Dimensions (UK) Limited

Dimensions 1-2 Westbury Way

Inspection report

1 Westbury Way
Aldershot
Hampshire
GU12 4HE

Tel: 01252311852
Website: www.dimensions-uk.org

Date of inspection visit:
17 December 2015
22 December 2015

Date of publication:
27 January 2016

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17 and 22 December 2015 and was unannounced. Dimensions 1 – 2 Westbury Way provides accommodation and care for up to six people with learning and physical disabilities. At the time of our inspection five people were living in the home. The home combines two conjoined bungalows, with sufficiently wide corridors and doorways to accommodate people's wheelchairs.

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

Records did not always fully document actions in place to protect people from identified risks, or demonstrate processes completed to support lawful decision-making. The registered manager was in the process of reviewing paperwork to ensure records were current, complete and accurate, with older records archived.

People were protected from abuse, because support workers understood how to identify and report concerns. Posters in the home reminded support workers of the importance of reporting any concerns.

Equipment and utilities were serviced regularly, and internal checks protected people and others from potential risks in the home. Risks affecting individuals had been identified, and measures put into place to protect them from harm.

People were supported by enough support workers to meet their needs and wishes. Rosters were planned to ensure people were supported to attend planned activities and appointments. Recruitment procedures ensured people were supported by suitable staff to deliver people's care and support safely.

People were administered their prescribed medicines safely, because support workers had been trained and assessed to ensure they did this competently. Medicines were stored safely, and records and audits demonstrated that support workers ensured people took their prescribed medicines safely.

Support workers completed and refreshed training to ensure they maintained the skills required to meet people's needs effectively. Training specific to individual's needs ensured support workers were able to provide each person with support and care appropriate to their needs and wishes.

Support workers understood and implemented the principles of the Mental Capacity Act 2005. They supported people to make decisions about their care where possible, and followed people's consent or refusal. They understood the process of mental capacity assessment and best interest decision-making where people lacked the capacity to make an informed decision about their care. Applications for Deprivation of Liberty Safeguards had been made appropriately when restrictions were in place to protect

people from identified harm.

People were protected from the risks of dehydration or malnutrition because they were supported to maintain a healthy balanced diet. Risks and health conditions affecting people's nutrition were understood and managed to ensure their dietary intake was supported effectively. People were supported to keep well through effective liaison with health professionals as required.

People were supported by caring and kindly staff. Support workers understood how people indicated their wishes, and provided care in accordance with this. People's dignity was promoted and their privacy was respected.

Support plans reflected people's preferences and needs, and were reviewed at least annually with those important to them to ensure changes were identified and adressed.

Relatives told us they had no reason to complain, because good communication effectively dealt with any concerns they raised promptly. Feedback from people and their relatives was sought to identify any improvements required for people's care and support.

Support workers understood the provider's ethos of supporting people to live fulfilled lives. They supported people to communicate their wishes, and implemented actions to support people to live their lives contentedly.

Relatives and support workers described the registered manager as supportive and effective in her role. A management network provided support and guidance for all staff to ensure people received their planned care.

Internal audits informed the service improvement plan, which was used to identify and drive improvements to the quality of care people experienced.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address safeguarding concerns.

Individual risks to people were managed through appropriate assessments and actions as required. Environmental risks affecting people and others were managed safely through checks and servicing to protect people from identified harm.

There were sufficient support workers deployed to meet people's needs and wishes safely. Recruitment checks provided assurance that staff were of suitable character to support people safely.

People were protected against the risks associated with medicines, because support workers administered their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff trained to support people effectively. Regular supervisory meetings ensured support workers retained and demonstrated the skills required to meet people's needs.

Support workers understood and implemented the principles of the Mental Capacity Act 2005 to ensure people were supported to make informed decisions about their care.

People's dietary needs and preferences were known and met to protect them from poor nutrition or dehydration. Effective liaison with health professionals ensured people's health needs were addressed.

Is the service caring?

Good

The service was caring.

