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# Aston House Residential Care Home

## Inspection report

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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 ●

# Summary of findings

## Overall summary

Aston House Residential Home provides personal care, support and accommodation for up to 15 people with mental health needs. At the time of the inspection, 13 people were using the service.

We last inspected Aston House Residential Home in April 2014. The service met all the regulations we checked at that time.

There was a registered manager 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.

The registered manager did not carry out audits of medicines to monitor the stocks of medicines. We have made a recommendation about the management of medicines. People were supported to take their medicines safely. Staff were trained in the safe administration of medicines. People we spoke with told us they had no concerns about their medicines.

Quality checks and audits were carried on some aspects of the service out to identify how the service could improve and action was taken to make improvements when necessary.

Staff were trained in how to protect people from abuse. Staff knew how to identify signs of abuse and to report any concerns to ensure they protected people from potential harm. Staff understood the provider's safeguarding procedures to follow in case of abuse. Staff knew how to whistle blow about poor practice.

Staff assessed risk on people's safety and well-being. Risk assessments were centred on the needs of each person. Staff had guidance to reduce the identified risks and steps to follow to make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how to minimise the risks of a recurrence. There were enough numbers of sufficiently qualified, skilled and experienced staff to meet people's needs safely. Staffing levels were dependent on people's needs and the staff skills required to provide safe care. The provider followed robust recruitment processes to ensure staff recruited were suitable to support vulnerable adults.

Staff knew each person well and understood how to meet their needs. Staff had established positive relationships with people. Staff carried out assessments to identify people's health needs and the support they required before and after they started to use the service. Staff regularly reviewed people's health and had updated their support plans when their needs changed. This ensured that the staff could provide effective care in line with people needs and preferences.

Support plans were developed and showed how staff should deliver people's care. The registered manager ensured staff followed guidance in place to promote people's well-being. People received their care as planned and recorded in their support plans. Staff supported people to develop and maintain their independent living skills.

Staff had attended relevant training to provide them with the knowledge and skills to meet people's needs. The provider ensured staff received further training specific to the needs of the people they supported. Staff felt well-supported by the registered manager in their role. All staff had received regular supervision to enable them to carry out their role effectively. Staff received an annual appraisal of their performance and training needs.

People's care was provided in line with principles of the Mental Capacity Act 2005 (MCA). Staff were trained in MCA and were knowledgeable about the requirements of the legislation. People's mental capacity assessments were carried out and meetings held in their 'best interest' when appropriate. People gave consent to the care they received and staff respected their wishes if they declined support or changed their mind.

People enjoyed the meals prepared at the service and could choose what they liked to eat. Staff involved people in menu planning and ensured people made informed choices that promoted a healthy lifestyle option. Staff knew about people's dietary needs and preferences.

People health needs were met and staff made referrals on time to health care professionals when needed. People received the support they needed to attend healthcare appointments for their well-being.

Staff treated people with respect and upheld their right to privacy, dignity and individuality. People received their support in a kind and caring manner. People and their relatives were involved in planning and delivering of people's care and support.

The registered manager sought people's views about the service, listened to and acted on their feedback. People, relatives and visitors completed questionnaires regularly and action was taken in response to their views. People understood the provider's procedure of how to make a complaint and felt confident to approach managers and staff with any concerns they might have.

Staff told us they felt valued and supported by the managers. The registered manager and the staff's approach promoted a culture of openness and honesty.

## 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.

People received the support they required to take their medicines safely. However, the registered manager had not carried out audits on the stocks of medicines kept at the service.

Staff were trained in how to keep people safe. Staff understood how to follow the provider's safeguarding procedures to report any concerns to protect people from potential abuse.

Staff identified risks to people's health had guidance on how to minimise the identified risks.

There were sufficient and suitably skilled staff on duty to meet people's needs. The provider followed robust recruitment procedures to ensure staff's suitability to support people.

### Is the service effective?

Good ●

The service was effective.

