

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Humber Court

Inspection report

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Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

Humber Court provides personal care and support to older people who occupy or own their own flats located within the premises at Abbey Park. There are 46 flats in total and at the time of our visit 21 people were receiving support with personal care. We were told the care provision at Humber Court had reduced over the last six months. This was due in part to people moving to other homes so they could receive increased specialist care. As a result, a decision was made to refurbish and sell some of the flats. This was seen as a positive move to enhance the community at Humber Court.

The inspection took place on 8 July 2015. We gave the provider 24 hour's notice of our visit so that they could arrange for people and staff to be available to talk with us about the service.

A registered manager was in post. 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.

Summary of findings

People told us they felt safe at Humber Court and were supported by a consistent group of staff who were kind, caring and respectful towards them. Staff were trained in safeguarding adults and understood how to protect people from abuse. Checks were carried out prior to staff starting work to ensure they were of good character to work with people who used the service.

We found there were enough suitably trained staff to deliver safe and effective care to people. People told us staff had the right skills and experience to provide the care and support they required and did not rush their care when they supported them. There were procedures for staff to follow to minimise risks to people's safety such as how to manage risks associated with people's medicines. Information in care files supported staff in managing risks and we found these were being appropriately managed so that people's needs were met. Care plans also contained relevant information to help staff provide the personalised care people required.

Care staff helped people to prepare meals or attend the restaurant where a choice of nutritious meals were available. A varied programme of activities and entertainment was organised and regularly provided by

the service which people could participate in if they wished. People had an opportunity to say what social activities and entertainment they would like by attending 'residents meetings' where these were discussed. This meant there were effective arrangements in place to meet people's social care needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people in line with these principles. People were involved in their care and their opinions were sought about the service they received to make sure this met their preferences. There had been no complaints received about the service but people felt confident to raise any concerns or issues with the registered manager if they needed to.

The provider and registered manager were committed to ensure people received the quality of care and services they would expect. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, checks on records, 'residents meetings' and a programme of checks and audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient numbers of staff to support people's needs and manage their care. Risks to people were assessed and reviewed and staff understood how to keep people safe. The service had effective recruitment and selection procedures in place and carried out checks when they employed staff to ensure they were of good character.

Is the service effective?

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and they updated their skills by attending regular training. Staff understood the principles of the Mental Capacity Act 2005 and ensured people's consent was sought before care was provided.

Is the service caring?

The service was caring.

People were treated with kindness, patience and respect by the staff that supported them. People were positive about their care experiences and received care and support from a consistent group of staff that understood their individual needs. People were involved in making decisions about how their care and treatment was delivered.

Is the service responsive?

The service was responsive.

People were involved in the assessment of their health care needs and care and support was provided in accordance with people's individual preferences and needs. This included a range of social activities and entertainment which was provided on a regular basis. Care plans were reviewed to identify any changes in people's needs to ensure they continued to be met. People knew how to raise complaints and felt at ease to approach staff or the registered manager if they needed to.

Is the service well-led?

The service was well led.

The provider and management team provided good leadership and staff understood their responsibilities to ensure people received the quality of care and service they expected. Staff felt supported in their roles and people spoke positively of the management team at the service. There were quality monitoring systems to identify if any improvements were needed.

ExtraCare Charitable Trust Humber Court

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 July 2015 and was announced. The provider was given 24 hours' notice so that they could arrange for people and staff to be available to talk with us about the service.

The inspection team consisted of one inspector 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 reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's

information return (PIR). This is a form we asked the provider to send us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also provided us with a list of people who used the service so we could select people we wished to speak with and arrange convenient times to speak with them.

During our visit we spoke with the registered manager, seven people who used the service, one relative, three care support workers (including a team leader) and the activity co-ordinator. We also contacted the local authority who funded the care for some people who used the service. They told us they had no concerns about the service.

We reviewed three people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included, the staff "run" sheets which showed the support people were to receive and at what times, the medication records, the processes for managing complaints, staff recruitment records and the service's quality records which included audits and notes of meetings with people and staff.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Humber Court. They told us, “Oh yes very safe, there is nothing to be frightened of here, it has never entered my head.” “Yes [feel safe] even when I go outside of my flat, I wear a personal alarm. I slipped once and pressed it and staff came in no time at all.”

