to make informed decisions that affected different decisions in their daily life. They had a relative with power of attorney recorded. We saw in the person's daily record that their lighter had been taken away from them due to risk of unsupervised smoking.

Staff confirmed they received regular supervision. Supervisions are meetings between a member of staff and a more senior staff member; they take place to address any concerns either may have and also to discuss other matters such as performance and training. The staff team told us that managers were approachable and they were not afraid to discuss any concerns they may have outside of formal supervisions.

Staff were provided with an induction programme when they first started working at the home. The induction programme included learning about different health and safety practices and procedures, the care of people with mental health needs, physical health needs, person centred care safeguarding people from abuse, food hygiene, and infection control. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in depth induction programme and this had included working alongside more experienced staff learning how to provide good care.

Training records confirmed there was regular training provided for staff. Recent training staff had been on included, dual diagnoses in mental health, challenging behaviours care, and medicines management. This was to help to make sure staff had the skills and knowledge necessary to effectively meet people's needs. People were cared for by staff that were suitably qualified and experienced to meet their needs.

Good

Is the service caring?

Our findings

The people we spoke with told us a number of positive comments about the staff. Examples of comments made included "My keyworker takes me out and he is nice", "It's good no complaints." Two people we spoke with together told us, "We like it here we and we have been here for four years and the staff here are as sound as a pound". People told us how much they liked the home environment and having their own privacy. Examples of comments made included, "I've got a nice room and I have a double bed and its always clean, I keep it clean and they come in and clean it as well" "I really like my room and I really like my music and I play it in my room" "My room is good very good, and I like it here."

People also confirmed for us that staff were respectful about their privacy. One person told us "No never locked in our rooms and they always knock on our doors before they come into our rooms and we go to bed as and when we like, and we have got TVs in our rooms but not everybody has."

Staff supported people in ways that showed they were caring and supportive. This was evidenced in a number of ways for example; staff used a calm approach with people who were anxious and or angry in mood. They also used gentle warm humour and encouragement to motivate people to do daily tasks. People responded positively to staff when they used this approach. Staff were able to tell us how they provided personalised care .They said this meant they cared for people in a way that respected them as unique individuals because they got to know people very well. They said that care plan information helped them to ensure they put people at the centre of all decisions made. The staff cared for people in small teams and they had got to know people very well. The staff said that as a result of knowing people in depth that they knew how to meet their full range of needs. The staff also said they had built up close trusting relationships with the people they supported.

People told us they met their keyworkers regularly and spoke with them about what sort of care and support they felt they needed. Care plans confirmed people were involved in planning and deciding what sort of care and support they were receiving. Care plans were in place to support people to be as independent as possible. For example, we saw people making hot drinks for themselves and we were told by a member of staff that some people were supported to cook meals. We spoke with one person who had become a volunteer at a local city farm. They told us it had helped them with their confidence and that they enjoyed being part of the community.

The home had a dignity in care champion among the staff team. This is a member of staff with particular responsibility for ensuring people are treated with dignity. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. We saw a dignity in care code of practice displayed on a wall in the home. This was to tell people at the home how they could expect to be treated by staff. It was also to remind staff to always uphold the dignity of the people they supported.

There was a courtyard where people could walk safely as well as a dedicated activities room and quiet rooms. People sat in the different shared areas in the home. This showed that they could have privacy and

'space' when they wanted it. Each bedroom was a single room and this gave people privacy. We saw rooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person concerned. There were open plan kitchenettes for people and their visitors to use on each floor of the home. People used the kitchenettes and made themselves drinks. This showed how the environment supported people to be independent.

Care records included guidance in place for end of life care wishes for some people. These plans were reviewed regularly. They set out people's preferences and wishes for preferred place of care and specific funeral plans. Staff we spoke with knew peoples wishes.

Good

Is the service responsive?

Our findings

People told us about the range of social and therapeutic activities they enjoyed doing at the home. Examples of comments included "I do weaving, and we have a lady comes in and does exercises with us and we had a Halloween party and we had a buffet and we dressed up and we had music and danced", "I love to paint and make models and I dressed up as a skeleton and we are having bonfire night party as well," and "I like to paint and make models and we do a lot of things here and we have parties." People also told us about activities they enjoyed away from the home. One person said ", I go out to Asda and I have been down to the city farm and I do have a couple of beers a day". Another person said, "My main interest is painting landscapes, but I haven't done much recently but I've always painted I have them in my room," and "The staff are friendly here and I go out to the post office and the library and to Asda."

