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Edgar Street Residential Home

Inspection report

3 Edgar Street
Huncoat
Accrington
Lancashire
BB5 6ND

Date of inspection visit:
18 September 2017

Date of publication:
16 October 2017

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 18 September 2017. At the previous inspection in June 2015 we found the service was meeting all the regulations we reviewed.

Edgar Street provides accommodation and personal care for six adults with learning disabilities; the service specialises in providing a service for women. At the time of the inspection there were six women accommodated in the home.

Edgar Street is a semi-detached domestic style house in a residential area on the outskirts of Accrington. It is close to local amenities and the town's amenities are within easy reach with a bus route and rail transport near to the home. Accommodation is in single occupancy bedrooms. There is a patio and garden for the use of people living in the home.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). 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.

People were supported by staff who were highly caring and compassionate. Staff knew people and their backgrounds well and used this knowledge to communicate effectively with them. Professionals and relatives commented about the exemplary way in which the staff team worked together, often going above and beyond what would normally be expected of them, to ensure people were able to achieve their goals and develop their potential.

People were treated with the utmost respect at all times. Staff protected their privacy, involved them in decisions about their care and promoted their independence.

The service was well-led. People who used the service were seen as central to the decision making process about how the home was run. The registered manager and staff demonstrated a commitment to providing the highest quality of care which enabled people to live their lives as fully as possible.

There were effective systems in place to monitor the quality and safety of the service. The registered manager demonstrated a clear commitment to continuing to drive forward improvements in the service for the benefit of the people who lived in the home.

The registered manager and staff had developed effective partnerships with other organisations. As a result people who used the service had access to specialist assessment. The outcomes of these assessments were used to ensure people were provided with the highest quality care and support.

There were enough staff deployed to meet people's needs. Recruitment procedures helped ensure only suitable staff were employed. Staff knew the correct action to take to protect people from the risk of harm and supported them to receive their medicines safely.

Risk assessments were in place in relation to each individual's care and health needs as well as any environmental risks; these helped to protect the health and welfare of people who used the service and staff.

People were cared for in a safe and clean environment. Staff had received appropriate training to manage the risk of cross infection in the home.

Staff received the induction, training and supervision necessary to help them to deliver effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have a healthy diet. Systems were in place to help ensure people's health and nutritional needs were met.

Staff had a good understanding of people's needs and goals. They demonstrated a commitment to providing high quality support which was personalised and tailored to the needs of each individual. People who used the service told us they were able to make changes to their support plan as their needs or interests changed.

There were opportunities for involvement in meaningful activities both inside and outside the home. Activities provided people with opportunities to develop their skills, as well as promoting their well-being and independence. People told us staff supported them to maintain contact with their friends and family.

Staff we spoke with told us they enjoyed working in the service and that the registered manager was very supportive and approachable. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

Effective systems were in place to respond to any complaints or minor concerns received in the home.

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 cared for by sufficient numbers of staff who had been safely recruited. Staff knew the correct action to take to protect people from the risk of harm.

Risks had been appropriately assessed as part of the care planning process. Strategies in place ensured staff used the least restrictive practices to keep people safe whilst maintaining their independence and rights.

Appropriate arrangements were in place to ensure the safe handling of medicines.

Is the service effective?

Good 

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices. Appropriate arrangements were in place to ensure any restrictions in place were legally authorised.

People received the support they needed to help ensure their health and nutritional needs were met.

Is the service caring?

Outstanding 

The service was very caring.

People who used the service told us staff were kind and caring. We saw that staff had gone over and above what might be expected from care staff to help people to achieve their goals and ambitions.

Staff demonstrated a commitment to providing high quality, compassionate care and support. People told us staff would

always support them to develop their independent living skills.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and contained detailed information to enable staff to meet their identified care needs. People were empowered to make decisions about how they wished to be supported.

People took part in a wide range of activities both within the home and in the local community to promote their sense of well-being.

