Castlehaven Care Limited

The Pines Residential Home

Inspection report

The Pines
Colebatch
Bishops Castle
Shropshire
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Tel: 01588638687

Date of inspection visit:
23 June 2016

Date of publication:
09 September 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?	Good

Summary of findings

Overall summary

The inspection took place on 23 June 2016 and was unannounced.

The Pines Residential Home offers accommodation for up to eleven people with learning disabilities or autistic spectrum disorders. There were eleven people living at the home at the time of our inspection. The home consists of two units, The Pines House where six people lived, and The Pines Unit where three people lived in the main house and two people lived in individual flats.

The service was previously inspected on 24 April 2014 and met all standards considered at the time.

A registered manager was in post at the time of our visit. 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 and director were also the proprietors of the home.

People were supported to be safe by a staff team who knew them well. Staff knew what actions to take if they had concerns for people's safety or well-being. People were supported to recognise when they were at risk of being unsafe and assisted to make their own decisions on how they managed the risks. People were supported to take their medicines so they would remain well.

People were supported by staff who valued and listened to them. People's choices were acted upon by staff who went the extra mile to support them to live a fulfilled life and cared for them in a way they preferred. This was because the service used the principles of the Mental Capacity Act (MCA) well to develop the confidence of people to make their own decisions. People were supported to enjoy a range of food and drinks so they maintained a balanced diet. People were enabled to prepare their own meals if they wished. Access to health services and specialists was arranged as required so people were able to remain physically and mentally well.

People were supported to enjoy a rich and active social life and were treated with dignity, kindness and compassion at all times. The staff team understood each person's individual preferences, diversities and needs. People were encouraged and supported to achieve their full potential, undertake further education and develop their skills. They were enabled to make their own choices about what they did each day. There was a positive approach to people's chosen pastimes with a focus on working with the person to ensure they could achieve what they wanted. As a result, people had a high self-esteem.

People enjoyed close and caring relationships with the staff team. The atmosphere throughout the home was happy and open. People were confident to express their thoughts and ideas at all times. Where required, intensive support for people was provided in a discreet and compassionate manner by staff. Care provided was individual to each person's requirements. It was planned and reviewed with people and their

families. People and relatives knew how to raise concerns and complaints and were confident that staff would take action if this happened.

People and families enjoyed close relationships with the registered manager and director of the service. The unit managers in the home enjoyed trusting relationships with the people, their families and the staff. The whole senior team worked well together to ensure the staff team knew what was expected of them. Checks were undertaken on the quality of the care and support provided for people. Opportunities were taken to develop the service as a result of these checks. The registered manager and director showed that they were committed to continuous development of the service.

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 supported to be safe by a staff team who knew them well. Risks to people's safety were assessed and minimised in consultation with the person. People were supported by sufficient numbers of staff to enable people to live their lives as they wished. People were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were able to make choices about the care and support they received. People were supported by a staff team who had the skills and knowledge to promote their independence. People were supported to have the right amount of food and drink at all times. Staff supported people to access health services and supported people to follow health advice.

Is the service caring?

Good

The service was caring.

People were supported to live independent and meaningful lives by a staff team who respected and cared about them.
People's own views and wishes were paramount when providing care and support.
People were happy, motivated and treated with dignity and compassion.

Is the service responsive?

Good

The service was responsive.

People were actively encouraged to develop their own lifestyle choices. Staff responded to the wishes of the people and enabled them to make decisions about their lives. People were encouraged to maintain family relationships. People were supported to be involved in the local community and develop friendships out of the service.

People were actively supported to be involved in the life of the home and to complain as required. They were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People were supported by a strong senior management team who worked to ensure they were involved in the day to day running of the home. Checks were maintained by the registered manager to assess the on-going quality of the care and support provided. The registered manager's vision for the on-going improvement of the service was shared by the staff team.

The Pines Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 June 2016 and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Report (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During our inspection we spent time with people in the communal areas of the home. We spoke with nine people who used the service and five of their relatives to get their views of the service. We spoke with nine members of support staff, the activities coordinator, the cook, two unit managers and the director. We spoke to the registered manager by telephone. We also spoke with three external health and social care professionals who supported the service. We looked at the care records of one person who used the service and a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Good

Is the service safe?