Staff were supported in their role. Staff had completed essential and specific training to maintain their knowledge and skills to meet people's needs effectively.

People's support was delivered in line with the requirements of the Mental Capacity Act 2005. People consented to care and support.

People had a choice of healthy meals which they liked. People accessed healthcare professionals when required for their well-being.

### Is the service caring?

Good ●

People were treated with kindness and respect.

Staff were caring and polite. Staff understood how to communicate with people about their choices and preferences.

Staff respected people's privacy and dignity and considered their views.

People were fully involved in planning their support and care.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were personalised. Staff had support plans on how to deliver people's care which were reviewed and updated when people's needs changed.

People were fully involved in the planning of their support and staff provided clear explanations to support people's decisions. People took part in activities of their choice.

The registered manager and staff asked people for their views about their care. People's feedback was listened to and acted on.

People were aware of the complaints procedure and knew how to raise any concerns if they were unhappy with their care.

### Is the service well-led?

Good ●

The service was well led.

The registered manager carried out audits of some aspects of the service to identify where improvements to the service could be made.

There was an open and positive culture at the service which focussed on people.

Staff understood and promoted the values of the organisation to support people with their recovery and well-being.

The manager sought people and staff's feedback and welcomed their suggestions for improvement.

# Aston House Residential Care Home

## **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 12 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During the inspection, we spoke with five people living at the service. We spoke with two healthcare professionals who were visiting people at the service. We also spoke with the registered provider one of whom is the registered manager and the other a manager at the service and three members of care staff.

We looked at eight people's care plans and their medicine management records. We looked at other records held at the service including staff recruitment, staff supervisions, appraisals and training records. We reviewed further records required for the management of the service including feedback from people, their relatives, policies and procedures, quality assurance audits and health and safety documents.

We observed interactions between staff and people who used the service. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people who could not talk with us.

After the inspection, we received feedback from two healthcare professionals.

# Is the service safe?

## Our findings

People received the support they required to take their medicines safely. Staff assessed and reviewed people's needs in relation to the support they required with taking their medicines. People told us they had no concerns about their medicines which they said they had received when they wanted to. Staff had received training in the management of medicines. The registered manager checked staff's competency in regard to medicines to ensure people were safe. The registered manager told us and records confirmed they had sought guidance from healthcare professionals about the action to take if a person refused to take their medicines.

Staff carried out daily checks on the Medicine Administration Records (MAR) to ensure any errors or missing recording were identified without delay. However, the registered manager had not carried out medicine audits to ensure staff followed the provider's medicines management policy and that the systems of monitoring medicine stocks were effective. The registered manager sought advice from their pharmacist who audited the management of medicines annually. At the time of our visit, we were informed the pharmacist had visited the service the previous day and they were yet to receive the report. The registered manager told us they were going to implement changes suggested by the pharmacist in relation to managing medicine stocks.

We recommend that the service consider current guidance on good practice for managing medicines and take action to update their practice accordingly.

Staff were trained to recognise abuse and knew how to keep people safe from harm. Staff showed us they understood their responsibility to take action to protect people from abuse. They demonstrated their knowledge of the provider's safeguarding procedures on how to report any concerns to keep people safe. Staff told us they were confident the registered manager would listen to any concerns they raised if they suspected a person was at risk of abuse. Records confirmed that staff training in safeguarding was up to date.

People were protected from the risk of avoidable harm. Staff carried out risk assessments to people's health and put guidance in place for staff on how to support them safely. Risk assessments were centred on the needs of each person and were reviewed regularly to ensure they remained effective. For example, staff had carried out a risk assessment for a person who might get lost when they went out. Staff had guidance to support the person to be safe when in the community. Other risk assessments related to falls and trips, behaviours that challenge others, agitation or anxiety during interaction with other people and injuries in the kitchen. The registered manager had ensured staff had sufficient information to reduce the risks and that they followed guidance to keep people safe. People's care records contained up to date information about how they spent their time and how staff should support them to be as safe as possible. Daily records showed staff managed risks as indicated in people's care plans.