Staff sought and acted on feedback from people in order to continuously improve the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager demonstrated a clear drive for continuous improvement in the service. The ethos of the service was that people who lived in Edgar Street were central to all decisions about how the home was run.

Staff enjoyed working at Edgar Street. They told us home was well run and they found the registered manager to be very supportive and approachable.

Robust systems were in place to monitor the quality and safety of the service. Strong partnerships with other organisations helped to ensure people had access to specialist assessments. The outcomes of these assessments were used by staff to improve the quality of support people received.

Edgar Street 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 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 18 September 2017 and was announced. The provider was given notice of our intention to inspect the service because the location is a small care home for younger adults who are often out during the day; we therefore needed to be sure that someone would be in to speak with us.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required by law to tell us about). We also contacted the Local Authority commissioning team, the local Healthwatch organisation as well as community based professionals to gather their views about the service.

During the inspection we spoke with the registered manager, three people who used the service, two members of staff and a visiting health professional. We also carried out observations in the communal areas of the service and, with permission, looked at a number of bedrooms.

We looked at the care records and medication administration record (MAR) charts for three people who used the service. In addition we looked at a range of records relating to how the service was managed; these

included four staff personnel files, staff training records, a sample of policies and procedures, meeting minutes as well as records relating to the monitoring of the service provision.

Is the service safe?

Our findings

People who lived in the home told us they felt safe and had no concerns about the care they received. Comments people made to us included, "I feel very safe here. Staff support me to get to places I don't know" and "It's my house. I do feel safe here."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. Staff had received training in safeguarding adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included moving and handling, health and safety, infection control and first aid. The registered manager was aware of their responsibility to report issues any relating to safeguarding to the local authority and the Care Quality Commission.

We found staff understood their role in safeguarding people from harm. They were able to describe the action they would take if they became aware of or suspected abuse had occurred. Staff spoken with said they would not hesitate to report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the home's whistleblowing policy and would always report any poor practice they observed. We noted the whistleblowing policy also advised staff of other agencies they could contact should they feel the provider had not taken the necessary action to deal with their concerns. One staff member told us, "I would always ring the manager if I had any concerns and they weren't here. They would come in straight away and sort things out."

One of the staff members we spoke with told us they were the safeguarding champion for the service. This meant they attended regular workshops in order to keep up to date with safeguarding procedures staff were expected to follow. Any information was then shared with the rest of the staff team in the home. The registered manager told us staff were also expected to read the '7 minute briefings' regularly issued by the local authority on topics relating to keeping people safe and submitting safeguarding alerts.

We found that recruitment processes were safe. The four staff personnel files we looked at all contained an application form which required applicants to include a full employment history as well as two references and confirmation of each person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The registered manager told us people who used the service were central to the recruitment process. They told us they were equal contributors on the interview panels and were able to ask any questions they considered to be relevant in order to ensure potential staff understood the care and support they expected to receive. Records we reviewed showed the comments people who used the service had made about the suitability of applicants to work at Edgar Street.

People told us there were always enough staff available to provide the support they wanted. Staff told us they worked flexibly to ensure they were available to support people to attend appointments should this be

required. One person who used the service confirmed, "Staff always go to with me to hospital appointments when I need support."

We were told that agency staff were not used in the home as people needed to be supported by staff who they knew and felt safe with. Due to the needs of the women who lived in the home, male staff were not employed and male visitors were always chaperoned by staff to ensure the safety and protection of all parties.

The registered manager told us the arrangements for night time staffing had changed within the last few months. These changes meant there were now two staff on duty from 10pm to 8am, one of whom was awake and the other undertook a sleep-in shift. The intention of this change was to improve the quality of support people received at night and to reduce the strain on staff. We noted the impact of this change had been reviewed in July 2017 and that feedback from staff and people who used the service was positive. People who used the service reported benefitting from additional one to one time with staff and described this time as being more meaningful and constructive. Staff reported they had more time to complete required documentation and therefore improve service delivery.