Relatives told us support workers were kind and caring.

Support workers understood how people communicated. People were listened to and their wishes followed.

People's dignity and privacy were respected and promoted by the staff who supported them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed to ensure changes were identified and managed responsively.

People were supported to engage in activities that were important to them, including access to the local community.

Relatives were assured that any concerns would be dealt with appropriately in accordance with the provider's complaints procedure.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records did not always reflect processes in place to protect people from known risks, or demonstrate actions taken to support their decision-making.

The provider's values of supporting people to live fulfilled lives were understood and implemented by staff. People's relatives and staff spoke positively about the registered manager. The registered manager provided effective communication and support to ensure people received the care they wanted and needed.

Audits were used to identify and drive improvements to the quality of care people experienced.

Dimensions 1-2 Westbury Way

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.

The inspection was unannounced, and completed by two inspectors on 17 and 22 December 2015.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Review (PIR) had been submitted for the inspection in May 2015. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to consider the quality of care people experienced.

People living in the home were unable to tell us about their experience of the care they received, because we were unable to understand their verbal communication. We observed people's care and support throughout our inspection to inform us about their experiences of the home. We spoke with the relatives of four people living at Dimensions 1 – 2 Westbury Way to gain their views of people's care. We spoke with the registered manager, assistant manager and three support workers during our inspection. We also spoke with the provider's Operations Director.

We reviewed three people's support plans, and medicines administration records (MARs) for all five people. We looked at five support workers' recruitment files, as well as supervision records, and the staff roster from 24 November to 19 December 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

We last inspected this service on 22 August 2013, and did not identify any areas of concern.

Good

Is the service safe?

Our findings

All the relatives we spoke with told us they felt assured their loved ones were safe at Dimensions 1 – 2 Westbury Way. One relative told us "I have no qualms or worries".

Support workers were required to complete and refresh safeguarding training to ensure they were able to identify indicators of abuse, and understood the process to report concerns. They spoke confidently of the actions they would take in the event of identifying abuse in the home. A 'Speak Out' poster in the staff office reminded support workers of the process to report abuse. People were protected from abuse, because support workers understood and followed the requirement to report concerns.

Known risks affecting people's health and wellbeing had been identified and addressed. For example, support plans identified the level of risk each person experienced due to their epileptic history. Some people's medicines management meant they had not experienced a seizure for a year or longer, while others had more regular seizures. Documentation demonstrated that each individual had appropriate measures in place to manage their seizures and reduce the risk of harm during these.

For people at risk of choking or weight gain, risk assessments reflected the dietician's advice and guidance to maintain a healthy diet provided at a consistency that promoted their health and wellbeing. One person with a choking risk enjoyed an activity that placed them at risk of harm. It was recognised that denying this activity would cause emotional distress to the person. Although their risk assessment did not fully document the risk or the actions required to protect them from harm, all the support workers were aware of the risk and actions required to protect them. They told us the person was kept in eyesight when engaging in this activity, to provide assistance should they start to choke. Agency staff were not used in the home, which meant all staff were aware of this risk and how to manage it. Documentation of the mental capacity assessment and best interest decision regarding this activity was in progress to ensure actions to manage this risk were fully recorded.

People were involved in fire evacuation drills, and reviews of this demonstrated support workers followed appropriate actions to promote people's safety. Risk assessments and personal evacuation plans protected people and staff from the risk of harm in the event of a fire.

Checks and servicing by qualified contractors ensured the safety of equipment and utilities in the home. For example, hoists used to support people's transfer between wheelchairs and beds were last serviced in August 2015, and annual gas and three yearly electrical safety reviews had been completed in 2015. In addition, internal checks ensured people were protected from potential risks in the home, such as hot water scalding or illness associated with poor food storage. Support workers checked and recorded water and fridge temperatures to ensure people were protected from potential harm.