People were protected from abuse because staff had completed training on safeguarding people which included how to recognise abuse. They were able to describe the different types of abuse and told us they would report any concerns to their manager so they could be followed up and acted upon. The registered manager had taken action to report safeguarding incidents promptly to us and had also taken appropriate action to manage any potential on-going risks.

People told us they were involved in decisions related to risks associated with their care. For example, one person who was at risk of falling was spoken with about using a personal alarm to help manage this risk which they agreed to. They told us, “I had a habit of falling when I first arrived and staff were there straight away. Now I have a personal alarm.”

Staff knew about people’s health and support needs and were able to tell us how they managed risks associated with people’s care. These included risks associated with medical conditions and the environment. Each person had an ‘ability profile’ which identified areas of potential risk and described what they could do independently. Care was then planned to minimise any risks to people’s health. For example, we were told about a person who had a medical condition that could result in seizures. One staff member told us the person usually knew when they were going to have a seizure and the person would tell staff so they could assist the person safely to their bed. The care plan for this person contained detailed information about their medical condition so that staff understood the symptoms and how to meet the person’s needs. There were also clear instructions to staff on what they needed to do to keep the person safe during any seizures.

The registered manager and staff told us they contacted health professionals for advice when necessary so that people’s health and safety was not put at risk. For example, a health professional had assessed a person’s ability to

move and transfer safely and had advised staff not to use a hoist due to risks associated with a health problem. We spoke with the person who told us, “They [staff] don’t use a hoist with me because of my back I have an electric bed which goes up and down they help me get into and out of it and are so careful with my legs.” Staff told us any changes in people’s support needs were reported during a ‘handover’ at the beginning of their shift which they found helpful. They told us they were also required to read care plans each day when they visited the flats so they would know about any new risks and changes to people’s support required.

The provider and registered manager identified and managed risks related to the environment. The registered manager explained how the building was kept secure and how a recent attempted access to the building by an unauthorised person was quickly identified and addressed. A staff member confirmed this. They told us, “There was a security breach the other week, police were called and everyone was on full action and residents were informed. It was a very quick response.” Staff were aware of the procedures to follow in the event of an emergency such as a fire. Care plans contained personal evacuation plans which detailed information about any support people would need to evacuate the building. They knew about the fire procedures and the action they should take to keep people safe within the building in the event of a fire. People knew about weekly alarm tests to make sure all fire doors closed properly in an emergency.

People felt there were enough staff to meet their needs although they identified that sometimes staff could be exceptionally busy depending on what had happened in the service that day. They told us, “I have four calls a day, they are very prompt, staff do all I need doing but it is a rush.” “I don’t know who the staff are but I am very forgetful, one helped me with my shower this morning she was very nice she didn’t take all the time in the world to do it, so I felt quite comfortable.” We found through our discussions with staff and people there were sufficient staff to meet people’s needs. Staff told us they had sufficient time to carry out the tasks required of them when they visited people in their flats. We asked the registered manager how she knew staff carried out their duties without rushing. She told us she monitored the staff contact sheets in people’s flats to make sure they had carried out all that was required of them. She

Is the service safe?

also told us, “I look at people getting the calls at the times they want and get feedback from the client as well. If staff feel they are rushing, or they do not have enough time, they come to us and tell us we need to look at it.”

The registered manager told us all of the required recruitment checks were carried out to ensure staff were of good character before staff started work. This reduced the risk of unsuitable staff being employed to work with people in their own homes. Staff told us this included a ‘Disclosure and Barring Service’ check (to check for any criminal convictions). Recruitment records we viewed confirmed checks were carried out as required.

People received their medicines as required and staff knew how to manage medicines safely. People told us, “Staff visit me regularly they are always in and out, they assist me with my medication and they always stand and check I have taken it, they are good like that.” “My tablets are here in my room, staff give them to me and make sure I take them.” Staff told us they had completed training in the management of medicines. The registered manager carried out audits of medicines to make sure staff were managing these appropriately. Processes were in place to ensure any errors were acted upon to prevent them happening again.

Is the service effective?

Our findings

People felt that the staff had the necessary skills to support them safely and were happy with the care they received. People told us, "Some staff move on, others have been here years and they know you inside out. When staff wheel me into the shower and assist me onto the shower chair I feel very safe, they know what they are doing." "Yes very good [staff] they will listen to you when you talk to them. We must cause a lot of work for them and they don't mind because that's what they are trained for."

