

Care at Stennings

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Inspection report

Stennings
Brookview
Copthorne
West Sussex
RH10 3RZ

Tel: 01342719388

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15 February 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The comprehensive inspection took place on 9 and 15 February 2016. Care at Stennings is a care home that is registered to provide accommodation, care and support for up to eight adults with learning disabilities. Accommodation is provided in 8 single bedrooms within two houses that are linked together by a conservatory. The garden at the front and rear are secluded and accessible to the people living at the home. The home is located in the village of Copthorne with access to public transport, local convenience shops, chemist and the local community. People living at the service, relatives and staff referred to the service as "Stennings." At the time of the inspection there were eight young adults with learning disabilities living at the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People, relatives and staff spoke highly of the registered manager.

Some key principles of the Mental Capacity Act 2005 (MCA) were not being consistently applied. Staff were not always clear about how to ensure that proper consideration was given to matters of consent to empower people to make their own decisions in line with the MCA. Staff had received training and demonstrated a good understanding of the principles of the MCA however there were some inconsistencies in their practice regarding assessing people's capacity in relation to managing some or all of their medicines. In other areas of practice staff were working within the principles of the MCA and Deprivation of Liberty Safeguards (DoLS).

People told us they felt safe living at Stennings, one person said, "I feel safe because they don't just let strangers come in." Staff had a clear understanding of their responsibilities in regard to keeping people safe from harm and abuse, and risks were identified and managed appropriately. A relative told us, "I'm really happy with the care, we know (person's name) is safe and well cared for and that's such a relief." Staff had been recruited through a safe and robust process with appropriate checks made to ensure they were safe to work with people. There were sufficient staff to ensure people were safe and had their needs met. Staff were knowledgeable and well supported. Training opportunities were good; one staff member said "The manager is always offering and suggesting training for us." Staff were knowledgeable about the needs of people with learning disabilities.

Medicines were stored and managed safely and people were supported with their health care and dietary needs. People were supported to be as independent as possible in choosing and preparing their meals. One person told us, "I usually decide myself when to eat, I sometimes need a bit of help from staff but I can do quite a lot on my own," There were regular opportunities for people to eat out and they told us they looked forward to these occasions.

People were supported by staff who were caring and compassionate. People's relatives spoke highly of the caring nature of the staff. One relative told us, "I feel blessed that (person's name) is able to live there, the staff do so much, I can't fault the care." Staff spoke about their roles with enthusiasm and commitment, one commented, "I love helping the service users, if you don't feel that way you wouldn't work here." Throughout the inspection we saw positive interactions between people and the staff with numerous examples of staff listening to people and consistently responding in a positive way. People told us they liked the staff and appeared happy and relaxed in their presence.

Staff were clearly focussed on providing personalised care and had a good understanding of people's needs and how to support them. A system was in place to inform staff of any changes to people's care needs. People were supported to engage with the community through a wide range of activities according to their preferences and interests. Care records were detailed and personalised and gave a strong sense of the individual and what was important to them. People had full and busy lives, one relative said, "I'm really happy with the care, there is so much going on, you have to ring because they are never in."

There was a complaints system in place and people and their relatives told us they felt comfortable raising any concerns. The culture of the service was positive and person centred. There was a clear vision that people should be involved with their community and this was understood and embedded in practice within the service. The registered manager was well regarded by people, relatives and staff who were well supported. There were systems in place to monitor the quality of the service and this information was used in addition to feedback from service users, relatives and staff to drive service improvements where needed.

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.

Staff understood how to safeguard people from abuse and risks were identified and assessed to keep people safe.

Medicines were managed and stored safely

Recruitment systems ensured staff were suitable to work with people and there were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were not always clear about how to ensure that proper consideration was given to matters of consent to empower people to make their own decisions in line with the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported by staff who received appropriate training and supervision.

People were supported to have enough to eat and drink. Their health was monitored and staff ensured that people has access to healthcare services.

Is the service caring?

Good ●

Staff were caring.

People and relatives spoke highly of the friendly and caring nature of the staff. Staff knew the people they were caring for well.

Staff respected people's dignity and privacy. People were treated in a kind and compassionate way.