Relatives did not have any concerns about staffing levels. One relative stated "They always have time for [person's name]". Another relative told us they viewed the home as "An ordinary family", with each person's needs being assessed and supported according to their priority at the time. They felt each person was

supported appropriately as staff were able to meet people's needs. During our inspection there were sufficient staff available to meet people's needs without delay, and to support people to attend their planned activities.

The staff roster indicated that sufficient staff were available in accordance with people's assessed required staffing levels. The registered manager explained how support worker hours were managed flexibly to provide sufficient staff availability to support people to attend planned activities throughout the week. Drivers were rostered to ensure people could use the minibus to travel when they needed transport. There were sufficient staff deployed to meet people's needs and wishes.

Some recruitment information was stored centrally by the provider's HR team, but was made available electronically to the registered manager for review of applicants or to review staff's recruitment details. All required recruitment information had been checked before applicants were offered a support worker role, including a full employment history with explanation of any gaps. Identification checks and conduct references from previous employers were verified before applicants were offered employment. Criminal record checks provided assurance that applicants were suitable to safely support people in the home.

People's medicines support plan included guidance for support workers on how the individual preferred to take their medicines and when these should be administered. This detailed all the medicines the person took, including their PRN medicines. These are medicines used as and when required, for example to address occasional pain. The home's PRN protocol ensured support workers understood when and for what conditions it was appropriate to administer PRN medicines. Medicines were administered safely to manage people's known health conditions.

For one person with swallowing difficulties, their medicines were crushed and mixed in with a mousse. The person was not rushed to take their medicine, as support workers chatted with them and encouraged them to take all their medicine at their own pace. This ensured that the person was given their medicines safely.

People's medicines were stored in locked cabinets, and appropriately labelled to ensure people were only administered their own prescribed medicines. Medicines were administered by two support workers who together checked people's medicines administration records (MARs) to ensure people received their prescribed medicines at the required times. Records were updated immediately once people had taken their medicines, to reduce the risk of overdosing. Support workers spoke knowledgeably of the medicines prescribed for each person, and understood any potential side effects. Training and competency checks ensured support workers maintained the skills to safely administer people's medicines. Weekly medicines audits demonstrated that the provider's procedure was followed to reduce the risk of administration errors.

Good

Is the service effective?

Our findings

In addition to the provider's required training topics, such as safeguarding people from abuse, fire and food safety, and infection control, support workers were required to complete training in aspects of care required to meet people's specific needs. This included safe use of hoists to transfer people between their beds and wheelchairs, and managing people's epilepsy. The provider required a staff training completion rate of 90%, and records demonstrated that support workers had completed and refreshed all their required training in accordance with the provider's policy. Although not all support workers were trained to administer people's medicines, they had all completed training in the use of rescue medicines used to reduce the risk of harm caused by seizures. Support workers spoke confidently about the use of these. This ensured that people were protected from harm, because support workers were skilled to meet people's identified needs effectively.

Support workers told us, and records confirmed, that they met with the registered manager regularly to review and discuss their concerns and aspirations. Support workers spoke positively of these meetings, as they provided the opportunity to discuss and address any issues. Monthly staff meetings provided a forum for discussion of concerns and sharing of solutions identified. Minutes demonstrated that concerns about people and suggestions to meet their preferred activities and support were discussed and agreed. One support worker described these meetings as "Open and honest". Support workers were appropriately supported to ensure they were able to meet people's needs effectively.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Medicine administration guidance reminded support workers that they must seek consent from people before giving them their medicines. We observed support workers explained to people that they were administering their medicines, and reminded them what the medicines were for. They waited for people to indicate their consent, and thanked them afterwards for taking their medicines. Support workers had completed training in the MCA 2005, and demonstrated their understanding of this in the actions they took to support people to make decisions about their care. One support worker told us they never assumed people were unable to make decisions for themselves. They understood the required process to assess people's mental capacity of understanding for more complex decision-making.

People were supported with documents in an appropriate format to understand their rights. For example, the MCA 2005 and a document entitled 'how we make big decisions' supported people to understand the process of mental capacity assessment, and how their views influenced any decisions lawfully made on their behalf.