Staff had access to training the provider considered essential to help them achieve the skills and competences they needed to care for people safely. Staff spoke positively about the training they received. One staff member told us, "I must say the training here is excellent, I cannot knock the training whatsoever." Staff were also positive about the induction training which they said sufficiently prepared them for their role before they worked unsupervised. One staff member told us, "Yes everything was fine, we had plenty of time [to understand their role] they didn't just put you in at the deep end." Staff told us they worked alongside more experienced staff when they were employed so they could learn the skills they needed and could get to know people they would need to support before they worked independently.

The registered manager told us all staff were observed in their roles to make sure they put into practice the skills and knowledge they had learned to meet people's needs safely. A staff member told us when they were going to be observed, this was communicated to them through a message on the notice board on the day. They told us, "On the board in the morning it will say ring team leader. ...they look at how you approach everything from start to finish." The registered manager told us staff were provided with further training if it was found they were not following the correct procedures. Staff told us they felt supported with their training and if they were not sure about something, they felt at ease to approach the registered manager to discuss this. One staff member told us training had been arranged for them when they had raised a concern. The staff member told us, "When we first started taking in dementia patients, I went to the manager and said I am not

happy because I don't know if what I am doing is right. We did not have sufficient training. Once I had the training it was better." This demonstrated staff concerns were listened to and acted upon.

Staff told us they had regular meetings with their manager to discuss their performance and six monthly appraisals where their performance was assessed. Staff said they felt supported in their roles. One staff member told us, "Yes we do have a one to one interview twice a year. We discuss the home/work life balance and concerns." They added, "We are free to see the team leader or manager at any time."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. Where people lacked capacity to make certain decisions, capacity assessments had been completed so that staff knew how to support people. People told us that staff asked them if they were in agreement to the care they were about to deliver so they could decide if they wanted support. People told us, "Nobody comes in and just does it [provide care], they always ask first, they use your name and are very polite." "I can do most things but staff help me with small buttons and laces." This person continued to tell us that staff always asked if they could help them before providing support.

Staff understood the principles of the MCA and what it meant for them in practice. They knew the importance of gaining people's consent before delivering care and we saw this happened. Staff told us they respected people's decisions if they refused care. For example, they told us how they encouraged one person to have bed rest to prevent them from developing skin damage. However, the person chose not to rest in bed until the evening when they were supported to retire to bed. We asked one staff member what they would do if a person was unable to communicate their needs. They told us they would look for signs of approval or disapproval and would lead by them and stated, "I ask them every time. I would never presume."

At the service the provider employed their own health professional to support people with their mental health needs. We were told their role was to assess and support people with a diagnosis or symptoms of dementia to help reduce the impact of the symptoms and maintain their

Is the service effective?

well-being. At the time of our visit there were no people requiring on-going support from this person, however staff regularly sought advice from them for support in their roles in meeting people's needs.

Humber Court has a restaurant in the communal area of the building. People could choose to have their main meal in the restaurant if they were unable to, or chose not to, prepare meals for themselves. Where people were at risk of ill health due to not eating or drinking enough, staff provided them with support that met their needs. The support people required was detailed in the care plans kept in people's flats. There were clear instructions for staff to follow on delivering care and what they should do each time they visited people. Staff were knowledgeable about how people needed to be supported to meet their needs. For example, one person had limited sight and needed help with food preparation so they could eat independently. A staff member told us, "We just make sure when we give [person] a meal we tell [person] where everything is [on the plate] and chop everything up for them to make sure it is the right size." A person we spoke with told us they needed help to prepare drinks and confirmed staff supported them with this. They told us,

"When staff visit they make me a hot drink and when they leave they make sure I have cold drinks on my table." Another person who was being supported with meals and drinks told us, "Staff make me a pot of tea and put it on my table in front of me. I have lunch downstairs and staff prepare my breakfast and tea."

The registered manager told us if they identified a concern regarding a person's food and fluid intake they would check with the person's GP if they wanted staff to monitor this. They also told us the GP was able to make referrals to a dietician or speech and language therapist so they could look into any underlying problems causing people not to eat or drink.

Some people were able to manage their own health care or relatives supported them with this. Where people needed support, arrangements were made so that people could be registered with the local GP practice for any on-going healthcare needs. In addition, people had access to a 'wellbeing nurse' who provided a 'drop in clinic' at the service one day each week. They were able to undertake health checks such as blood pressure to support people's health.