Staff knew how to support people safely in case of an emergency. One member of staff told us, "We talk about what we should do if we discover a fire at the service and how to help people leave the building safely



if needed." Another said, "We have fire drills and discuss how to move around safely in case of an emergency." The registered manager ensured staff understood what action to take to promote people's safety in the event of a fire. The service kept records of regular fire drills which staff carried out to ensure they understood how to support people to leave the building in an emergency. The service had a designated smoking area which staff ensured people used to prevent the risk of a fire at the service.

The provider had a contingency plan for events that could stop the service from operating such as extreme weather, disease outbreak, and damage to the premises, gas leakage and loss of power or water. Staff told us and the registered manager confirmed they were on call every day to respond out of hours enquiries from the service. This system ensured staff were able to access advice or guidance without delay to meet people's needs safely. There were fire risk assessments in place for the environment and people had personal emergency evacuation plans. This ensured staff were aware of each person's needs in case of emergencies and how to support them safely.

Staff knew how to use the whistle blowing policy should they have any concerns to help protect people from harm. Staff explained they would whistle blow to an external agency such as the local authority safeguarding team if the service had not addressed fully their concern about abuse. One member of staff told us, "We would report any concerns or suspicions of abuse to the manager but we can also contact CQC, the police or social services directly. I would never shy away from doing that." Contact details of safeguarding agencies were available at the service. This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

There were sufficient staff on duty to meet people's needs. One person told us, "There is always staff around to help." The registered manager reviewed people's care whenever their needs changed to determine the appropriate staffing levels. Staff confirmed the registered manager varied staffing numbers and took account of people's health needs, any appointments or outings. For example, records showed the registered manager had provided additional staff when a person's health needs had changed and covered staff absences to ensure people received appropriate support. Staff rotas were planned to ensure their availability. We observed there was enough staff deployed in the service to meet people's needs.

People received the support they required when they showed behaviours that challenged the service and others to ensure they remained safe. Staff had identified triggers that may cause people to behave inappropriately or increase their anxiety. The registered manager ensured staff had sufficient guidance about how they should support each person with their health needs. Staff told us they monitored any changes in people's behaviours and took action to minimise incidents.

The service ensured people received support from suitably vetted staff. The provider used robust and safe recruitment procedures to check staff's suitability to work with vulnerable people. Recruitment procedures followed included completed application forms that contained the staff's experience and employment history, interview records, records of checking employment references and carrying out Disclosure and Barring Service (DBS) checks. DBS checks identified if applicants had a criminal record or were barred from working with adults. Interview notes showed the registered manager had checked staff's knowledge of how to support people with their mental health needs and their work history and explored gaps in employment. The provider had received references, criminal checks, and evidence of right to work in the United Kingdom and proof of identity of staff before they started to work at the service.

The provider had disciplinary procedures in place if any staff behaved outside their code of conduct. People and their relatives could be assured that staff were monitored to ensure they were of good character and fit to carry out their duties safely.

# Is the service effective?

## Our findings

People received support from staff with the right skills and competence to do their work. One person told us, "The staff support me to live my life. I would say I am well looked after here." Another person said, "Staff do know what they do." A healthcare professional told us, "Staff are good at keeping us informed on any concerns about [person's name]."

Staff received an induction to ensure they understood their role about how to support people. One member of staff told us, "I met with people, read their care plans and worked alongside experienced colleagues until I felt confident enough to work on my own." All new staff received an induction that included 'shadowing' colleagues that are more experienced until they could demonstrate their competence to support people independently. New staff were enrolled for the Care Certificate which sets standards for the induction of health care support workers. They were subject to a three months' probation period before they were signed on as permanent members of staff to ensure their suitability for the role.