We checked the arrangements in place to help ensure the safe handling of medicines. We saw that all staff had received training in how to administer medicines safely. Policies and procedures were in place to guide staff about the ordering, administration and disposal of medicines. In addition regular assessments were carried out to check the competence of staff in the safe handling of medicines. One staff member told us, "I like to make sure I give medication correctly. You don't want to get that wrong."

We checked the medicine administration record (MAR) charts for three people who used the service. We noted all these MAR charts were fully completed to show people had received their prescribed medicines. We saw that people were also able to take responsibility for their own medicines following a risk assessment to confirm they understood the importance of taking them as prescribed. One person told us, "I self-medicate although staff do my eye drops every night."

Records we reviewed showed regular medicines audits had been completed by the staff member designated as medication champion in the home. The registered manager also reviewed the outcome of these audits. None of the audits had raised any concerns about the way medicines were handled in the service.

Care records we reviewed contained detailed risk assessments. These provided guidance for staff on the strategies they should use to safely manage identified risks whilst ensuring people's independence, rights and lifestyle choices were respected with the minimum necessary restrictions in place. All risk assessments had been regularly reviewed to ensure they accurately reflected people's needs.

Appropriate arrangements were in place to support people with their finances. One person told us how staff helped them to manage their money to ensure they were able to meet their financial commitments. Another person commented, "Staff give me my money every day. I used to overspend and not have any money left so that's better for me."

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the lounge, kitchen, bathrooms and toilets were clean. Staff told us there was always sufficient personal protective equipment (PPE) for them to use when required. We were told people were encouraged to keep their own bedrooms and communal areas clean with the support of staff where necessary.

We checked the arrangements in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Staff had completed annual fire safety training and regular evacuation drills took place to ensure everyone living and working in the home knew what action to take in the event of a fire. Records were also kept of the support people would need to evacuate the building safely in the event of an emergency.

We saw the registered manager kept a record of any maintenance work that was required and this was discussed with the provider during their regular meetings. A business plan was also in place which recorded plans to continue to improve the property for the comfort and safety of people who lived there.

Is the service effective?

Our findings

People who used the service told us the staff who supported them were skilled and knowledgeable about their needs. Comments people made included, "Staff are helpful and supportive. I have lived here for over 20 years so staff know me very well", "Staff understand my moods and know how best to help me" and, "I get very good care. Staff know what they are doing."

A visiting health professional told us, "I am very impressed with the care here. All the staff seem to have a good knowledge of service users' needs."

We looked at the arrangements in place to ensure staff received the induction, training and support they required to be able to deliver safe and effective care.

We saw that staff were provided with a comprehensive induction programme which included the completion of mandatory training and a minimum of two weeks shadowing more experienced staff. We were told people who used the service completed a house induction with new staff which included information about house rules, routines and expectations of staff.

Records we reviewed showed all staff were provided with a range of training courses including fire safety, safeguarding vulnerable adults, person centred care, equality and diversity, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, food hygiene, first aid, fire safety and moving and handling. Staff had also completed training relating to the particular needs of people who used the service. Staff spoken with told us the training they received was of good quality and ensured they had the skills they needed to support people effectively. We saw that there was a system in place to ensure staff completed annual refresher training in required topic areas.

The registered manager told us that due to the complex needs of people who lived in the home, they expected that staff employed to work in the service had achieved a minimum of level 2 in a nationally recognised qualification in health and social care. Where necessary, staff were supported to achieve a higher level 3 qualification.

Staff personnel records showed staff were provided with regular supervision. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. We noted that an agenda was used for each supervision session which covered topics including a review of the person's work performance, service use issues and staff training and development needs. All staff also received an annual appraisal to support them to identify achievements and future goals.

We looked at what consideration the provider gave to the Mental Capacity Act (MCA) 2005. The 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 interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 the registered manager had an action plan in place to ensure compliance with the MCA and DoLS. The capacity of people who used the service to choose where they wanted to live was assessed and documented. Following this assessment, procedures were in place to ensure the required DoLS applications were submitted to the relevant local authority should individuals be assessed as lacking capacity to consent to their care arrangements.