People told us that their views were listened to. Information was provided in accessible formats and people were supported to be involved in the running of the home.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's needs, they knew them well and understood how to care for them.

People's care records were personalised and gave a strong sense of the individual and what was important to them.

People were encouraged and supported to follow their interests and there was an extensive range of activities taking place on a daily basis.

There was a complaints procedure in place and people and relatives told us that they felt comfortable in raising any concerns.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The service had a strong person centred culture with a clear vision for community inclusion that was understood and embedded within staff practice.

The registered manager used effective leadership skills and the staff team were well motivated.

Systems were in place to monitor the quality of the service and to seek feedback from people and relatives. The registered manager used this information to identify areas of the service that needed to improve.

Care at Stennings

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days, 9 and 15 February 2016. The provider was given three days' notice because the location was a small care home for younger adults who are often out during the day, we needed to be sure that people we needed to speak to were available. Two inspectors visited on 9 February and one visited on 15 February.

Before the inspection we looked at the previous inspection reports, and we reviewed information we held about the home including any safeguarding concerns that had been raised and notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR), since the last inspection and we reviewed this information. A PIR is a form that asks the provider to give some key information about the service, what the service does and what improvements they plan to make.

During the inspection we looked at areas of the building, including some people's bedrooms and en-suite bathrooms, the kitchens, communal lounges and dining areas as well as the garden and art studio attached to the property. We spoke with people using the service, the registered manager and staff on duty. Since the inspection we have contacted other staff members, relatives of people living at the home and health and care professionals working with people living at the home. We looked at a variety of records including, three staff recruitment files, the duty rota for the past four weeks, the staff training plan, supervision and appraisal records. We also looked at four care plans and daily records and we examined how medicines were obtained, stored, administered and disposed of. We reviewed policies and procedures, complaints, incident and accident files, quality assurance documents, minutes of meetings, shift planners and individual activity plans and menu plans.

The previous inspection was carried out in October 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us they liked living at Stennings and felt happy and safe there. One person said, "All the staff are really nice here, they know me well," another person said, "I feel safe because they don't just let strangers come in," a third person said, "I feel safe here, it's nice and warm and the staff help us a lot. I like my bedroom too; no one comes in unless I want them too."

Staff had received safeguarding training and demonstrated a clear understanding of what to do if they suspected people were at risk of harm or abuse. One staff member said "If I was concerned I would speak to my manager or ring the on-call number, I would make sure I had documented everything and if couldn't get hold of someone here I would contact the local authority safeguarding team – I know where the number is. " We saw leaflets in the hallway in an easy read format called 'Say no to abuse ' and there was a message on the notice board, in easy read symbols reminding people to talk to staff if they felt worried or upset about anything. Easy read is a technique for presenting text in an accessible format that is easy to understand, it uses simple symbols and images to convey information to people who have difficulty in processing written information. People told us they would speak to staff if they were worried. One person said, "I've got a key worker, I can always talk to them if I'm worried." A relative told us, "I'm really happy with the care, we know (person's name) is safe and well cared for and that's such a relief."

People were supported to be safe without undue restrictions about how they spent their time. Some people went out alone and others were supported by staff members. Care records included robust risk assessments that reflected the choices people were making, for example a person had been attending a cycling club regularly and their care plan included a detailed risk assessment giving guidance to staff about how to support this activity. There was clear information about what the person was able to do, what they needed help with and the environment within which they could safely undertake this activity. It was evident from speaking with the person that they enjoyed this activity. Another example was for road safety, risk assessments gave clear analysis of the risks for people who lacked awareness of traffic and identified when people needed to be closely monitored and supported by staff members when out in the community to maintain their safety.

Environmental risks at the home were well managed, regular checks were recorded in areas including fire safety, water temperatures, fridge and freezer temperatures and temperature of cooked foods. The daily shift plan included allocation of specific safety tasks for staff on duty in line with the homes infection control policy. Task included, fire safety checks, infection control procedures and other general cleaning tasks to maintain a safe and clean environment, we saw staff undertaking some of these activities and our observations were that all areas we saw were clean.