People received support from staff with the relevant experience and knowledge to meet their needs. A healthcare professional told us, "Staff have engaged [person's name] positively and supported [him/her] very well with their mental health needs." One member of staff told us, "I am confident in my role. I have attended loads of training and the ones specific to mental health are useful when supporting people." Staff told us their training needs were met. Records showed staff had received essential training that included managing medicines, safeguarding adults, food hygiene, first aid, moving and handling and infection control. Training included classroom based teaching and online courses to ensure staff had access to all the courses they required. The registered manager maintained a training programme to ensure staff attended to keep up to date with the knowledge they needed to meet people's needs effectively.

Staff received training to support people to manage their specific health conditions effectively. Staff had attended training in challenging behaviour, mental health awareness and dementia to enable them to manage difficult situations and provide people with appropriate care.

The registered manager supported staff which enabled them to undertake their role effectively. One member of staff told us, "We discuss any issues around people's needs and our training needs in supervisions." Another said, "We can discuss what's working well and any problems at the service." Staff told us and records confirmed they had regular scheduled supervision sessions with the registered manager. Supervision records showed staff were able to discuss their training needs and how best to support people. Staff received an annual appraisal and records confirmed the registered manager reviewed their performance and discussed the skills and training they required to support people. Staff told us they were booked on courses they had requested which ensured they had the appropriate skills and knowledge to support people.

People's information on their health and care needs were communicated to staff effectively. One member of staff told us, "We meet at the start of each shift and talk about [people's] conditions and changes to their health." Staff had daily meetings for handovers and recorded key events in a communication book to ensure

they shared information about people's support effectively between shifts. Staff who had been absent from work received an update on people's needs before they started to support them. Staff had knowledge of the specific needs of people and communicated well with them. We observed staff interact with people in a calm manner which allowed people to follow what was being discussed. Staff explained information to a person who was going out and gave them time to express themselves which showed effective communication about a person's welfare.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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. 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 Deprivation of Liberty Safeguards.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Staff upheld people's rights in line with the principles of MCA and requirements of Deprivation of Liberty Safeguards (DoLS). Staff had received training in the principles of the MCA and put into practice their knowledge. One member of staff told us, "We respect people's independence and the right to make their own decisions. However, when this is not possible, we discuss with the manager who then reviews their ability to make certain decisions." The registered manager carried out assessments on people's mental capacity to make certain decisions. Records showed staff, healthcare professionals and people had held a 'best interest' meeting to make a decision on behalf of a person when appropriate. Staff told us and records confirmed all staff had received training on the MCA and the DoLS. The registered manager had made a DoLS application and had received authorisation from the local authority to restrict a person's freedom to enable the service to provide effective care.

Staff sought and obtained people's consent before providing care. One member of staff told us, "I ask for people's consent before supporting them, because I always have to presume they are capable of making decisions about their care." Another said, "I always ask people what support they need and help them as they wish." Record showed staff checked with people whether they had changed their mind and respected their wishes including refusals of support and care.

People told us they enjoyed the food provided at the service. One person told us, "The manager prepares tasty meals. We have a choice of what to have." Another said, "Professionally cooked food. Always well presented." People received the support they required to maintain a diet that promoted their health. For example, a person received support to manage their weight as they were at risk of malnutrition. The person told us, "Staff encourage me to eat healthy and nutritious foods. I have gained some weight in the last months." Records showed staff continued to monitor the person's weight and to check if this was sustained. Another person was at risk of choking and staff had made a referral to a dietician and a speech and language therapist. Records showed staff followed guidance provided by the professionals to ensure people's dietary needs were met. A person had a medical condition in which they lacked sodium and staff ensured additional salt was included in their diet as recommended by the person's GP.

People's health and social needs were met. People were registered with their own GP, dentist and optician. People received the support they required to attend mental health and hospital appointments. One person told us, "I have not been able to go out to see the doctor. Staff organised a home visit, which I am so pleased about." Another person said, "The care review meetings are well organised and I know in advance about

them. I go to my GP by myself but have a [member of staff] accompany me for hospital appointments." Records confirmed staff accompanied people who needed regular blood checks, yearly vaccinations against influenza at their GP surgeries or health checks in a hospital. Staff told us and records confirmed they reported to the registered manager any concerns they had about people's health and these were acted on. This ensured the people received effective care appropriate to meet their needs and wishes.