Our findings

People told us they were supported to feel safe by a staff team who understood them well. They were given information on how to keep themselves safe and what to do if they did not feel they were. One person told us that they felt it was very important to tell the staff when they were going out. They said, "If I just go out then [staff member] might think I have had an accident so I always tell them so they don't worry about me." Another person told us, "I go out with my support worker every day. [Staff member] helps me to remember things that make me safe. I forget to look for traffic sometimes and they remind me." We saw that people's awareness and understanding of abuse and keeping safe were discussed on a regular basis at meetings they attended. People were enabled to express their thoughts and worries about how they could be safe. They were also encouraged to talk about how they could support each other to live well together. Staff members confirmed that they received guidance about how to support people to keep safe whilst enabling them to have independence.

People were supported by staff who understood, and where necessary followed, systems designed to protect them from the risk of harm. Staff had received training how to protect people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse. They knew how to report any concerns to the senior management team or to external organisations such as the local authority or Care Quality Commission (CQC) if they needed to. All staff we spoke with felt very strongly that the people they supported deserved to be able to live their lives free from abuse. One staff member said, "The people cannot always stand up for themselves. We need to be able to help them to do that and step in for them if needed to make sure they are treated with respect at all times."

Risks people faced both within the service and when they went out into the community were assessed in discussion with each person. The abilities of people living at the home varied widely. Within the Pines Unit we saw that people required a very high level of staff support to be safe in their environment. We saw that some people, because of their complex needs, could not cope well with noise and busy environments. The staff team had worked with the people and their families to assess the risks to them and others living at the home from communal living. As a result of these risk assessments, some people had been supported to move into single occupancy flats with 24 hour care from their support workers. We spoke with one of the people who told us, "I like my flat. I like my support workers." This person's relative told us, "When [person's name] went to live there, they could not cope with the coming and going in the main house. The staff team worked with us and [person's name] to look at the risks of them living in a flat and it was tried for a short while. It has been a great success. It has succeeded because the staff team made it happen." Some people were able to go out independently. Other people required the support of two staff members to enable them to be safe in the community. We spoke with two people who were going out with their support workers and they told us that they went out every day.

Any risks to people with regard to their support needs in an emergency, such as admission to hospital were assessed. People had a 'hospital passport' assessment which contained detailed information about each individual, any risks around their safety and how they should be supported. All people had Personal Emergency Evacuation Plans (PEEP). A PEEP provides information for the staff and emergency services

about what support each person would require in the event of an emergency such as a fire. In addition to the PEEP, the fire service staff had visited the service to gain more information about each person's needs in the event of a fire.

The registered manager had taken steps to protect people from staff who may not be fit to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were assisted by sufficient numbers of staff who were able to demonstrate a high level of knowledge about the people they supported. Each person's support requirements to keep them safe were assessed constantly. All people living at the Pines Unit were supported by two staff. We saw that the registered manager had worked with the staff team to ensure that each person received support from the same staff members. This ensured continuity and aided the development of close relationships. Agency staff were not used at the service. This was because people living at the service needed to be supported by a staff team who knew them well. As a result, staff worked together to cover any vacant shifts. The registered manager also covered shifts if required.

People were supported to take their medicines as prescribed and in line with good practice and national guidance. We observed a staff member administering medicines. They talked with each person, explained what the tablet was for and helped them with a drink. They also asked each person if they wanted to take their pain relief tablets. Staff received regular training to be able to administer people's medicines and senior staff regularly audited people's medicines safely. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines.

Good

Is the service effective?

Our findings

People were supported by staff who were well motivated and trained to support them effectively. People we spoke with and their relatives told us they felt the staff knew what they were doing. One person told us,"[Staff member] understands me and helps me to be happy. [Staff member] knows when I can't help what I am doing and helps me feel better." Another person told us, "The staff know I am diabetic and they help me to eat properly." One person said, "The staff know everything about me. That is good because I can't look after myself." We observed staff supporting people. We saw they were confident and kind in their approach and had the skills needed to care for people safely. Staff had been supported by the provider to learn Makaton sign language which had helped staff to converse with people who used this method of communication. The registered manager had ensured the staff team were able to learn new processes as they became necessary. For example, one person had an episode of ill health after which their care needs had increased. This meant that they needed new moving and handling equipment. The registered manager arranged for all staff to receive specific training with regard to this person's new needs and equipment. This ensured that the staff knew the best way to support the person to continue to have some independence.