People's medicines were managed safely. Medicines were stored safely in a locked cabinet and there were suitable arrangements in place for medicines that needed to be kept chilled to maintain their efficacy. Records showed that medicines were stored at appropriate temperatures. Medicine administration records (MARs) were well maintained and recording of the administration of medicines was in line with the home's policy and good practice guidance. Photographs of people receiving medicines were attached to the MAR

chart to ensure their identity was clear for the staff administering medicines. There was clear detail recorded including the name, strength and dose of each medicine, the reason for the prescription and possible side effects. Staff had received training in how to administer medicines safely and a staff member was able to talk with confidence about the process for reporting any medication errors and showed us how they conduct an audit of one person's medication. This demonstrated that medication records were reconciled with the actual stock of medicines held, indicating that the person had received their medication appropriately. The registered manager conducted regular medication audits to check that medicines were being managed safely. No medicines were being administered using a covert method. One person told us that they always had their medicines on time and we saw staff reminding people that they needed to have their medication before going out for their evening meal.

Staffing levels were sufficient to keep people safe and meet their needs. The staff rota showed that there were at least two members of staff on duty with one member of staff covering the sleeping –in shift. People and their relatives told us that they felt there were enough staff on duty, one person said " There are always staff around to help us if we need it," a family member said, "I think the staffing levels are ok, they manage to do such a lot with all the residents." A staff member said "We are always busy, but some people here are very independent so I think there are enough staff on duty." The registered manager said that staffing levels were determined depending on the needs of individuals for support with planned activities. He explained that this was usually planned in advance but that the morning shift leader was responsible for looking at the rota for the next day to ensure the correct staffing was booked, this was indicated as a task on the daily shift plan.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. There was a policy on staff recruitment providing guidance in following safe recruitment processes.

Is the service effective?

Our findings

People told us that they were supported to live their life in the way that they choose and that they were supported to maintain good health. One person said "I have a lot of freedom, I choose where I want to go and what I want to do, I can go out anytime." Another person told us "When I didn't feel well (staff member) told me to relax and have a rest, they gave me some medicine and they said I might need to see the doctor, but I felt better later." A relative told us "I've got no concerns I know the staff are good, I can't fault the care they give." Despite these positive comments we did find some areas of practice that needed improvement.

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 made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and were able to demonstrate their knowledge and understanding of the importance of obtaining people's consent to their care and treatment. However some key principles of the MCA were not being consistently applied. There was an inconsistent approach in supporting people to be independent in some areas of their life. The home's medication policy stated that 'Every service user has the right to manage and administer their own medication if they wish and we will provide support and aids to enable self-medication wherever possible.' However everyone was having their medication managed and administered by staff. We asked the registered manager how this decision had been made. He told us that this was a historical decision to ensure the safety of service users.

No mental capacity assessments had been undertaken to determine whether people had capacity to manage all or some of their own medicines. There were signed consent forms in people's care records to indicate they were giving consent to having their medicines administered. Best interest decisions were documented where if it was felt that the person did not have capacity to manage their own medicines however there were no mental capacity assessments to show how this decision had been reached. People were being asked to sign when medicines were given even though there was a best interest decision that their medicines should be administered. It was not clear if people had an understanding of what they were signing and why, because no mental capacity assessments had been undertaken to determine this. This indicated that staff were not always clear about how to ensure that proper consideration is given to matters of consent and mental capacity to empower people to make their own decisions. We identified this as an area of practice that needs improvement to support a consistent approach to the application of the principles of the MCA.

In other areas of practice staff were working within the principles of the MCA and staff were seen to be seeking people's consent to care and support during the inspection. For example we heard one staff member asking if a person would like some help with making their lunch, and another saying "Shall I get your medicine now before you go out?" Consent was documented in people's care records, for example a signed form consenting to staff entering someone's bedroom to check water temperatures in their en-suite

bathroom.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager had completed a number of DoLS applications. This showed that the registered manager had taken proper steps to consider whether the restraint of individuals might amount to a deprivation of liberty and was seeking a best interest assessment from the supervisory body to determine this.