A decision-making agreement in each person's support plan documented decisions each person was able

to make and how this was communicated to support workers, such as their choice of clothing, meals, activities and support worker. Where it was identified that people required support to make decisions, such as for medical intervention, managing their finances and choosing holidays, the agreement detailed who should be involved to help the person decide, and who should make the final decision.

Records demonstrated that best interest decisions had been made appropriately for people when they lacked the mental capacity to make these independently, for example regarding medical procedures. Documents evidenced that those who knew people well, such as their relatives and link worker, were involved in these decisions, as well as the relevant health professional. One person was represented by a relative with Power of Attorney to make decisions on their behalf. The registered manager was aware of the relative's right to make decisions for the individual. Decisions were made on people's behalf lawfully and with consideration of their best interests and wishes.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for authorisation of DoLS for all five people in the home, and two of these had been granted at the time of our inspection. Guidance ensured support workers provided people with as few restrictions as possible while keeping them safe from identified risks, such as falling from their wheelchairs without restraints, or leaving them unobserved when there was a risk of seizures.

People's food preferences were understood and met, as their support plans recorded favourite meals and the weekly menu reflected these. A relative told us their loved one ate slowly because of their health condition. They were assured that this person was supported to eat sufficient amounts without being rushed. We observed that this person was offered thickened drinks and soft foods to reduce the risk of choking throughout the day. Risks associated with their nutrition were managed safely because they were not rushed to eat their meals, and food and drink was provided in a suitable consistency.

One person required percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is a form of tube feeding for people who are unable to or have difficulties in swallowing. Their relative told us support workers were "Very good" at maintaining their loved one's dietary needs effectively. They described support workers as "Very switched on and quick to pick up on things". Detailed guidance and training ensured support workers understood how to support this person to meet their dietary needs appropriately. Regular weight recording evidenced that they maintained a healthy weight, indicating that their nutritional needs were effectively met.

A relative told us their loved one's health issues were managed well. Records demonstrated that support workers were proactive to identify any health issues, and referred people to health professionals appropriately. Annual health reviews ensured people's long term changing health needs were monitored and addressed.

Pictures of reference were used to inform people of planned appointments and visits from health professionals. A health passport recorded information for professionals to be aware of, for example during dental or hospital appointments. This guided health professionals to understand how to manage people's needs and anxieties during appointments. When people had attended a health appointment, staff documented the reason for the visit, advice given, and any other information noted. This information was shared promptly with all support workers. This ensured that people received the care advised by health professionals following medical appointments. People's health conditions and needs were effectively

supported through effective liaison and treatment by health professionals.

Good

Is the service caring?

Our findings

One relative told us their loved one's care was "Very very good, I can't fault them". They described the home as "Family oriented", and told us they were always welcomed to visit. Another relative described support workers as "Wonderful", and told us they provided "Excellent" care for people. They described the home as having "A lovely informal atmosphere".

Staff spoke with affection of the people they cared for. The registered manager spoke positively about people, describing them as having a "Beautiful smile", or "A beamer". Support workers understood people's preferences, such as those with a sweet tooth, and their preferred activities. We observed people's care reflected these preferences, for example in the meals provided or the areas of the home they were supported in.

Support workers understood how people indicated their preferences, and made their wishes known. Relatives confirmed that support workers had a good understanding of people's preferred communication methods. We observed support workers were patient, thoughtful and kind when interacting with people. They listened to and watched people's responses without rushing them to ensure they understood people's wishes. When people required reassurance or comfort, support workers talked quietly with them, and provided physical reassurance by gently stroking their arms or holding their hands. Support workers were attuned to people's emotions, and supported them appropriately.

On the way to a coffee morning, a support worker checked whether a person's legs were cold, and covered them with a blanket to help them to stay warm. The person wore a fleece for their journey to the community centre, but the support worker took it off straight away once they were inside, as they were aware that the person would probably get hot and agitated with this on indoors. Support workers were understanding and attentive to people's needs and preferences.