New staff were supported to learn about the expectations of the people and other staff members. All new staff were enrolled on a recognised care training programme and enjoyed the assistance of a buddy to help them to get to know people. All staff received training in conjunction with the local partnership in care training partnership. The registered manager and unit manager had undertaken an intensive management training programme which had developed their management skills. The unit manager told us, "The course was so motivating and enjoyable. I learned so much about managing a service." Staff members told us that they enjoyed opportunities to have personal supervision sessions with the unit managers and registered manager. It was clear during conversations that the staff teams worked very closely with their unit managers and received high level support from them at all times. One staff member said, "I can go to [unit manager] at any time about anything and they will listen to me and help where they can."

People living in the Pines Unit were living with complex support needs. Because of this, the staff team supporting them were provided with extra, specific training before they were able to work in the unit. This included management of actual or potential aggression (MAPA) training. This specialised training focussed on the prevention, deceleration and avoidance of aggressive reactions from people. The unit manager told us, "This training equips staff to help people learn coping skills to deal with difficult situations." When people had episodes of challenging behaviour the staff team supported the person and recorded the incidents. Challenging behaviour is a demonstration of distress from the person. We saw that, where changes to support were required as a result of any incident, it was correctly recorded, discussed with the person, and all staff informed. We also saw that, where appropriate, relatives were made aware of any incidents involving their family member as soon as possible.

In house training had also been provided for staff members about how to support people who are considered to be on the autistic spectrum. Three staff members we spoke with said that this training was very helpful in helping them to provide the best care and support for people in the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We saw that people's capacity to make decisions was always presumed initially. We saw and heard that staff sought people's permission at all times before they supported them with their care needs. One person told us, "They always ask me what I want to do and if I don't feel like doing something they say OK." We heard staff asking people and explaining what their choices were. We saw people responded to this approach and made their own decisions, such as where they sat, where they wanted to be in the home and what they ate. Where people did not have capacity the registered manager had made sure decisions were made on people's behalf and in their best interest. They achieved this by consulting with people, their relatives and health professionals. One relative told us, "We have a partnership with the staff. Nothing happens to [person's name] without discussion. [Person's name] is also involved if they are able to be but that is not always the case."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. We saw that five people were subject to a DoLS authorisation. These authorisations were detailed and staff continually reviewed the information to ensure they worked with least restrictive practices. For example, some people needed two staff to support them when going out. The provider had ensured that the required staff were available at all times to enable this to happen.

People were supported to eat and drink well. People living at the home made the decisions together about when and what to eat. Some of the people ate lunch whilst out in the community. People decided each morning what they wanted for breakfast and most people were encouraged to prepare their own breakfast with support. Drinks and snacks were made available throughout the day. People were able to go into the kitchen and make themselves a drink as they desired. We saw that, when people were making drinks in the Pines House, they asked others there if they would like one as well. People assisted with setting the table and clearing away afterwards. One person said, "I have smaller meals because I am diabetic. Sometimes I have proper pudding but only a little bit which I really like."

People told us that they were supported to access healthcare services when required. One person told us that they had recently had eye surgery to improve their sight. They said that they were very happy with the improvements in their vision. People were supported to attend health and well-being screening services as required. During our inspection two people were going out with staff to attend a health screening appointment. People were encouraged to attend the GP's surgery for their annual health checks and appointments whenever possible. The doctor who supported the people who lived at the service told us, "The care provided at The Pines is excellent. The two unit managers are very efficient. In the Pines Unit, the staff's knowledge about people's complex needs is impressive."

Good

Is the service caring?

Our findings

People lived in a home where positive and caring relationships with staff and each other were developed. We observed staff in both units to be very motivated and confident. They interacted with people with friendly banter, laughter and fun. There was a vibrant and fun atmosphere throughout the home. People were very welcoming to us and wanted to tell us about their lives. We saw that people were confident in talking to us and involving us in their day. One person who was living with very complex health issues wished to show us round the unit they lived at. This enabled us to spend time with the person and chat about how they felt about living in the home. They were very proud and happy to be able to show us round. We saw that people and the staff team spent time together as close companions, sitting together and spending the day chatting and working together in a relaxed way. Staff were highly motivated to empower people to maintain a sense of purpose and achievement in their lives. People were encouraged to make decisions about what happened in the home on a daily basis. Some of the people were seen to enjoy helping with the housework, such as setting and clearing tables after meals.

Before people came to live at the service, the staff team were encouraged to meet with the people, both at their current place and by visiting the home. This action enabled people and staff to get to know each other before they came to live at The Pines. Care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. By involving the staff teams at the very beginning of the person's placements, the staff team told us that they felt that their input is valued. One staff member told us, "We are encouraged to tell the managers what we think about how we care for the residents. If we have any new ideas then we all discuss them together, including the resident and families."