Staff told us they had many opportunities to undertake training, and that it was thorough and equipped them for their role. One staff member said "I've had loads of training since I came here, I've almost finished my NVQ level 5," another told us "The manager is always offering and suggesting training for us." Training records confirmed that staff had received training in a range of subjects relevant to the care of the people they were looking after. Staff were knowledgeable about people's needs and how to support them. They could tell us about the individual care needs, preferences and personal history of the people they were supporting. For example one staff member said "We know the people here really well and understand how to help them, we have plenty of time to get to know them and their history," another said "Sometimes just knowing one small piece of information can make a really big difference, when I found out that (person's name) had a bad experience when they were young it made sense of how they react to things now."

People spoke highly of the staff, one person said, "My key workers good, she helps me with things," another said, "All the staff are nice, they know me, know what I like doing," and "I think the staff understand me, they know I like my privacy and they let me have lots of freedom here." One relative told us that they had noticed a big change in their relative's confidence, and described how they were better able to express their opinions, saying "The staff do a really good job supporting him." Records showed that staff received regular formal supervision and a yearly appraisal and staff told us they felt well supported in their role. The registered manager told us that new staff members have a thorough induction that includes a considerable amount of time shadowing experienced staff. He said "It's really important that new staff learn how to provide care through the knowledge of existing staff because they know people so well, they have plenty of time to read through files too but getting to know people is more important than the documentation."

People were supported to maintain their health and staff were proactive in ensuring they had access to ongoing health care support. People told us that they would tell staff if they didn't feel well and that staff were quick to act, one person said, "I told my key worker that I felt ill and she gave me some tablets and a drink. If I hadn't felt better she would have taken me to the doctor but I was fine." Relatives said, "The staff have been very good, they are quick to contact the doctor," and "I have no concerns, the staff are on the ball regarding health matters, I know I haven't got to worry." We saw numerous examples in people's care records of involvement with health care professionals including appointments with GP's; dentists, audiologists, podiatrist, reflexologist and specialist support including oncology and dieticians. People had individual health action plans that included monitoring specific health issues, for example, someone needed a special diet and had their weight monitored on a regular basis. We noted that the health action plan had been recently updated and there was evidence of an annual health check with the GP showing that the staff were proactive in monitoring people's health and wellbeing. A system was in place to update staff about any changes to support, this required staff to read the information and sign to acknowledge they had been informed. A daily care plan for each person was attached to the shift plan and this was also amended with any changes. The registered manager explained that the main care plan would also be amended in due course but that initially it was the daily care plan that was important to ensure staff had the most up to date information.

People told us that they enjoyed the food at Stennings and that they had enough to eat and drink. We saw that there were bowls of fresh fruit available for people to help themselves as well as jugs of drinks and glasses in both the dining areas. People had individual menu plans in their care records and on the wall in the kitchen. People told us they could choose what they wanted to have on their menu plan and this included a take away meal once a week. One person told us that they enjoyed using the internet to order food shopping, they said "I prefer it because I can choose what I want." Staff told us that people were supported to be as independent as possible in preparing their meals and that they used some ready meals to enable people to cook the meal themselves. Staff said they also helped people to prepare food and cook meals and we saw that kitchens were well stocked with a mixture of ready prepared and fresh ingredients.

People said they had opportunities to eat out regularly and to choose which restaurant they wanted to visit and they often liked to go out to eat as a group. On the day of the inspection everyone was going out for their evening meal to celebrate a birthday and people were clearly happy and excited to be going. One person said, "I love going to Frankie and Benny's we went there when it was my birthday," someone else said, "I already know what I'm going to have to eat." One person told us that they really enjoyed the regular barbecues that were arranged throughout the summer months. Staff told us that there was no set time for meals and it very much depended upon what each person was doing. Most people were able to tell staff when they wanted to eat. If they had an appointment or there was an outing or activity planned staff would help them decide on an appropriate time to eat. People confirmed this saying, "I usually decide myself when to eat, I sometimes need a bit of help from staff but I can do quite a lot on my own," and "I make my own sandwiches and when I'm going out I make them the night before." Some people had special dietary needs such as requiring a gluten free diet, this was well documented and gluten free products including snacks were available.

Some people had been identified as having risks to their health associated with weight gain. Their weight was regularly monitored and they were being supported to eat a healthy diet. There was plenty of fresh food in the fridge including fresh vegetables to provide a balanced diet, and a system of coloured stickers was used to distinguish between individual's food. People told us they could change their mind and have something different if they didn't want what was on their menu plan that day. We saw one person being supported to make their lunch and they were offered a number of choices from the food available.