A relative told us they were "Always welcomed with a cup of tea". They felt their loved one was well cared for. They said "I am always grateful, I can't ask for anything else". Relationships between people and their families were nurtured. Families were encouraged to visit regularly, and told us they were always welcomed. Pictures of people and their families were displayed in the home, demonstrating that relationships were valued and respected.

The registered manager explained how one person was comforted by another when they were upset. Friendships that had developed outside of the home were supported through meetings in the community and invitations to join in meals or activities in the home.

People's support plans reflected their lifestyle choices, as well as their religious and cultural requirements. For example, one person enjoyed staying up late at night and sleeping in late in the morning. During our inspection we noted that their preferences had been respected. They had been supported to go to a disco the previous evening, and chose to lie in until mid morning the next day. Documentation demonstrated that support workers had requested the GP to review this person's medicines to accommodate their lifestyle

choice. This ensured that their required medicines were administered to manage their medical needs as well as supporting their choice of time to rise. This demonstrated that people were involved in their care and support planning, and that their choices were respected.

Support workers chatted with people throughout the day, for example about planned activities, the meal provided, or family events. They encouraged people's interaction in conversations. When people returned from activities outside of the home, support workers enthusiastically welcomed them back. We observed that people appreciated this welcome, because they smiled and laughed with staff.

When people's medicines were required at specific times to protect them from known health issues such as seizures, support workers woke them gently if they were asleep, and explained that it was time for their medicine. The administration method for one person's medicines meant support workers were required to protect the person's dignity. They ensured the person was kept covered and was reassured during administration of their medicine. Support workers understood how to protect people's privacy and dignity. People were supported by caring staff.

Good

Is the service responsive?

Our findings

Relatives told us they appreciated support workers' length of service in the home, as this developed a consistency of understanding of people's needs and communication methods. One relative told us "I like the stability, as they know what he likes. They cater nicely for him, and lots of things happen in the house, which suits him. I think he is very contented". Another relative explained that support workers "Know how people communicate. They understand when [person's name] wants to be alone or wants a drink". They described how support workers understood and met their loved one's preferences, for example by protecting them from loud noises or shouting.

Staff were able to tell us of each person's personality as well as their needs in detail. They explained how people made their wishes known through gestures, vocalisations and facial expressions. The information shared with us was reflected in people's support plans. For example, one person was described by their support workers as a "People watcher". This was documented in their support plan. During our inspection, we observed this person's wheelchair was positioned at the day centre to enable them to comfortably watch the activities people engaged in. They appeared to enjoy this. Staff understood and delivered people's preferred care in accordance with their wishes and support plans.

Some people were unable to verbally inform support workers of the cause of their distress or requirements. Support workers explained how they used a "Process of elimination" at times to identify people's wishes or concerns. Where this was the case, people's support plans included a disability distress assessment tool. This explained how the person's appearance, vocalisation and mannerisms reflected their mood when content or distressed. It provided a gauge for support workers to monitor people's wellbeing, and consider appropriate actions to support people's needs.

Intensive interaction is a communication method of mirrored sounds and gestures to help people with complex disabilities to effectively communicate, and so reduce potential isolation and frustration. This was provided weekly for two people in the home by an external team. The registered manager told us three support workers had also been trained to provide this for people more regularly. Support workers explained the difference this had made for people to communicate. We observed intensive interaction sessions, and saw that people responded to the interaction positively through gestures and sounds. A sensory room provided an area enjoyed by several people in the home. This was used to stimulate or relax people by immersing them in sounds and lighting they enjoyed. People experienced care that was responsive to their needs.

Support plans documented people's preferred routines, and recorded what a 'perfect day' and 'perfect week' would be for the individual. People's dreams for the future were recorded, and annual reviews considered how people had been supported towards fulfilling these. The format of people's support plans reflected their ability to understand the content, for example providing information through the use of pictures of reference to explain the person's agreed plan of care. This meant some people could be actively involved in their care planning. Annual care reviews were attended by the person and others important to them or their care needs, such as family, health professionals and their link workers.

