PA Ark Projects Limited

Abelands

Inspection report

Abelands House
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Abelands is a residential care home which is registered to provide accommodation for up to Eight people living with a learning disability. The service supports people who have complex and high support needs. On the day of our visit six people were living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults. Staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

Summary of findings

People were supported to take their medicines as directed. Records showed that medicines were obtained, stored, administered and disposed of safely. There were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. Relatives told us there were enough staff on duty and staff also confirmed this.

Food choices on the menu was good and there was a three week rolling menu. Staff went round each morning to check people's choices for the main meal of the day which was provided at lunch time. People were able to make their own choices for breakfast and tea.

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood when an application should be made and how to submit one. The provider had suitable arrangements in place to establish, and act in accordance with the MCA.

Each person had a care plan which informed staff of the support people needed. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. Relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We observed staff smiling and interacting with people and offering support. There was a good rapport between people and staff.

Staff told us the registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and the provider had a policy and procedure for quality assurance. An operations manager employed by the provider visited the home regularly to carry out quality audits. Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

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.

Good

Potential risks to people were identified and managed safely. Staff were aware of the procedures to follow regarding safeguarding adults.

There were enough staff to support people safely and recruitment practices were robust.

Medicines were managed safely and staff had received appropriate training in the administration of medicines.

Is the service effective?
The service was effective.

Good

Staff knew how people wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet and to have access to a range of healthcare professionals.

Is the service caring?
The service was caring.

Good

People were treated well by staff. Relatives confirmed staff were caring and respectful in how they treated people.

People were supported by care staff to ensure their dignity was maintained and respected. People and staff got on well together

People were supported by staff who were kind, caring and respectful of their right to privacy.

Is the service responsive?
The service was responsive.

Good

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were responded to in line with the provider's policy.

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The provider and registered manager carried out a range of audits to ensure the smooth running of the service.

Abelands

Detailed findings

Background to this inspection

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

This inspection took place on 1 December 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with differing degrees of learning disability not all people were unable to share their experiences of life at Abelands with us.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

On the day of our visit the registered manager was not available and we were assisted by the operations manager, the deputy manager and the care co-ordinator who told us about the service and provided us with written records. We spoke with one person who used the service, a senior staff member, the administrator and four members of staff. After the inspection we also contacted three relatives to get their views on the service provided at Abelands. We also contacted three social care professionals who had contact with the service. These people gave us permission for their views to be included in this report.

The was the first inspection of the service since it was registered in September 2014.

Good

Is the service safe?

Our findings

People were safe at the home. One person said they liked living at Abelands and told us they felt safe. Relatives said there was enough staff to provide support and were happy with the care and support provided. One relative said "The staff at Abelands are vigilant at all times". Social care professionals said The individuals they work with at Abelands are all kept safe and individuals have support guidelines and risk assessments in place to keep them safe.

The provider had an up to date copy of the West Sussex safeguarding procedures to help keep people safe and staff understood their responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board in the staff office. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

There were risk assessments in people's care plans. We saw risk assessment regarding travelling in cars, managing people's behaviour and for going out into the community. These identified any risk to the person, staff or members of the public and also provided staff with information on how the risk could be minimised.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with staff who told us their recruitment had been thorough.

The deputy manager told us there were a minimum of a senior carer and nine members of care staff on duty between 7.30am and 8pm. All people at Abelands had a minimum of 1-1 support and additional staff were allocated to support individuals who needed extra support. The deputy manager told us that extra staff were provided to take people out on activities if the risk assessments indicated they needed extra support to keep them safe. Between 8pm and 7.30am there was a senior carer and two members of staff on duty who were awake throughout the night. They were supported by an additional staff member who could sleep between 10pm and 7am but who was available as required. The provider employed a care co-ordinator, three senior support staff and 30 care staff. They also employed a house keeper, a cleaner, a cook, an administrator and a handyman. The registered manager was in addition to these staff. The deputy manager confirmed the registered manager worked at the home most days and was available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The deputy manager told us that staffing levels were based on people's needs. They did not use a dependency tool to help in assessing staffing levels, however due to the high support needs of people, there were regular meetings with outside agencies such as the learning disability multi-disciplinary team and care managers. These meetings helped to monitor the needs of each individual and to establish if the staffing levels were sufficient. Observations showed that on the day of our visit there were sufficient staff on duty with the skills required to meet people's needs. Staff said there were enough staff on duty. Relatives also said whenever they visited the home there were always enough staff on duty.