Routines were minimised for most people to allow spontaneity in what they did. In the Pines Unit, some people required more rigid routines to enable them to have control. A staff member told us, "We have been enabled to learn how to help the people we support to make positive behaviour choices which helps them to maintain control over their lives." We saw that each person was supported in a very individual manner. One person told us, "The staff helps me to do lots of things. I chose my wallpaper and duvet cover in my favourite colour. We went to town to choose it all." One staff member said, "We treat people as adults and respect their wishes at all times. However, sometimes we need to be able to support people to do things they may not feel like doing by helping them to understand the reasons. For example, [person's name] does not like to exercise. Their lack of exercise is affecting their health. We have supported them to start gently walking round the garden. Now we are taking them to town to buy new walking shoes because they have started to enjoy their walks." We spoke with the person who told us that they were looking forward to getting some new shoes.

We asked one relative how they felt their family member was supported at the home. They replied," There is only one word - magnificent. The staff team are always thinking outside the box to look at how they can improve [person's name] life. They support [person's name] to go to the theatre and to pop concerts. Because of health issues [person's name] can't retain information so they always take photographs so that [person's name] can look at them and remember the occasion. [Person's name] is having a life now." We spent some time with this person. They told us about many of the concerts they had gone to with their

keyworkers. They enjoyed showing us their photographs of their outings on their computer tablet.

Each keyworker acted as an advocate for people to support their day to day decisions. However, the provider had engaged the services of an external advocate to support people to make decisions with major or important consequences if they did not have the support of families to do this.

People were treated with dignity, kindness and compassion at all times. The provider had enabled the people living at the home to arrange and undertake their own meetings where they explored how they could help and respect each other. The meetings encouraged people to initiate conversations by enabling people to talk together about the chosen subjects. For example, there had been a recent situation which occurred in the home because one person expressed jealousy of another. As a result of this, the meeting topic chosen by the people was, 'What jealousy means.' People were then encouraged to express their ideas of what jealousy was and how everyone can respect feelings and diverse views.

Throughout the service we saw and heard people and staff caring for and respecting each other. Staff were happy to go above and beyond what was normally expected of them to ensure people were provided with individualised care and support. For example, we spent time with one person who was living with very complex health issues. They told us that they were due to go into hospital for a small operation. They said that they were frightened and had not wanted to have the operation. They said that their keyworker had talked to them about what to expect. They said, "[staff member] is going with me and will look after me so I am going to go." We asked the person's keyworker how they had been able to support the person to make this decision. They told us that it needed to be their decision about having the operation. They said, "We work with [person's name] to explain things in a way they can digest. This can take some time and may be discussed in many different ways before they are happy."

We saw that the staff had an exceptional ability to help people to express their views and make key decisions. This was due to the staff team's high level of understanding of how to develop the person's communication skills and thought processes. This ability was confirmed by the person's relative who we spoke with after the operation had taken place. They told us that the person's keyworker had gone with them to hospital and stayed all the time with the person. They told us, "[Person's name] wanted [staff member] to stay with them until they had the anaesthetic. Despite being nervous of hospitals, the staff member went into the operating theatre with [person's name] and stayed until they were asleep. This helped [person's name] to be settled and less frightened, and us to be less anxious as well." They also said, "[staff member] is amazing with [family member]. Their relationship is one of mutual fondness and respect which has reduced [family member's] anxious times."

We spoke with another relative who told us, "[Family member] is very well cared for by fantastic, kind and caring staff. They know [family member's] moods and what makes them upset. They work to bring them out of themselves and support their independence. They are much more independent now than before."

Good

Is the service responsive?

Our findings

People were supported to achieve their full potential, undertake further education and develop their skills. Most of the people who lived at the home had been supported to enrol at a local college which specialised in providing further education to people with a learning disability. One person showed us their certificates which included basic food hygiene, skills for life communication and attendance at a 'Looking after yourself' workshop. They said, "I love learning and getting certificates." They showed us their personal diary which contained a lot of information about their likes and dislikes. They were very pleased when we commented that their writing was very neat. They said, "I have been practising my writing all the time." The people were able to enjoy a large garden area and decided together what flowers and vegetables they wanted to grow. The people who were interested were supported to grow vegetables in a polytunnel and greenhouse. One person had volunteered to take out the recycling to the bin area. We saw them making sure that each item was in the correct bin.