Is the service caring?

Our findings

People told us that staff were caring and respectful towards them. Comments included, “Staff I come in contact with have a very caring attitude.” “I couldn’t wish for better, the staff are so gentle, they are excellent.” We saw that staff were caring and supportive in their approach to people. We observed one person waiting in the communal area for their relative to visit. A staff member advised them they would not be visiting until the next day. The person looked disappointed but the staff member was caring and reassuring in speaking with them and told them they would now have something to look forward to the next day. They supported the person to the restaurant so they could have their lunch and offered them a drink which appeared to have a positive effect.

Discussions with and observations of staff confirmed they had a caring approach. One staff member told us, “I did a ladies hair for her and put jewellery on for her when she was going out. I did this for a gentleman last week who was going to the club and gelled his hair and squirted his aftershave on. Just to put a smile on his face.” The activities co-ordinator told us that sometimes when people felt down or “depressed” they would visit them in their flats and sit and talk with them.

A relative we spoke with told us how staff were caring, they commented, “I visit mum regularly, sometimes staff don’t even know I am in [person’s] room and when they visit they always knock, call out her name and are cheery. This is very reassuring for me as it shows they do it all the time and not just for my benefit. I have no concerns at all about mum living there, it is very good.”

People received care and support from a group of consistent staff that understood their needs and who they were able to build relationships with. Staff were knowledgeable about the people they cared for and were

able to tell us in detail about their needs and how they wished to be supported. We were told they used ‘biography’ (life story) information recorded in the care files to find out about the people they were supporting and generate conversations with them. One staff member told us, “This is a brilliant way for a new person [staff member] to find out about the person. We can add information into them [life story information] as they remember. I find them very handy things. New people can be reluctant but if we have that bit of background it helps us to keep them happy and more at ease.”

People told us staff supported them to be independent and respected their privacy and dignity. One person told us, “The staff help me with my daily shower to make sure I am safe, they close the door slightly for privacy and talk to me all the time to make sure I am okay and if I need any help. This is reassuring for me knowing they are there but at the same time doing it for myself.” Another person who was supported by a staff member with their personal care told us, “Staff won’t let me have a shower on my own because I may fall, I have a shower chair the staff are very good, they look after me really well. I have got used to them helping me, I feel alright with it.”

Staff told us how they worked on a daily basis to promote people’s privacy and dignity and independence. They commented, “If [person] has a bed bath I cover her with a towel and close the curtains first, make sure door is shut.” “We chat with the residents all the time. We work with them and if we see they are capable of doing a lot more, our aim is to promote independence.” A staff member gave an example of this. They explained how they had successfully supported a person to recover when they came out of hospital to a point where they required a reduced level of care so they could be more independent. The person confirmed this, they told us, “I came here from hospital and had the full treatment but now I only have a little personal care.”

Is the service responsive?

Our findings

Many people who used the service were independent and only required support with certain aspects of their care. Those that needed support told us staff involved them in decisions about their care on an on-going basis. People's care and support needs were discussed and agreed with them prior to them using the service and were recorded in 'ability profiles'. These identified what people could do independently and when they would need support. This information was transferred into a care plan file which was kept in people's flats. People told us they were able to read these or comment on them at any time if they felt changes needed to be made. They told us staff spoke with them about their support regularly. Some of the records in each care plan had been signed by people to confirm they had discussed their care with staff and agreed to the care planned.

During our walk around the building we saw a period decorated reminiscence room which contained items to stimulate conversation among people and act as items of familiarity to those people with dementia. For example, there was an old design sewing machine and a television plus various wartime books of interest for people to view. We were told people were encouraged to use the room where this might be of interest or advantage to them in supporting their mental health. The registered manager told us some people had used it but usage was being monitored to see how beneficial it was for people.

People told us how staff involved them in decisions about their care. For example, one person had problems with their blood pressure and extra drinks had been advised. They told us staff had supported them with additional drinks and their blood pressure had improved. We saw the person had a drink beside them when we visited them in their flat. Another person told us, "I am involved in my care plan and reviews. I can express my wishes, I am very lucky."