Social care professionals said people received their assessed staffing hours and management provided additional hands on support on a regular basis to ensure there are enough staff available to support people.

The provider had a policy and procedure for the receipt, storage and administration of medicines at Abelands. Staff supported people to take their medicines. Medication Administration Records (MAR) were kept for each individual with their medicines and were signed off by two members of staff when medicines had been given. Staff who were authorised to administer medicines had completed training in the safe administration of medicines and had completed an assessment, staff confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use. Each person had a medicines care plan and this gave staff information on how each person liked to take their medication. This helped to ensure that people received their medicines safely and as prescribed.

Premises and equipment were managed to keep people safe. We saw regular checks of fire systems and equipment were carried out as well as regular checks of the premises regarding health and safety. This included checks of substance hazardous to health and environmental

Good

Is the service safe?

concerns. There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

Good

Is the service effective?

Our findings

People generally got on well with staff and the care they received met their individual needs. People were well cared for and they could see health professionals whenever they needed to. Relatives said people were supported by staff who knew what they were doing. One relative told us, “The staff are well trained and observe and respond to me relatives medical needs”.

The operations manager told us that each staff member had a training and development plan. This enabled staff and management to identify their training needs, skills development and monitor their progress. The registered manager had training records on computer and we saw training certificates in staff files. These showed that staff had completed training in the following areas; first aid, manual handling, food hygiene, safe handling of medicines, care practices, infection prevention and control, and health and safety. Staff were also provided with specific training around the individual needs of people who used the service including management of behaviour that challenges and physical interventions. There was a clear policy and procedure for any physical interventions and restraint. Only staff who had completed an accredited training course were allowed to use any restraint techniques. The provider had employed two members of staff at Abelands who had completed a train the trainer’s course which enabled them to provide training for staff. Staff told us restraint was only used as a last resort to keep people safe. Each person had a positive handling plan and these had information about any possible triggers which may lead to a challenging situation and included de-escalation techniques and intervention strategies such as distraction, humour and praise. They also included information about medical conditions that should be taken into consideration. Following any incident of restraint an incident report was completed which included details of any restraint used and contained a body map and first aid check. This needed to be completed after five, 30 and 60 minutes after any incident. Social care professionals said In regards to specialist training for supporting individuals with complex behaviours staff are trained in advanced techniques which provides proactive and reactive strategies based on Positive Behaviour Support.

All new staff members completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff for a minimum of two weeks so they could get to know the people they would be working with. The operations manager told us that all new care staff would have their training needs assessed and where appropriate they would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 33 care staff. Records showed that 15 people had completed additional qualifications up to National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The deputy manager said that a number of staff were currently completing distance learning courses and once these were completed they would be supported to obtain additional qualifications. Staff confirmed they were encouraged and supported to obtain further qualifications. Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported. Senior staff worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs.

The deputy manager told us that although all people at Abelands were living with differing degrees of learning disability, people were able to make day to day choices and decisions for themselves.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 20015 (MCA) provides a legal framework for making particular decisions for people who may lack the mental capacity to do so for themselves. The Act requires 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. The deputy manager and staff understood their responsibilities in this area. People can

Good

Is the service effective?

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. (DoLS). The registered manager had made applications under (DoLS). Two had already been authorised by the local authority, while others were being dealt with on a priority basis.

We spoke to people and staff about the meals provided at the home. All meals were provided from a central kitchen. Breakfast was normally cereals and toast. This was provided to people in their own rooms. Lunch was the main meal of the day and was based on a three week rolling menu which reflected people's own preferences and choice. Lunch was served to people in the dining area or in their own rooms. The deputy manager told us that some people went out to lunch with staff while others eat at the home. Tea was normally a snack type meal such as sandwiches, fish fingers or beans on toast and this was down to individual choice. The deputy manager said there was also a choice of take away each week. Staff told us that there was always a range of food in the fridge so that they could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. Each person had a health file and this contained a health assessment with information about the person's learning disability and any other medical conditions. One person who suffered from epilepsy had an individual care plan regarding epilepsy and this gave staff information on the type of seizures, and had information for administering Buccal Midazolam if the person had a seizure. This plan had been approved by the person's psychiatrist who had a specialism in learning disabilities. People were registered with a GP and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians and this helped people to stay healthy.