The registered manager told us they had submitted DoLS authorisation requests for two people who lived in the home, for whom there were some restrictions in place in order to ensure they received the care they required; these were still awaiting assessment by the local authority. The registered manager was aware of their responsibility to continue to assess whether restrictions in place continued to be necessary and were proportionate to any risks the relevant person might experience. We were told the front door to the property was sometimes locked to keep one person safe. However, this did not restrict the other people who lived in the home from leaving to access the community as they wished. We saw that the registered manager regularly updated the local authority if there were any changes to the restrictions included in an individual's care plan.

We noted care records included information for staff about how they should support people to make their own decisions and choices. One person's support plan stated, "Staff are to ensure they look at every option when making decisions with [name of person]. Staff need to always act in [name of person's] best interests and support her to make her own decisions where possible." Another person's support plan said, "I have capacity to make my own decisions and know and understand why I live in a care home. I am happy and confident to make my own mind up with things and know I can ask for support when needed."

Staff told us they had completed training in the MCA and demonstrated a good understanding of the principles of this legislation. One staff member told us, "I am aware that capacity assessments need to be decision specific. We try to guide people but at the end of the day it's their own decision." Another staff member commented, "The Mental Capacity Act is massive. It's all about the best interests of the person and each individual is different. Although it is their choice I try to help individuals understand the consequences of their decisions."

Staff told us, and records confirmed, handover meetings were held at the change of every shift. A communication diary and daily diaries also helped staff keep up to date about people's changing needs and the support they required.

We asked staff how people's nutritional needs were monitored and met in the service. We were told that as people were often out during the day, the main meal was in the evening and that this was cooked by the staff on shift. We saw there was a menu plan in place which had been drawn up by people who lived in the home and staff supported people to shop for the food they needed. They told us they would always encourage people to make healthy choices although they acknowledged they were unable to prevent people from choosing unhealthy options if they wished to do so. People told us there were always alternatives available should they decide they did not want to eat what was on the menu. One person commented, "Staff encourage us to eat healthily. It's all low fat food."

We found appropriate checks were completed by staff to ensure the safe handling of food. The service had received a 5 rating from the national food hygiene rating scheme in May 2016 which meant staff followed safe food storage and preparation practices.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews and we noted that each person had a health action plan in place; this provides easy read information for people about their health needs and the support they require from health professionals. The registered manager told us how they had supported a person to understand the importance of attending for a particular health check by using 'YouTube' videos which explained the process in simple terms. They told us as a result the person had overcome their anxieties and attended the appointment.

Records had been made of any visits made by people who used the service to health professionals and of any advice given. The registered manager told us the service also used a 'telemedicine' service; this allowed people who used the service prompt access to a review by a health professional.

Is the service caring?

Our findings

People spoken with told us staff were consistently kind and caring. One person commented, "The staff are very nice. They look after me." Another person told us, "The manager took me to see my dad when he was dying and to the funeral home as well."

We found evidence that staff had gone over and above what would usually be expected from care staff to help people who used the service achieve their goals and ambitions. One person who used the service took great pride in showing us a DVD which recorded how staff had recently supported them plan and undertake a sky dive. At the request of, and with the financial support of the person's family, the registered manager had also made arrangements for the person to accompany them and their family on a forthcoming trip to America. They had agreed with the person how they would ensure their privacy was maintained during the holiday and ensured the person was consulted about the itinerary for the trip. The individual concerned told us they were extremely excited about the planned holiday as it had been a lifetime ambition to visit Disneyland.

Another person told us how the registered manager had supported them to plan and take a trip to Tunisia to enable them to renew their wedding vows with their husband. This was in addition to having supported them to plan their wedding several years previously.