We spent time with a person who lived in their own flat. They told us that they liked their support workers. We spoke with the relative of this person by telephone. They told us, "[Person's name] needs to be occupied all the time but can't cope with crowds or noise so the staff take them out into the countryside. The management team in the home responded so well to [person's name] need for a quiet environment by supporting them to live in this flat. Although [person's name] receives a lot of support from their staff team, we are still encouraged to be involved in their care. We still cut [person's name] hair and nails like we used to do before." They also commented, "We can sleep at night knowing [person's name] is in safe hands." Two staff members providing support to this person told us, "Because [person] gets stressed easily if bored, we need to make sure we keep them occupied. {Person's name] has endless energy so we are all kept fit." The person enjoyed this comment and laughed with their support workers.

Staff knew what was important to people and were able to describe what worked well for individuals and how they supported them to achieve their full potential. People had detailed care plans in place which contained guidance for staff in relation to each area of need. These were person-centred and developed with the full involvement of the people. The information provided guidance for staff in how to meet people's needs in a safe and individualised way. For example, one person had a history of sleep apnoea. This is a condition where the person stops breathing for a short while when asleep. When the person initially came to live at the home, the staff team and relatives worked together to develop guidance for staff who would be monitoring the person at night. This guidance enabled the staff to recognise changes in the person's breathing patterns and assist them to move to a new position and prevent the breathing difficulty. We were not able to speak with this person as they had gone out for the day. We did, however, speak with their relatives who told us, "[Family member] is cared for by a team who are very much in tune with their needs. I do not worry about [family member] because the staff team are so diligent. We all work together for [family member] to have the very best."

Each person had their own personal goal plans. These plans were developed in order to support each person to identify new things they wished to achieve in their lives. People were very keen to show us their plans and explain what they had written and why. They told us that the staff team helped them to achieve

the goals. One person had written that they wanted to be able to do things which gave them a sense of responsibility. They had been supported by the staff team to do the ordering online for the food shopping. They had also started helping other people to order goods online. They were enabled to help the driver of the local minibus when they collected people to go out. They told us that they had a whistle to blow when everyone was on board so the driver knew it was safe to move off. They said, "I have my high-vis jacket on and I make sure everybody is on the bus. It helps the driver to know when it is safe to move off." This responsibility had improved the self-esteem of the person. People told us that they go to the village every day. The people living at the home were also well-known members of the community and were supported by the villagers when they went out. For example, one person told us that they worked in a small teashop in the village but had decided to retire. A second person worked on a market stall with the support of their keyworker. They told us they enjoyed being at the market and meeting people. Another person who shared their personal goal plan told us that they enjoyed going out to the village independently to get shopping. This person had hearing difficulties and was able to lip read. They also used Makaton to communicate. Makaton is a method of communication using hand signs. They said that they took a picture list with them when shopping so that they could show the shopkeepers what they wanted if they forgot the name of the item. This person told us they were able to handle their own money when shopping. We saw that people were also supported to go and vote in the referendum on the day.

One person told us, my keyworker asks me if I am okay all the time. I tell them if I am not and they help me to sort it out [what is bothering me]." We saw that staff were always alert to any changes in the demeanour of the people which may suggest that they were not happy about something. We heard staff asking people if they were alright.

If people living at the Pines Unit were admitted to hospital for a period of time, their keyworkers went to the hospital to assist the hospital team in providing care. This action helped the person to receive the required treatment in a timely manner and prevented distressed behaviour due to the person being in an environment they did not know. The unit manager confirmed that this initiative helped to get people back to their normal environment quicker. We spoke with one person whose condition meant that they required frequent hospital admission. They told us, "[staff members] go with me to hospital if I need to go. They stay with me and it is better because they know me better than the nurses in hospital."

A healthcare professional who worked with people living at the home told us, "I have found them to be a group of staff who truly want what is best for the service users they work with. They are not afraid to ring up our team and ask questions or to request help or support when they need it. I feel confident that if I ask them to do something, look into something, or purchase something that it will be done." The consultant psychiatrist who provided health support for people living at The Pines told us that they were extremely happy with the care and support provided by the staff at the home. They said, "The staff are very quick to respond to any changes in the people. I know that, if they request a visit from me, that it is for a good reason. They always follow my instructions but also advise me sometimes. That is how well they know people."

Staff had developed ways of involving people so they were consulted, listened to and valued. Ways to raise concerns were discussed with people at the meetings held with them. People were provided with the knowledge about how to raise concerns. Discussions took place about the ways people could do this and to ensure people were confident their concerns would be dealt with in an open and transparent way. People were offered the chance at each meeting to talk about any current concerns they had. We saw records of the discussions which showed people knew how to complain.