Each person had a 'Hospital Passport'. This was a document which provided important information about the person should there be a need to go to hospital. There was information such as: 'Things you must know about me'. 'Things that are important to me' and 'My likes and dislikes'. However there was no information about the person's ability to give consent to care and treatment. The deputy manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support. We saw the daily handover sheet provided details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

During the inspection, we undertook a tour of the home. Each person's room had a bathroom, lounge area and bedroom. There was also a communal lounge and dining area. There were also three individual accommodation units, each of which had its own lounge, dining and kitchen area. Two of these were currently being used by people who did not readily mix with other people and who preferred their own space and needed individualised, specialist support. The deputy manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were large and spacious with minimal furnishing. This was due to the needs of people who could challenge the service and this allowed them space in uncluttered rooms.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said they were well looked after and said staff were kind. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said "All the staff at Abelands are kind and caring and treat everyone with dignity and respect. I sense the staff are genuinely found of my relative".

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, "We all get on pretty well". Social care professionals said staff at Abelands approach people in a kind and caring manner and treat the individuals they support with dignity and respect. They commented that a number of individuals within the service require physical interventions and staff are conscious of maintaining people's dignity at all times.

We observed staff chatting and engaging with people and taking time to listen. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed frequent, positive interactions between staff. During our visit one person was upset and shouting out. Staff stayed with this person and kept engagement with them showing and patience and understanding. People were confident and comfortable with the staff who supported them.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. However records of these meetings were not always recorded.

There was information and leaflets in the entrance hall of the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The deputy manager and staff we spoke with told us they would support people to access an appropriate service if people wanted this support.

Good

Is the service responsive?

Our findings

The one person we were able to speak with said they were well looked after. Relatives said staff knew their relatives well and were aware of their needs. They said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said "The staff are very good, however I would like to see (named person) go out on more activities. At the last placement they used to go out to a centre where they took part in cookery, photography and pottery which they enjoyed".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file.

Before accepting a placement for someone the provider carried out an in depth assessment of the person needs so they could be sure that they could provide the support the person needed. This assessment formed the basis of the initial care plan. We saw there were detailed transition plans in place to support the person with the move to Abelands. This included staff working with staff from their current placement so they could get to know the person and also to let the person concerned get to know the new staff who would be supporting them when they moved to Abelands. The deputy manager explained that this was a stressful time for the person concerned and they aimed to make the transition between placements as smooth as possible for all concerned.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans were comprehensive and identified the support people needed and how support should be given. For example, the care plan for one person regarding communication stated the person could not use verbal communication but wanted staff to use signs so they could learn. The care plan stated the person would take the staff member by hand and show them what they wanted. The care plan also detailed what specific gestures the person made and explained to staff what these meant. We asked a member of staff how they communicated with this person and they were able to tell us about the person's body language and the gestures the person used. The staff member said the person could clearly state when they did not want anything and that they always respected the person's decision. The care plan for another person around their morning routine stated that the person liked to get up at 8am. It reminded staff to stick to a specific routine for this person as they liked a set routine. Staff were to run a bath for the person and then ask them to get in. The person wanted support to wash their hair and staff should put shampoo in the persons hand and then ask them to put it on their head. Staff should then help the person to wash their hair and rinse. Staff should then give the person time to have a soak in the bath and the person would let staff know when they were ready to get out by pulling out the plug. These clear guidelines ensured the person got support in the way they preferred. One person who liked a very structured routine, needed staff to read out exactly what they would be doing during the day. This included details of meal times, activities, when they would be going out and where they would be going. The care co-ordinator said this was really important to the person and helped them organise their day.

Care plans were regularly reviewed by the person's keyworker. (A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for). This meeting enabled staff to find out if people's needs were being met. It also enabled staff to find out what people wanted to do and what, if any plans they had for future trips out. These reviews were not recorded in care plan files so it was not always clear when they had taken place. The operations manager said that she was sure the manager recorded the reviews but would make sure that in future care plan reviews were recorded in each person's care plan file. Formal reviews were also carried out to discuss people's care needs, future goals and aspirations. The person concerned, staff, the persons care manager and relatives were invited to these reviews so that they could have input into the review process.