Records showed staff supported people to attend annual meetings to discuss and review their mental health and the support they may need. Staff ensured people kept their appointments and records showed care coordinators, social workers, community mental health nurses, community psychiatrist nurses visited them at the service. The service had good arrangements in place to promote people's mental health. For example, staff told us they had information about how to recognise if a person's mental health was deteriorating and knew what action to take to support them. Records showed staff had sought appropriate support from the community mental health team about how to meet the person's mental health needs. Staff had updated the person's support plans appropriately to show the changes to their mental health. A healthcare professional told us, "Staff do contact us when a person shows the signs of being unwell and follow our advice."

## Is the service caring?

### Our findings

People said staff were friendly, respectful and professional in their approach. One person told us, "Staff do their best for me and everyone." Another person said, "The staff and the managers have the right approach and attitude." People enjoyed positive and caring relationships with staff. A member of staff told us, "People need to be reassured we are here to support them and we can only do that by gaining their trust." Another said, "We work with them [people] to build a rapport and that allows us to deliver the care they need." During the inspection, we observed that staff interacted with people in a friendly and polite way whilst supporting them. Staff used appropriate humour and it was clear that people and staff had developed positive relations and held each other in high regard. People told us staff valued them and they could sit down and have a chat or talk to them when they received their support.

People received support in line with their wishes and preferences. Staff obtained information about people's likes and dislikes from the assessments and reviews of their care and used this to develop their care plans. People's support plans included their preferences about daily routine, activities, social outings, music, food and the goals they wanted to achieve. For example, a person told us they enjoyed going out independently for shopping and liked to use public transport. Records showed staff had discussed with the person what they needed to do achieve this. Staff ensured people could spend time alone in their rooms or the lounge to enjoy their own company while remaining safe.

People were supported to do as much as possible for themselves and encouraged to retain their independence. Staff knew people's goals in relation to living more independently and how they should support them to progress with these. People went out shopping on their own whilst others chose to maintain their rooms. One person told us, "I do as much as I can for myself. I keep order in my room but get the staff to help with the rest of the cleaning." Another person said, "I have a key to my room which staff ask for if they need to clean my room." People told us staff encouraged them to develop and maintain their skills for independent living. People held keys to their bedrooms, chose what they wanted to wear and decided how they spent their time. People told us they could come and go as they pleased and took part in activities of their choice. Records showed people were supported to make choices and encouraged to make their own decisions.

People received support to maintain relationships that were important to them. One person told us they were happy the service had supported them to re-establish and make contact with a relationship with a relative. Another person was supported to make contact with a relative who had been searching for them and they were now visiting them at the service. The people told us and records confirmed that they were happy with the contacts. The registered manager ensured there were sufficient resources to enable people undertake journeys to visit their friends and family. Staff told us they engaged people at the service to reduce the risk of social isolation.

People were involved in planning their care and support. One person told us, "Staff check with me how I want my support provided. They consider my wishes." People and records confirmed they attended their regular reviews of their care and their support plans were updated when their needs changed. For example, when they had developed new skills and could carry out tasks they were not able to do before or wanted

their support delivered in a different manner. Staff supported people in line with their individual needs and preferences and took into account their background and health. The registered manager told us, "We make sure people have time to prepare for the reviews and that staff support people to be fully involved." This meant people received appropriate support to meet their needs and preferences.

People's right to confidentiality was respected. People's records were kept secure and confidential information about them was shared on a need to know basis. People's records were kept in a lockable office and was only accessible to staff. One member of staff told us, "We only give out information about people with their permission and or that of the manager." Another member of staff said, "We are mindful of who is around when speaking on the telephone." We observed staff conducted their handover meetings away from people and when talking to a colleague about a person to protect their confidentiality.