We saw staff speaking to people with a calm approach at all times during our visit. In people's care plans we saw that positive actions had been implemented in order to deal with difficult situations that could arise due to the nature of some of the behaviours that people displayed. For example, we saw one person shouting, a member of staff immediately stepped in to defuse the situation and ensured people were safe and avoided an incident.

Due to the complex mental health needs of people at the home activities were prepared and run in a flexible way. We saw one of the full time activities coordinators engaging people in a range of different activities throughout our visit. We saw that people were keen to take part in arts and crafts sessions with her. In the afternoon a film afternoon took place. This was also well attended and people were very engaged with all of the events that we saw take place. People told us that a Halloween party had taken place the night before and people had dressed up in costumes. People also said that a cake was prepared for them on their birthdays if they wanted this as well as a birthday party. Some people also cooked and this was a way to promote their independence.

The home employed two activities coordinators in order to enhance the support available from staff to meet people's social and recreational needs. They told us that people were encouraged to partake in activities provided both in the home and in the local community. Staff confirmed that people's social needs were assessed saying, "We give them a few weeks to settle in and then we talk to them about what they like to do. One person who was asked if there was enough to do in the home replied, "Yes plenty; keeps me occupied. We had a party last night for Halloween."
There were also easily accessible magazines, puzzles, and picture books, newspapers and arts and craft materials throughout the home. Staff engaged people in arts and crafts activities and spent plenty of time talking with them. These actions by staff helped to ensure people were engaged and stimulated. People had care plans relating to social activities and records were kept of the things they had achieved or attended. Activities in the home included arts and crafts, 'cinema' afternoons, visiting entertainers and occasional parties. There were examples of the objects people had made during art and craft sessions decorating the walls of the activity area. . A hairdresser visited during the morning and a film was shown during the afternoon. Some people regularly attended the nearby City Farm where they were involved in helping with the day to day activity on the farm. Other people went swimming or shopping in Bristol.

Assessments and support plans showed people's needs were identified. Assessments were based on personal needs such as general and mental health, mobility, pain, nutrition, continence and medicine management. Assessments regarding mental health were comprehensive and covered capacity, communication, and behaviour, and memory, emotional and social ability. Any mental health diagnoses were recorded. Care plans were then compiled based on the findings of assessments. Plans and assessments seen had been reviewed every three months or earlier if required. Support staff completed notes in which they recorded how the person had spent their day along with a record of support given and any concerns.

We found that some support plans lacked detail in regard to the information provided to direct staff in meeting people's needs. For example; one person had diabetes and required tests to monitor their blood glucose levels. We found that there was contradictory information in their support plans as to the frequency of these tests. Their plan for General Health stated 'at least four times a day' whilst the action plan said 'requires occasional checking.' The deputy manager stated that tests were required twice a day. We saw blood glucose test records that confirmed staff were carrying out twice daily checks. Protocols regarding actions to be taken by staff if the person's blood glucose levels were found to be very high or low were not in place. Another person had been prescribed a thickener to be used in drinks as they had difficulty swallowing. There was no specific information in their support plan about how much thickener should be used or the consistency required. Information on the medicine administration record (MAR) stated use as directed, as did the label on the thickener. When we asked staff about how much thickener they used we received differing responses. A person's support plan stated that they needed to be checked every two hours through the night. Records of these checks were seen that indicated the person was being checked between two and four hourly. We saw individual risk assessments that showed the actions needed to meet the physical needs of people had been set out in these records .Staff also knew what actions were need to support people with their physical needs when we asked them .The registered manager and deputy manager told us that they would update the care plans to ensure that all information about each person's needs was accessible and easy to find.

We recommend that the service seek advice and guidance from reputable sources about the writing of care plans for peoples physical health care needs

The information we read in people's care records showed they had been actively encouraged to plan and decide what sort of care and support they felt they wanted. The care plans stated what actions to take to assist each person with their mental health needs. For example, care records explained that some people needed motivation with their self-care due to their particular mental health issues. The care plans explained how to assist each person with their mental health needs.