Is the service caring?

Our findings

People told us they liked the staff and found them friendly and approachable one person said "all the staff are nice, I get on with everyone," another said, "I love it here, it's wonderful, I wish I had come here sooner." People's relatives spoke highly of the caring nature of the staff. One relative told us, "I feel blessed that (person's name) is able to live there, the staff do so much, I can't fault the care," another relative said, "I am very happy, the staff are all approachable and I think they do a pretty good job." Staff spoke about their roles with enthusiasm and commitment, their comments included "I love helping the service users, if you don't feel that way you wouldn't work here," and "They (service users) become like your family and you care for them as you would your own, in here it's all about them."

Throughout the inspection we saw positive interactions between people and the staff with numerous examples of staff listening to people and consistently responding in a positive way. For example one person was talking about their family and repeating themselves persistently, the staff member acknowledged their conversation with humour and respect showing that despite the repetition he was valuing the conversation. Another person was talking about a recent day trip, the staff member listened carefully, bending down to maintain good eye contact and show they were engaged with the conversation. People appeared relaxed and comfortable in the presence of staff members and there was a lively atmosphere with lots of laughter and banter between people and staff.

We observed staff being supportive and encouraging with people, saying "Would it be a good idea to change your top if you are going out?" and "Do you need any help getting ready?" People told us they felt the staff were respectful and caring, "They don't really tell me what to do, but if I need help they are there." One person was downloading some music on their computer tablet with a member of staff, the staff member was heard to say "You can do this so much more easily than me, you're really clever with that tablet," the person was clearly happy with this praise and recognition of their computer skills. Staff told us that people's rights to privacy and dignity were highly regarded. One staff member said, "We always knock on people's bedroom doors before entering," another said, "I think it's important to respect people's individual personal space." People told us that they liked spending time alone sometimes and this was respected. One person said "I like my bedroom, it's quiet," another said "You do get to have privacy here, one of the rules of the house is that you don't go in anyone else's room, and to be respectful, everyone agrees with the rules."

People had care records that contained a wide range of information relating to their care, treatment and support. People were involved in their care planning initially and relatives told us that they had also been consulted for background information and their views as part of the care planning process. Relatives told us that they had been invited to attend meetings to review care arrangements. People told us that they felt that staff listened to them, for example one person said, "Staff are also asking me how I feel about things, I go to a club regularly and it's good but if I didn't like it I would tell (Registered Manager) and he'd say ok let's change that then." Another person told us that they felt they were independent and in control of their life, they explained, "If I want to discuss things with my family I can always ring them or make arrangements to see them, or my friends, I don't need anyone's permission, staff tell me to let them know but I can do what I

want. I have a lot of freedom and make my own choices." People's rooms were found to be nicely decorated and well personalised. Two bedrooms had been decorated last year and people had been involved in choosing the colour, bedding, curtains and carpets.

We noted that care plans took account of the importance of involving people in decisions and supporting their dignity, for example one care plan stated, 'Needs supervision with dressing, ensure that (person's name) exercises choice but encourage appropriate clothing for the situation.' Another care plan noted 'Build confidence by supporting to choose activities, ' and ' Allow time to process information, (person's name) understands instructions and confirms this- don't rush.' This gave clear guidance to staff in how to support and involve people whilst maintaining their dignity. A social care professional told us that people were involved in the care planning process and they had been impressed with staff asking people about what they liked doing and also encouraging people to try new things. We saw that people were supported to maintain their personal appearance and that their bedrooms were clean. We noticed that staff had taken care to frame people's art work and it had been hung on the wall in recognition of their efforts.

Staff told us how they maintained communication with people who were less able to express their views by using a range of techniques. One staff member said, "It's really important to involve people in decisions about their life, we might need to offer a number of choices and sometimes we use pictures to explain things. For example when we were talking about what sort of holiday people wanted we gave them different options about who they might like to go with, what they wanted to do and where to go. Everyone could choose and they didn't all have to go together." Some people used Makaton sign language and we saw that staff were able to respond. Makaton is a language programme that uses speech with signs (gestures) and symbols (pictures) to help people with communication difficulties. Some people used pictorial prompts to communicate and we saw that notes from residents meetings and other information for people living at Stennings was produced in an easy read format. People told us they enjoyed the residents meetings and notes of the meetings showed they were well attended. One person told us, "We have a meeting every few weeks with the staff and we decide on things like what we want to do and where we want to go on holiday." We found examples of this in the notes of recent meetings.