We saw that a relative had provided positive feedback about the home in a recent survey sent out by the provider. They had written, "I think Edgar Street has a wonderful staff team who encourage my daughter to be as independent as she possibly can. They are respectful, thoughtful and helpful and always seem to go the extra mile which shows they genuinely care for all their clients."

We noted a professional who was supporting the staff team to develop a crisis plan for a person who used the service had recently written a letter to all staff which included the comments, "You clearly care a great deal about [name of person] and want the very best for her. The compassion you show to [name of person] is wonderful. I believe this is a key factor in helping her remain settled for longer and longer periods of time. I would like you all to know that in my opinion you are all very special individuals who come together to make a very special service. Your commitment to your service users is exemplary and I only wish there were more homes like yours."

During the inspection, we observed warm and friendly interactions between staff and people who used the service. We noted staff provided gentle encouragement to ensure people attended the activities which were on their individual planner.

People who used the service told us staff always respected their dignity and privacy. People had keys to their individual bedrooms and we noted staff always asked for consent before they entered. Some people also had keys to the front door of the property so that they were able to come and go freely without any restrictions. We noted there was a stencilled phrase on the kitchen wall which reminded staff they worked in people's home and should be respectful of this. People who used the service confirmed that this was the

ethos of the home which was followed by all staff. One person commented, "Staff always say that this is our home and they work in it." They also told us they had agreed a number of house rules which were always respected by staff.

Staff were required to complete dignity, equality and discrimination training on an annual basis. We saw there was also a dignity action plan in place in the home which was implemented through people's care plans and the focus of staff on ensuring the human rights of the people they supported were respected. The plan was regularly reviewed by the registered manager and we noted their most recent review stated, "Service users are very much involved in the dignity plan of the home. Service users are well aware of their individual rights and implement these daily."

We observed staff were extremely caring and respectful in the way they spoke about people who used the service. They were able to tell us what was important to the people they supported, their likes and dislikes and the care they required. Staff spoken with demonstrated a commitment to providing high quality personalised care and support to people. One staff member told us, "We're here to assist when needed." Another staff member commented, "I will always say to people that I will come with you and we will do it together. It's quicker if you do it yourself but it's not helpful to them."

Staff demonstrated a commitment to providing high quality, personalised care. One staff member told us, "Person centred care is all about that one person; everything they need to make their life as good as possible. I definitely feel we offer that here." Another staff member commented, "We do our absolute best to ensure people have a good quality of life. It's important to them but it's also important to us."

People spoken with told us they were always central to the decisions about the care they received. One person told us, "Staff always ask my opinion about things. They definitely listen to my views." Another person commented, "Staff always sit with me and talk about my care plan." The registered manager told us they were aware of local advocacy services and would contact them on a person's behalf should they require access to independent support regarding their care needs.

We saw that people who used the service had access to information about the service provided at Edgar Street and other organisations in a range of formats; this helped them to understand their rights and the support available to them.

We noted there was an emphasis in the service on promoting people's independence. One staff member told us, "Some people will do their own laundry or other tasks. We try to keep them as independent as possible. People do whatever they can to their best ability." This approach was confirmed by our discussions with people who used the service. One person told us, "Staff don't take over. They encourage us to do things for ourselves." Another person commented, "I have daily personal goals to work towards more independent living."

Care records we reviewed were very personalised and included important information about people's lives and backgrounds; this information was used to help staff hold meaningful conversations with people. People told us staff would always support them to keep in contact with their family and friends.

People's care records included information about the care and support they wished to receive at the end of their life. The registered manager told us they had completed the 'Six steps' training programme; this nationally recognised programme aims to equip staff with the knowledge and confidence to be able to deliver compassionate end of life care.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in order to maintain people's confidentiality.

Is the service responsive?

Our findings

People who used the service told us staff always provided them with the support they required. They told us they were able to review and change their support plan whenever they wanted to ensure it met their needs. Comments people made to us included, "I have a key worker. I go through my care plan with her. If anything has changed we put it in or if something new crops up" and, "I have a daily plan. I can change anything I want in it."