We saw that the staff attended handover meetings at the start of each shift throughout the day where the plan for the day was discussed alongside any changes to people's needs. These meetings were an effective way to ensure that key information about people's wellbeing and care needs were handed over to the team coming on duty.

People were sent surveys at least once a year to capture their opinions of the service. People were asked in the survey if they had any complaints about the home. The registered manager and a representative of the provider reviewed the answer that people gave. Examples of the topics people were asked for feedback about included their thoughts about the staff and their attitude and approach, and were they involved in planning their care, what activities they were interested, and the menus. When people had raised matters of concern, we saw that actions were identified to address them satisfactorily.

All of the people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the deputy manager or the registered manager. One person told us, "I can go to the office." Another person told us "We can see them if we want to." Through the day we saw people approach both managers who spent time listening to people and trying to resolve matters that they wanted to talk to them about. One person told us about the information they had been given when they arrived at the home. The welcome pack they had been given included their own copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them.

Good

Is the service well-led?

Our findings

People spoke highly of the deputy manager and registered manager. The deputy manager took a key role in the day to day management of the home. Both managers and staff told us they worked very well together and there was really good communication between them.

The managers also had built up good relationships and communication with healthcare professionals and we received positive feedback. Comments included, "They just seem to know the needs of everyone that they support very well", and ''They have got to know my client very well they get in touch whenever needed. The deputy manager is very good at keeping us updated. " One person said, "Yes, we get to see the manager and we think he's doing a good job". Another comment was I think the manager is doing a good job and if I have a problem then they do sort it out."

The registered manager and deputy manager were open and accessible to people who lived at the home and the staff. We saw people went to the office to see them during our visit. We saw that every time someone wanted to speak with them they made plenty of time to be available for them. The registered manager and deputy manager conveyed to us that they provided effective leadership of the home. They shared a knowledge and enthusiasm for the home, the people who lived there and the team.

The registered manager and deputy manager led by example and were positive role models. Based on our observations and conversation we saw that the staff shared their vision for providing the best quality of person centred care. The staff knew what the provider's visions and values were. They explained the values included being person centred and treating people as if they were living in their own home. The staff told us that they made sure they took the values into account when they supported people at the home. This ensured the vision and values were put into practice.

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The registered manager and deputy manager told us how they clearly understood their roles and responsibilities. The registered manager was open to new ideas and always sought the deputy manager's view about proposed improvements. The registered manager told us the provider would do anything for people at the home. They also said the provider kept very interested and engaged in what was going on in the home. The registered manager told us they kept up to date with best practice in mental health care by attending meetings with other professionals in the same type of mental health care. They also shared information and learning from these meetings with the staff team. They also told us they read journals about health and social care topics.

People told us that they were asked for their views about the service. One person told us, "I say whatever I want to them". There were records of the meetings that showed that people were asked for their opinions and the action that had been taken in response to people's comments. For example, menus had been revised and updated. Also plans for Christmas were being put in place based on people's views and opinions.

We were told that people who lived at the home were asked for their views when recruiting new staff. This

showed how people were being actively involved in how the home was run. The registered manager and a representative for the provider undertook health and safety audits regularly in the home.

Staff meetings were held regularly. Staff told us they were able to make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up. Staff were encouraged to perform well and develop in their roles. The provider had introduced a scheme to recognise good care and service at the home. A financial acknowledgment was to be given to staff for high quality care and good outcomes in the home. The staff told us this award made them feel very valued and appreciated. Staff completed a staff survey which asked if they were happy working at home and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager and deputy manager.

A representative for the provider visited the home regularly to meet with people and staff. They wrote a report after their visits. Their reports highlighted actions for the registered manager to take after each visit. These included plans to upgrade part of the decor in the home .There were systems in place to check and monitor the quality of the service provided. When we checked the health and safety audits we saw that these had had identified the shortfalls in health and safety. We read the minutes of recent staff meetings records and we saw that health and safety matters were raised with staff at each meeting. The registered manager and deputy manager reminded staff to follow correct practices around health and safety at all times. This also meant that there was assurance that people received a safe and suitable service.