Headings such as 'What we like and admire about [person's name]', 'Things that are important to me' and 'what is working and not working' meant that people's support plans were personalised to their care needs, celebrated their unique talents, and reflected the care they required and wanted. Where issues had been identified that affected the person's health or wellbeing, actions were noted to address these. For example, one person's enjoyment of the local area was limited by the difficulty support workers experienced pushing their wheelchair. The person's support plan documented progressing actions to upgrade their wheelchair in response to the issues identified.

Risks associated with people's health were reflected in their support plans, and managed to promote their safety without limiting their chosen activities. One person was regularly transferred between their bed and wheelchair to provide periods of rest and reduce the risk of pressure ulcers, because they were unable to turn themselves unaided. Their care record demonstrated that they maintained good skin condition, indicating that the measures put in place to protect them from harm were effective.

People's interests were supported through the activities they experienced. For one person, their care review was held at a venue outside of the home to encourage their participation and engagement. People were involved in a variety of activities outside of the home, including shopping trips, bowling, use of a hydro-therapy pool and pub meals. Additional support was arranged to ensure people were able to attend events important to them, such as family gatherings.

People were involved in meaningful monthly meetings. As well as discussions of planned events in the home, such as parties to celebrate Halloween and Christmas, people were involved in sensory activities to help them to understand the events. For example, they tasted jellies, fruits and sweets that would be provided at parties, and felt sensory objects such as artificial spider webs and tinsel that would be used to decorate their home. Meeting minutes described each person's reaction to the stimulation provided, evidencing their involvement. For example, one person was describing as screwing up their face when they tried one fruit, but smiling when they tried another. This clearly indicated their preference, and was recorded to inform food choice for planned parties.

Relatives confirmed that staff liaised regularly with them to ensure people received the care and support they required and wanted. They told us support workers kept them up to date with any issues or concerns affecting their loved ones. A relative told us communication between support workers and relatives was "Brilliant", and improving all the time.

The provider conducted bi-annual surveys for people, their relatives and staff to seek feedback on the quality of care experienced. The most recent survey results had not been collated at the time of our inspection, but the Operations Director informed us that findings indicated an overall satisfaction with the care provided, which reflected the feedback people's relatives shared with us.

One relative told us "If I'm not happy, I can talk about it with staff: I know them by name. I can't think of anything that I could complain about". The provider's complaints procedure was displayed in the home, in a format appropriate for people to use. Records demonstrated, and the registered manager and relatives confirmed, that no complaints had been made since our last inspection. The registered manager told us that she shared good news, including praise from relatives regarding the care of their loved ones, at staff meetings. She told us she would do the same with complaints as appropriate to discuss improvements required. This ensured that feedback from people and their representatives was used to inform the care and support people received.

Requires Improvement

Is the service well-led?

Our findings

Although support workers took appropriate actions to manage risks safely to protect people from potential harm, documentation did not always reflect that risks had been identified or addressed. Records did not demonstrate that an activity that provided one person with pleasure, but was a known risk to their health, had been assessed. Support workers were able to explain the actions they implemented to ensure the person was protected from harm when engaging in this activity, which demonstrated that the risk was safely managed.

Records did not always demonstrate that required actions had been completed in accordance with people's plan of care. For example, for people who required monitoring or checking during the night, records did not always demonstrate that these checks were completed. However, people's skin condition and health, and feedback from support workers, indicated that people received their planned care in accordance with their support plan.

People's support plans included a decision-making agreement to guide support workers to include people in decisions and choices appropriately. However, the mental capacity assessment and details of best interest decisions were not always documented to accompany this agreement. There was a risk that people's wishes about their care and support may not be acknowledged or lawfully supported. Although the role of power of attorney was understood, and the registered manager was aware of those holding this for people in the home, records did not reflect this. There was a risk that decisions could be made on people's behalf by those not lawfully appropriate to do so.