People's privacy was respected and staff supported them in a way that maintained their dignity. One person told us, "Staff always ask what I want. They knock and wait before coming into my room." Another person said, "Staff are respectful. They do not talk down at us." A healthcare professional told us, "When I call to arrange a meeting with [person] the manager will get the person on the phone so I can discuss their availability." There was a payphone at the service which people could use in privacy to contact friends and relatives. Staff had received training in respecting people's privacy, dignity and confidentiality. People told us the service welcomed their visitors and allowed them space to have a conversation in private if they wished. Staff understood ways of respecting people's privacy and dignity such as keeping out of their rooms when they needed their personal space. Staff had signed that they had read and understood the provider's policy on confidentiality and data protection and that an unauthorised release of people's information could result in disciplinary procedures taken.

## Is the service responsive?

### Our findings

People told us staff knew them well and their needs were met. One person told, "I am really happy here. I chose all the items in my room including my gadgets. Staff know me well." Another said, "I like the home and the staff and managers. I am happy here." A healthcare professional told us, "The staff have supported [person's name] to settle in the home. We are impressed with [person's name] progress. Staff have just been great."

People received support that was responsive to their individual needs. The registered manager and staff met with people and carried out assessments of their needs and associated risks before and after they started using the service. Information gathered at assessments included health needs, preferences, communication, likes and dislikes and social activities and the support and care they needed. Staff were made aware of the assessments to ensure they were knowledgeable about people's individual. The information was used to develop person centred care plans with staff contributing as they increased their own knowledge of people's personalities through their interactions. People told us and records confirmed they had met with staff and received input from healthcare professionals for the assessment of their needs.

People received their support as planned. Staff maintained daily records which confirmed people had received the support they required and as stated in their plans. Records showed the support people had received to enhance their independent living skills and maintain their health. The registered manager ensured staff had up to date information about any changes to people's needs and the support they required through daily handovers, staff meetings and a communication book for sharing information. Staff confirmed this.

People received support that took into account their preference and the goals they wished to achieve. Support plans were developed with people's full involvement and included their specific requests about how they wished to have their support provided. Staff knew and respected choices in regards to their social life, spirituality, culture and hobbies. One person told us, "I like having visitors from my church." The registered manager and records confirmed the person was supported with their spirituality through regular visits to the service by their church representatives.

People attended a range of activities at the service and in the community. People followed an activities programme that was tailored to their individual needs. Staff encouraged people to try out different activities if they showed any interest. People received the support they needed to develop their interests and skills. One person told us, "I like reading, watching television, using the internet and listening to my music." Staff held meetings with people and healthcare professionals to identify goals for daily activities and ensured their supported them with these. Staff were flexible to people's requests such as listening to music, gentle exercises, going out for a drive or a one to one time chatting to staff. This enabled people to choose how they spent their day. The registered manager told us and people confirmed there were regular trips into town for shopping and sight-seeing.

People received appropriate support and care in relation to their current level of need. People's individual

assessments and support plans were reviewed regularly and updated appropriately when their needs had changed. Staff had up to date support plans with sufficient guidance on how to meet people's individual needs. For example, a person's support plan and risk assessment had been reviewed and updated after their mobility had declined. Staff had regularly reviewed people's needs and updated their care and support plans to ensure people health were met in response to their changing needs. People and healthcare professionals were involved in care and health reviews and were informed in advance when the reviews were scheduled. People told us they were told in advance of planned so enable them think about any changes they may wish to see made to their support plans.

People's views were sought and acted on. People gave feedback about the service at regular meetings. They said the service listened to them and acted on their concerns. Staff enquired about people's satisfaction about their support daily when interacting with them and at regular reviews of their support plan. Feedback showed they were happy and positive about the support provided to people and the quality of care and there were no concerns raised.

People and their relatives knew how to make a complaint. They had received the service's complaints procedure when they started to use the service. One person told us, "I would talk to the manager or staff about any issues." Another said, "We haven't had any concerns although I wouldn't hesitate to make my worries known to the staff or the manager." Records confirmed the registered manager had discussed the complaints procedure with people in their reviews. The service had not received any complaints within the last twelve months.