Staff had an in-depth knowledge and understanding of people's needs and preferences so they could meet their needs. For example, one person had limited sight. A staff member told us, "We always put the lamp on at teatime and close the curtains and make sure all the lights are on so [person] can see. At night [person] has a lamp on a sensor and we turn it down so dim in case [person] wakes up. They told us another person liked to have the radio on to listen to classical music. We saw this information was

detailed in the person's care plan. When staff accompanied us to call on a person that was not able to hear well, they knocked loudly and raised their voice to alert them we were at the door so they did not miss out on speaking with us.

There was a system to review care plans to make sure they accurately reflected how people needed to be supported. Staff told us people and their relatives were involved in reviews although relative involvement was dependent on the person's wishes. Reviews were carried out within a range of timescales depending on the level of support that was being provided. For example those people who needed a higher level of support had more frequent reviews of their care to make sure this was meeting their needs. A staff member told us, "We have the resident's relatives come in to sit with their care plans they can sit in the room with the resident and team leader and they go through everything to make sure it's how it needs to be." One staff member told us sometimes reviews were completed with families if a person's health deteriorated. For example, if a person fell, was admitted to hospital and their mobility and health had deteriorated. They told us they would make contact with the person's family to discuss a review of the person's care and any changes needed to the care plan so that the increased support they may need could be agreed and arranged.

Although staff had set calls to carry out specific duties, we found sometimes they went beyond these duties to respond to people's wishes and needs. For example, one person told us they had fallen and sustained injuries. They told us, "They [staff] were marvellous, I was able to press my wrist alarm and they came straight away. They called an ambulance and the hospital checked me over. ... When I returned after the hospital visit the staff had cleaned up all the mess, they were so good." We were also told about a person who wanted scrambled egg outside of their allocated call time. A staff member told us, "[Person] had not eaten, she told me she just wanted an egg, she craved a scrambled egg and it was not her tea time. She did not have eggs in so I managed to get her some eggs, you would think I had given her a winning lottery ticket because I gave it to her at a different time. She wanted a hug." They went on to say "Another lady had not had anything to eat for days and I asked her if she liked egg custards. I went home went to the shops and bought some in the next day, and she loved them."

Is the service responsive?

There was a variety of social activities, entertainment and outside trips organised by Humber Court which people could attend if they wished. Some of the people we spoke with chose not to attend the activities or could not attend due to ill health. One person told us, "I like my TV I don't go out much because of my legs and I need a lot of help." However, they told us they were going on holiday in August with some of the other people who used the service and they were "really looking forward to it". People were provided with a detailed activities programme on a monthly basis so they could decide if they wanted to participate or not. We saw the activity programme catered for a wide range of interests and was available in people's flats when we visited them. Activities included 'Wii' bowling, knitting club, quizzes and outside visits to places of interest. People had also been provided with an activities survey to assess their opinions on those activities provided to see if these were in accordance with their interests and wishes. The outcome of this was in the process of being assessed.

We spoke with the activities co-ordinator about how activities were organised and it was clear they organised activities in line with people's choices and interests. We asked about the people whose mobility restricted them from participating in certain activities. We were told there was a team of dedicated volunteers who helped to support these people with social activities and outings. The registered manager told us staff also sometimes volunteered their own free time to help support people

during outings so that people did not miss out on them. We saw a wide range of photographs that showed people participating in social activities and smiling which suggested they enjoyed them.

People felt the registered manager was approachable and would listen should they have any complaints. People told us, "If I had a complaint or concern I would go straight to [registered manager]. "I would talk to the manager or my sister." One person was very adamant they had no complaints, they told us, "Anyone who would complain wants throwing out, I like living here I wouldn't go anywhere else, I am staying here until they carry me out."

Staff knew their responsibilities if a complaint was raised with them. One staff member told us, "I would ask if they wanted to talk about it with me, and if they did, have a chat and see if there was a way around it. I would ask them if they wanted to speak to the team leader and if they wanted to make a complaint would offer them a form from the office."

There had been no recent complaints received by the service but the provider had a complaints procedure in place which was available to people if they needed to raise a concern. We saw a visitor felt at ease to approach the registered manager to discuss a concern relating to their relative but not related to the service provided. The registered manager offered a solution to the problem raised that they were happy with to resolve the problem.

Is the service well-led?

Our findings

People and relatives told us they were very satisfied with the quality of care provided. Comments included, “I couldn’t be happier, I am very happy to be here and so are my relatives.” “I don’t think this place could be improved.” “I like living here because it’s quiet and staff know how to do their job.”