Although the registered manager was able to evidence that servicing was up to date and required actions had been completed to ensure equipment was safe, this information was not always readily available within the service. Documents held did not always demonstrate the most current servicing records. For example, current servicing records were not available for hoists used to transfer people between their beds and wheelchairs. The provider's contractor was able to provide evidence that these checks had been completed in August 2015 to ensure people were protected from potential harm. The registered manager explained that she had already identified the requirement to review, collate and archive records, and this was reflected in the service improvement plan as an action in progress.

People's records were not fully completed to ensure they reflected people's care or decision-making. Systems in place did not always record that services were safely monitored to protect people from harm. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us they felt "Very lucky" with the care their loved one experienced. Another described support workers as "Very enthusiastic" in their care and support. They said the home was "Evolving in the right direction. The standard of care and relationships with residents is tremendous, very dedicated".

A support worker told us staff lived up to the provider's values of placing people at the heart of all that the

home does, providing people with opportunities to live the lives they chose. They described the home's culture as "Open and honest". The registered manager confirmed the provider's values as "Focussed on the people". She told us the provider was "A person-centred organisation that always sought to get better". She explained how people were represented by their peers on the provider's management board, and were included in staff recruitment and induction processes. This ensured that people's views and comments influenced the care and support they experienced.

Core briefs from the provider were shared at monthly staff meetings to ensure support workers were informed of changes and updates to policies and procedures. The registered manager told us this ensured staff "All sang from the same hymn sheet", promoting consistency of care and ensuring the provider's policies and procedures were understood and followed.

Support workers were encouraged to nominate their colleagues for the provider's 'Inspiring people' award. This recognised and celebrated staff who inspired others to excel in their work. Support workers were encouraged to take on lead roles in the home, such as representing the home at the provider's health and safety forum. This demonstrated the provider's confidence in their staff to manage issues, and their commitment to develop staff skills. Support workers were thanked for their hard work in meetings and personally by the registered manager who respected and appreciated their efforts.

One relative told us the registered manager was "Approachable and supportive, and picks up on any issues quickly". Another described the registered manager as "Fantastic, really good, with excellent motivation". They explained that the registered manager "Never failed" to return their calls, and worked hard to keep relatives and support workers informed of changes and plans. Support workers described the registered manager as "Easily contactable" and "There when you need her". They spoke positively about the support the management structure provided.

The registered manager managed three homes for the provider. She explained how she kept in close contact with all homes by telephone, and split her time between the three homes dependent on current management needs. The assistant manager supported the same homes, providing additional management support and guidance for support workers when the registered manager was elsewhere.

The registered manager explained there was "Lots of management training", and described the provider as "Very proactive in the opportunities offered". The assistant manager confirmed the level of management support and training offered. Workshops provided an opportunity for managers to share issues and discuss resolutions with those who had experienced similar concerns. This provided peer support at management level.

The registered manager reviewed incidents and accidents to ensure appropriate actions were put in place to reduce the risk of reoccurrence. She monitored reports to identify possible trends that may indicate changes of care required. A service improvement plan documented actions identified through audits and reviews, and progress towards their completion. For example, a requirement to identify suitable support plan review venues to encourage people's participation had been progressed successfully for one person. Systems were in place to identify areas of improvement required, and to drive these to ensure people received high quality care.

Compliance audits were completed by the provider's auditing team quarterly, reviewing various areas of care at each visit, including support planning, medicines administration and finance management. Findings indicated the level of compliance identified at each visit. Where issues were identified, these were used to inform the service improvement plan. This was monitored by the registered manager and the provider's

auditors to ensure effective actions were completed in a timely manner to drive the improvements required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's care provision and decisions taken in relation to their care and treatment were not fully documented in their records. People's care provision and decisions taken in relation to their care and treatment were not fully documented in their records. Systems in place did not always record that services were safely monitored to protect people from harm. Regulation 17 (2)(a)(c).