## Is the service well-led?

### Our findings

There were quality assurance systems in place for assessing, monitoring and reviewing the service. The registered manager regularly audited records to ensure people's files and support plans were complete, updated appropriately and accurate with sufficient information about people and the support they required. Records showed audits on care plans, risk assessments and daily records. For example, the registered manager ensured staff had recorded information about visits by healthcare professionals and followed guidance given. Healthcare professionals said this enhanced positive joint working with the service and had resulted in improved health outcomes for people. Audits were carried out on staff training, supervisions and incidents and accidents. Staff told us and records confirmed any issues were discussed individually outside or in supervisions. The registered manager reviewed satisfaction surveys to identify how to improve the service.

People and staff told us they were happy with the service. They said the registered manager was visible at the service and readily available to them. One member of staff said, "The registered manager is approachable and easy going." Feedback from people, staff and healthcare professionals was positive and complimentary.

People and staff said there was a positive culture at the service centred on people's individual needs. People told us and we observed that they knew the care workers by name and knew they could talk to them or the managers if they had any concerns. One person told us, "The managers are here every day. I can talk to them if I was not happy." Another person said, "I tell the staff or the managers and they get it sorted." A healthcare professional told us, "The place is well managed. They seem organised and get things done right."

People and staff told us there was 'open door' policy where the managers were happy and willing to talk to them at any time. We observed people and staff speak with the registered manager in the office and other areas of the service. One member of staff told us, "The managers are very knowledgeable and we have confidence in their management." Staff attended meetings organised by the registered manager and said they were able to give their ideas on improving the service and these were acted on. A member of staff said, "The managers considers our views and feel valued as some of our opinions have been used to improve the service." Another said, "The managers lead by example and are good role models."

Staff attended regular meetings to discuss quality checks on the service. Records showed the registered manager had discussed issues such as accidents and incidents, concerns, review of people's needs, activities, and people's goals and recovery. One member of staff had suggested and received additional training they needed to be confident in their role. Staff told us they were motivated and enthusiastic about their work. They told us they felt well informed about the service, their responsibilities and areas for continued improvement through handovers, staff meetings and supervision sessions. One member of staff told us, "We get to know what's happening at the service in time and communication is very good." Staff said they knew each other well and enjoyed working at the service and commented, "A very good team" and "Hardworking staff and good management with wonderful support."

The registered manager and provider understood the requirements of their registration with Care Quality Commission. The registered manager notified the CQC of any significant events that affected people or the service. There was openness and transparency within the service where staff told us they felt confident to challenge poor practice and report concerns to management. Staff told us, "I would not even try to cover up for anyone." There is a culture of honesty in this place. If a mistake has happened, we have to own up and talk to the manager to see how we can correct things." Another said, "We don't always get everything correct and we are encouraged to be open about that." Records showed the managers attended safeguarding meetings with the local authority when appropriate to discuss people's safety and well-being.

Staff had access to the provider's policies and procedures. The provider had reviewed and updated policies in line with changes in legislation that could affect the service. The registered manager ensured staff were aware of any updates and procedures to follow and of the standards of work expected of them to provide an effective and responsive service to people.

Staff understood the service's vision and values and ensured they put them into practice when supporting people. A member of staff told us, "The values are about how to treat people with respect." Staff discussed values in supervision meetings to remind them about the importance of delivering care, which reflected the ethos of the service. A member of staff told us the values aimed to involve people about their care and support toward their recovery and re-integration and maintaining their well-being.

People's records were well maintained and kept securely. People's files contained updated copies of their care and support plans. The registered manager archived records that were no longer required and ensured all documents were labelled, dated and stored in a secure location. They told us the records were kept for the length of time according to requirements and were disposed of safely.

People were happy with the quality of the service. Records show the service encouraged people to give their views through surveys about the care and support they received. People, visitors, staff and healthcare professionals had completed questionnaires throughout the year and the responses showed they felt staff treated people with respect and met their needs.