Staff said that people could express their wishes and preferences and these would always be respected. Staff said people needed different levels of support and staff gave individual support to people whenever it was needed. One staff member said "We all work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why". Staff said if a person refused support at a particular time

Good

Is the service responsive?

they would respect their decision and go back later and offer the support again. They said although some people did not use verbal communication all the staff knew people well and were able to understand people's body language. This enabled staff to recognised signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met. For example, we saw that one person had been living in the main house and this had caused them some distress due to their interaction with other people. The care co-ordinator said that there had been numerous incidents of challenging behaviours each month and it was clear the person did not wish to live in close proximity to others. The registered manager and staff worked with relevant healthcare professionals, including the learning disability support team, and care manager to support this person. As a result they had moved the person into a self-contained accommodation unit at Abelands with their own dedicated staff and this had been very successful and had greatly reduced the number of challenging incidents to one in the past month. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

Staff recorded the support people received on a detailed record sheet for each person. This contained information about how the person had been throughout the day and night. It recorded what activities the person had been involved in, what staff had been supporting them and provided good information on the care and support that had been provided for the person.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on each person and included any information they needed to be aware of. Information was also placed in a handover file if people's care needs had changed. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there were a range of activities provided for people. Each person had an individual activity plan. Some people regularly went out to attend activities while others preferred to stay at the home. Staff told us that due to people's needs quite a lot of activities were spontaneous. They said if a person decided they would like to go out for a walk or to local shops this was not a problem and the staffing levels at the home allowed for this. Activities included; Games, sensory room, TV, DVD's, music, Hydro spa (hot tub) and bowling. There were also trips to shops or visits in the local area. On the day of our visit we saw that people went out with staff and took part in activities at the home. We spoke with one person who said they liked sitting in their lounge area listening to music. A record of activities that people took part in were recorded on people's daily record sheet, this included comments and feedback on how people had enjoyed the activity. This helped staff to monitor the activities that people enjoyed. Social care professionals said Individuals were encouraged to take part in a number of activities in the community however Abelands lack of larger vehicle suitable for people who can challenge in the car has made community access difficult at times. However, one individual is using the local public transport with staff support and this is working well. We were told a new more suitable vehicle is now being sourced. One area for improvement was the fact that opportunities for some people to maximise their daily living skills e.g. food preparation are reduced due to lack of kitchen access for individuals (due to risk assessments of the environment), people would benefit from opportunities to practice these skills at Abelands.

The service routinely listened and learned from people's experiences, concerns and complaints. All people received a minimum of one to one care and support and this enabled staff to chat with them. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly

Good

Is the service responsive?

and appropriately in line with the provider's complaints policy. The deputy manager said that normal day to day issues were dealt with straight away. Formal complaints had to be recorded on the provider's on-line system and investigated by an appropriate person. We saw there was a copy of the provider's complaints procedure in each person's care plan and a copy was also given to relatives. We saw a copy was displayed notice board at the home. Staff told us they would support anyone to make a complaint or raise a concern if they so wished. This meant comments and complaints were responded to appropriately and used to improve the service. The operations manager said that no formal complaints had been received by the service since it had opened. They said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said "The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to her on the phone or meet with her whenever I want".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. The deputy manager said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The deputy manager told us she felt the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that he was open and transparent and worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The deputy manager said that they and senior staff regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

Staff told us that they had regular staff meetings each month and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. However we looked at the minutes of the previous staff meetings and the minutes did not fully evidence this, The minutes contained information about who had attended and gave information about the topics discussed. There was no information about the minutes of the previous meeting, decisions that had been made and no action points to follow up or take forward. We discussed this with the operations manager and deputy manager who said they felt the staff meetings were useful and constructive but agreed that the minutes did not always reflect this. The operations manager said that in future they would ensure that minutes of staff meetings were more comprehensive to reflect the issues discussed and the decisions made. This would help ensure that feedback was given to staff in a constructive and motivating way. It would also ensure that staff who were unable to attend any meetings were kept fully informed.

We asked staff about the provider's philosophy? All staff said that this was to enable people to fulfil their potential. No matter what level of disability they believed that everyone should be given a chance and that people should be supported to live meaningful lives. It was clear from speaking to staff that they all embraced this philosophy and were passionate about the job they did.

Social care professionals told us the manager and staff were proactive in asking for advice and support and were now also becoming more confident in putting strategies in place themselves and then seeking further support. They said staff were eager to discuss difficulties they are having as well as being focused on developing strategies to support people.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The provider employed an 'operations manager' who regularly visited the home and checked that the registered manager's audits had been undertaken. The operations manager said that when they visited they always took the opportunity to talk with staff and people. Feedback from their visit was given to the registered manager verbally. The operations manager said that although verbal feedback was given there were no written records. They agreed that written records would make it easier to check that if

Good

Is the service well-led?

shortfalls were identified at a visit, they would be able to check that any required actions had taken place at their next visit. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.