We saw that people also had an easy-read complaints procedure which they were able to access. One relative said, "[Family member] is fully able to make their views known to the staff. They always listen to

[family member] and work out with them how to sort things out for them." We spoke with relatives about how they would complain. All relatives we spoke with told us that they had not had cause to complaint about any aspect of their family member's care and support. They did, however, confirm that they had received copies of the complaints procedure and would be happy to use it if required. The relatives all responded in the same manner, stating that they would, initially bring their concerns to the unit manager who they were confident would deal with the concern well.

Good

Is the service well-led?

Our findings

People were actively involved in how the service was run. This was achieved because the staff team were committed to making sure that the people were supported to take charge of their lifestyles as much as possible. For example, we heard people and staff discussing what things were happening on the day of the inspection and people were heard to confirm with staff members what they wanted to do. People had chosen the flowers and vegetables to grow in the garden and decided what pottery they wanted to make. We saw minutes of meetings which took place every three months to discuss any issues people wished to raise. These were given to people after the meeting in a format they were able to understand. These meetings were run by the people who put together the agenda with support from the staff team. The meetings encouraged people to initiate conversations by enabling people to air their views of the chosen subjects. For example, following a recent situation which occurred in the home because one person expressed jealousy of another, the meeting topic chosen was, 'What jealousy means.' People, were then encouraged to express their ideas of what jealousy was and how everyone can help each other. With regard to the joint activities being undertaken, people discussed together where they wanted to go or what they wanted to do and all worked together to reach agreement.

The registered manager and director had a vision of an inclusive and kind, caring environment where people are supported to be happy and independent. We saw that this ethos was upheld by everyone. People told us that they had a good and happy life at the home. Staff said that they thought the culture of the home was one of a homely, relaxed and supportive environment. Staff stated that they and the people living at the home were encouraged to question what they were doing in a constructive way. One staff member said, "We may have an idea about how we can do something better. The unit manager always listens to us." Because the provider valued the staff teams, and encouraged them to develop their skills, they had a stable staff team. For example, one staff member had worked, initially as a junior carer and was now a unit manager after eight years.

We saw that people and staff had developed close relationships with the two unit managers. They had day to day responsibility for their units and were keyworkers for some people in addition to their main duties. One person told us their keyworker was 'great' and that they helped them to decide what they wanted to do so they didn't get confused. The staff members we spoke with told us that the unit managers provided high levels of support to the care staff. One staff member said, "[Unit manager] gives 110%. They would never ask us to do something they were not prepared to do themselves." A relative told us, "We are very happy to talk to the unit manager. We know the registered manager and director are heavily involved in how the home runs but [unit manager] knows [family member] so well. Out trust in [unit manager] is absolute." However, we received mixed comments from staff about the support provided for them by the registered manager. One staff member said that they were supportive. Other staff members felt that the registered manager was not often seen in the home.

People we spoke with knew the registered manager and director well because they interacted with them whenever they were in the home. The registered manager was not in the home on the day of our inspection. We saw that the director, who was in the home for part of our inspection, was very knowledgeable about all

the people living at the home and people enjoyed chatting with them. One person was enjoying fun banter with the director and other people joined in. The person told us the director was funny and that they liked them. We spoke with family members who told us," [Registered manager] is very good. They look for solutions before coming to the family with any problem. This works for us and [person's name] as it enhances our confidence in the registered manager and their team to look at issues straight away and not wait for us. Another relative told us how the registered manager and their team had spent much time and energy in making sure their family member's transfer to their new home went smoothly. They told us, "[registered manager] made sure that all the staff who would be caring for [person's name] met them before they came to the home."

The registered manager had developed systems in the home to record and monitor all areas of the running of the service for people. The unit managers took day to day responsibility for the recording and collating of accidents, incidents, complaints and compliments. They then shared this information with the registered manager. Where required, action plans would be provided to learn from what happened and to reduce the risk of the situation reoccurring. We saw, however, that there were very few areas of concern noted due to the diligence of the staff team at all times. The unit manager of the Pines Unit told us, "The main issues here occur as a result of distressed behaviour or two people disagreeing with each other. We work with each person to overcome the conflict. This happens very occasionally as they all live well together as a rule."

People were supported to complete quality surveys every year. Relatives also were provided with surveys. One relative we spoke with told us, "We have the surveys but we talk all the time with the registered manager and unit manager so they already know how we feel."