Peoples' confidentiality was maintained. Records were kept in locked cupboards and archived personal information was kept in a locked office upstairs. Staff told us they understood the importance of maintaining confidentiality, one staff member said, " I don't discuss people with the other people that live here," another said "It's important that we keep people's personal information confidential." We saw how a member of staff spoke quietly to one person, away from other people, in order to maintain their confidentiality and protect their dignity. The Registered Manager said that there were no restrictions about when relatives could visit but they did ask if they could let staff know if they were intending to visit because people were often out. Relatives told us that they felt welcomed when they visited and confirmed that they would usually let the staff know they were coming because people were out and about so much of the time. We noted that one person was talking to their relative on the phone during the inspection and staff were careful to give them privacy to have the conversation.

Is the service responsive?

Our findings

People, relatives and professionals told us that people received care that was responsive to their needs. One person told us "I like living here, we can choose lots of things to do and the staff help me, my keyworker is good." A relative said, "They try and support people to be independent, they understand what they need," another relative told us "I'm really happy with the care, there is so much going on, you have to ring because they are never in," and "The staff know to remind (person's name) when to do something, they are good at keeping him motivated and as independent as possible." A social care professional told us, "I have been really impressed with the activities on offer and the choices people have, their needs are well met."

People received care that was tailored to their personal needs. The registered manager and the staff were knowledgeable about the people they were caring for and understood their needs. Care records were personalised and included a considerable amount of information including people's personal history and extensive information covering most aspects of their life. Information was included from a variety of viewpoints including psychological, emotional and physical perspectives providing a detailed and holistic record for staff to refer to. A written description gave a strong sense of the individual and included clear information about what was important to the person, their preferences and dislikes, things they were good at and enjoyed doing and situations and activities that they found difficult or challenging. There were a number of care and support plans in place, including care plans, separate health care plans, individual support plans, and finance plans. These records contained a wealth of detailed information. We asked the registered manager to explain how staff were able to find information to ensure they provided care in a way that was responsive to the needs of the people they were supporting. He explained that staff knew people well and were guided in the day to day needs of individuals by use of a daily routine plan that was attached to the shift plan. Staff demonstrated that they had a good understanding of people's needs, that they knew them well and understood how to care for them.

Information about changes to people's needs were communicated to staff by use of an update file. There was a range of information in the file including details of forthcoming medical appointments, messages and changes that needed to be made to care plans following advice from medical professionals. The staff were required to initial each document to indicate that they had read the information. The registered manager explained that this information was transferred to the person's file and their care plans were updated in due course. For example one person had visited a dental hygienist in November and recommendations were made about supporting them to clean their teeth in a specific way. We noted that staff had all signed to say they had read this information but the care plan in the main record had not been amended accordingly. We asked the registered manager how he could be assured that staff were following the new procedure when supporting this person. He said that all staff had seen the information and signed to say they had read it and knew to follow the new guidance. The registered manager said that both he, and the deputy, worked on shift alongside staff on a regular basis so they were confident that staff were following the instructions. However the registered manager acknowledged that care plans could be updated in a more timely way.

People were supported to maintain their independence and to use local facilities such as shops, cafes, pubs and restaurants. People had their needs assessed before they moved to the home and this information,

together with contributions from relatives, other professionals and people themselves, was used to create care plans that reflected their preferences and aspirations. We saw numerous examples of this, including one person who was an Elvis fan and had expressed a desire to visit Graceland in America. A staff member told us that they had helped the person to understand that by sticking to a budget they could save enough money to achieve this, they said " I felt so pleased when they went to Graceland it was a huge achievement and I felt really proud that we had helped them to get there."