People told us they had opportunities to be involved in decisions about how the service was run through the attendance of ‘street’ meetings. One person told us, “I attend the ‘street’ meetings, they are very good as you can put your own thoughts forward.” Another stated, “I do attend the ‘street’ meetings, I find them very useful.” For those people who chose not to attend, copies of the notes of the meeting were posted to their flats so they would know about any decisions or plans made. We saw some of the issues raised at these meetings included maintenance problems in the flats such as a problem with a hob. Notes of the most recent meeting showed these issues had been promptly addressed.

The registered manager had completed a Provider Information Return with information we had requested from them. This stated, “An open, positive culture is promoted by an open door policy, whistle blowing policy and staff are encouraged to question & challenge.” We found this to be accurate. Staff were aware of the whistleblowing policy and told us they had a copy of the policy they could access should they need to use it.

People were positive in their comments about the management of the service. They told us, “The service is well managed, the food is brought in but we are getting our own kitchen which will be great. I love living here.” “Maintenance is very good, if they have to go away they always tell you when they will be back.”

Staff members also spoke highly of the management team and felt well supported in their roles. They told us they enjoyed working at Humber Court. Comments included, “I love it, it’s lovely.” “Working here is a breath of fresh air, I love it here.” “I just think we are like a family, everybody gets on with everybody”. This person went on to say that if they were upset about anything they could go to the management office and “get a hug and we help each other it’s nice.”

Staff had opportunities to be involved in decisions about how the service was run by attending staff meetings with the management team. One staff member told us, “We talk about things the manager wants us to know. Last month’s issues and the progress of them. We talk about new things coming up, new training. She always ends meetings with any concerns we have or if we have something to say.” Another staff member told us they had discussed the issue of the care support at Humber Court reducing and the impact this had on staff. The registered manager told us they had listened to staff and re-arranged the shifts to their preference. The provider and managers were committed to providing quality care to people. Staff and people who used the service felt they were listened to and found management staff approachable and responsive.

The registered manager promoted contact with the local community so that people at the service could benefit from this. They told us how they had formed links with the ‘Wildlife Trust’ and were hoping to set up opportunities for people to attend discussions about their work. We saw information about the Trust in the reception area of the building. There were links with the local schools, including the local learning disability school, where the children visited the service to spend time with people. This included them attending a ‘street party’ held at the service.

Social activities and entertainment were organised through accessing providers from within the community in accordance with people’s interests and wishes. For example, a visit to a local nature centre was a trip that had been arranged during July 2015. There was also a visit from a local clothes stall so people could purchase clothing items if they wished. The activity organiser had organised grants so that they could develop a sensory garden for the people who used the service. They had organised a team of volunteers from within the community to help develop the garden and we saw the work had been done to a good standard. We were told there were people who lived at Humber Court who had an interest in gardening.

There were effective processes to monitor the quality of the service provided and understand the experiences of people. This was through regular communication with people and regular quality audits of the service. Checks carried out included the monitoring of care records to make sure they were accurate, staff care practices to ensure they were following the provider’s policies and procedures,

Is the service well-led?

medicine management and health and safety checks of the building. This meant the on-going quality of service and the safety of people who lived at Humber Court was maintained.

Action was taken to drive improvements within the service when required. For example, quality satisfaction surveys were used within the service to assess people's views on the quality of care and services provided. The registered manager told us one of the issues for action that came from these surveys was not having a communal kitchen where the meals for the restaurant could be prepared. They told us, "From the resident survey and care survey it was absolutely determined we need our own kitchen. It's not having a chef who they can speak to and make requests of. We very rarely get a problem with the food it's the staff that think the food is a problem rather than residents." We were advised during our visit that action was in progress for a new kitchen to enable the service to be more flexible around meals provided. The registered manager told us another issue people had raised within the survey was

people wanting to know which staff were on duty each day. As a result of this, a photo board had been placed in the reception area showing the staff on duty that day so people and visitors would know which staff members were available to them.

People and visitors could also post suggestions about how the service could be improved if they wished. There was a suggestion box with leaflets beside it that people could use to complete their comments on how the service could be improved. The registered manager told us she welcomed any feedback and used this information to see how the service could be improved.

The registered manager told us they had to produce a quality report for the provider each month which contained information on every part of the business. This was so the provider could monitor the service and ensure the quality standards they expected were being achieved. This demonstrated the provider played an active role in quality assurance to ensure the service continuously improved.