There was a comprehensive range of activities being undertaken by the people and staff were focussed on ensuring that people got out and used local facilities. People were enabled to follow their interests, for example, one person had expressed a desire to have a pet hamster and staff supported them to look after the animal. Two people told us they were excited about going to a local football match at the weekend, and another person told us that they had recently been to see Will Young in concert. People were keen to tell us about their holiday plans, one person said they had chosen to go to centre parks because they had enjoyed it before and another person said they were going to New York. We noted that there were also opportunities for people to participate in quieter activities at home with games and art materials available in the lounge areas. We saw people spending time using various electronic equipment including lap-tops, tablets and I-pods and there was an art studio attached to the house where people had been undertaking art and craft projects including painting, pottery and sculpture. It was clear from the shift plans that people were being supported on a daily basis across a wide range of activities and were generally leading full and busy lives.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. For example, people's care records included details of individuals who are important to them and their birthdays were recorded in the homes diary to ensure that people were supported to send a birthday card if they wanted to. People told us that they could contact their families whenever they wanted to and that staff would support them to use the phone and we saw this during the inspection.

People told us that they would feel comfortable to make a complaint, comments included "I would talk to (Registered manager) or my key worker," "I tell staff if I am annoyed or unhappy," and relatives said, "I would have no problem raising a complaint but I have never had to," and "All the staff are really friendly and approachable, I would feel fine about talking to them if I was concerned about anything." There was a formal complaints policy which had been recently reviewed and complaints were recorded, the registered manager's response had been timely and was recorded within an email to the complainant. We saw that complaints leaflets were available in communal areas in easy read format.

Is the service well-led?

Our findings

People, relatives and staff told us that the registered manager was very approachable and the leadership of the home was good. Comments included, "The manager is very committed to the home and really values the staff," and "The manager is good, very open and approachable. We are a good team and work well together," and "I like working here, I feel really supported."

Staff described a culture of learning and reflection both as a team and individually, they told us that the atmosphere in the home was open and inclusive. They said they felt able to speak freely and felt involved in developing the service with clear vision and leadership from the registered manager. We saw evidence that staff meetings were regular and well attended and staff told us they were able to raise agenda items for discussion. We asked how the people living at Stennings were involved in developing the service, the registered manager said "They are a very interactive group, we have endless dialogue with them to ascertain their views." An example was that people were empowered to be involved in the recruitment process for new staff. The registered manager explained that people were invited to ask whatever question they wanted as part of the interview process, often this included a discussion about activities that were most important to them and how the prospective staff member might support this.

The registered manager spoke fervently about the care and support provided to people and said that it was his intention to be as accessible as possible for the people living at Stennings and the staff. He described his approach as being "hands on" working as part of the shift to support people with their care. This enabled him to be fully engaged with the quality of the service. We observed the registered manager both supporting people and guiding staff. He was knowledgeable about good practice when supporting people with learning disabilities and staff benefitted from his experience when working on shift together. He was clearly committed to his role and to the continuous improvement of the service. He described how the staff team had embraced the core values of the service in supporting people to be as independent as possible and how staff continuously sought to improve peoples' lives.

People told us that they felt there was a fair and open culture at Stennings, one person said, "Everyone agrees the rules and they are fair to all of us," and "We all respect each other and the staff too." A member of staff described how they had felt valued by the registered manager when they needed to change their shift pattern and although difficult this had been accommodated. Another staff member told us that they had been given responsibility for a specific piece of work following a suggestion they had made, they described feeling that their idea had been validated and were pleased to have been asked. This showed that the registered manager used effective leadership skills to motivate and support the staff.

The registered manager valued people's and staff feedback and acted on their suggestions, for example a member of staff suggested that one person might benefit from having a holiday on their own, this idea was explored with the person, arrangements were made and the holiday was successful. Staff were clear about their role and responsibilities and there was a shift leader who had oversight on a daily basis. Staff told us they were happy in their roles, one staff member said "I've never had a bad day here." The registered manager described a supportive relationship with the provider and people and staff said they would feel

comfortable talking to the provider about any concerns.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included regular maintenance and health and safety checks as well as auditing processes. Where short falls were identified through this process the registered manager took action to rectify problems and ensure the quality of the service. For example we saw the handy man was in the process of fitting new door closures to a number of internal doors, he said that this action was in response to a recent audit that had identified a problem with some of the doors.