The registered manager told us they always completed an assessment when a person was referred to the service. This was to ensure staff were able to meet their needs. They told us that, other than in an emergency placement, a series of introductory visits usually took place to help ensure the compatibility of the person referred to the service and those who were already living in the home.

We were told that one person who lived in the home had particularly complex needs which staff had struggled to understand and deal with at times. The registered manager told us that, with the support of a specialist psychologist, a crisis plan had now been put into place to help ensure staff were able to respond effectively to the person's needs and behaviour. We looked at the feedback given by the professional involved in supporting the team to develop strategies to support the person and noted they had commented, "You [staff team] are becoming very skilled in observing all the nuances of [name of person's] behaviour which means you are all incredibly perceptive of her needs. This enables you to adapt the way you work with [name of person] not even on a day by day basis but even sometimes a minute by minute basis. This person centred way of working is providing an excellent quality of life for [name of person] that otherwise she would not have."

During the inspection one person who used the service was visited by a speech and language therapist (SALT) to undertake an assessment at the request of staff. The purpose of the assessment was to help staff better understand the sensory needs of the person. The SALT told us they were very impressed with the care people in the home received and that they considered staff were motivated to ensure people received support tailored to meet their individual needs.

We saw that each person had a weekly planner which included the activities in which they participated, both in the home and the community. On the day of the inspection one person told us they were going to their voluntary job and then to an exercise class. They told us each week they also went shopping, to yoga, prayer meetings and completed household tasks. Another person told us, "I go out independently using the bus. I go to Zumba and I like swimming."

We looked at photographs which showed the holidays and visits which people had taken with support from staff. These included holidays abroad and in the UK. The registered manager told us the provider supported people financially so that they were able to participate in these holidays.

We saw that monthly culture nights were held in the home. These were led by a person who used the service who undertook research about the particular country which was the focus of the event. They also prepared

the menu and food for the event, with staff support as necessary. A staff member told us, "Service users learn about a particular country. We live in a multi-cultural society so we think it's important for us to learn about other countries." Photographs we saw showed that people clearly enjoyed these culture nights.

We noted there was a garden at the rear of the property which people who used the service were encouraged to use to grow vegetables and fruit which were then used in the home. The registered manager told us they had applied to the local authority for an allotment and were currently on the waiting list for one to be allocated to them. They hoped this would provide people with the opportunity to grow a broader range of fruit and vegetables as well as supporting further involvement with the local community.

We found there were opportunities for people to provide feedback on the support they received. These included regular conversations with staff and the registered manager, support plan reviews house meetings and satisfaction surveys. Surveys were also carried out with staff and relatives of people who used the service.

We looked at the responses people who used the service had made in the most recent satisfaction survey carried out in February 2017. We saw that these were all very positive. One person had written, "I like living here. It's a nice environment and all the staff are lovely. [Name of registered manager] is always willing to talk to me as well as giving me good advice and support."

We looked at the systems in place to manage any complaints received in the service. We noted no formal complaints had been received since the last inspection. The registered manager told us they tried to address any concerns as soon as they arose. For this purpose they had developed a 'niggles' form which captured any minor issues or disagreements which arose in the home and the action taken in response to these.

We noted there was an easy read version of the complaints procedure available for people. None of the people spoken with during the inspection had any complaints about their care. They told us they would feel confident in approaching the registered manager if they had any concerns and were certain they would be listened to and appropriate action taken to rectify matters.

Is the service well-led?

Our findings

Our observations and feedback received during the inspection showed the home was well run and the registered manager was committed to delivering outstanding care. One person who used the service told us, "[Name of registered manager] is very good. She is very house proud and wants to make sure we are well looked after." A professional we contacted prior to the inspection commented, "I have been visiting this care home for several years and have always found it to be professionally organised and yet it has maintained its family atmosphere. It's easy to forget is it residential care home as all people participate in the domestic tasks according to their abilities and are party to the day to day running of the home."

We noted relatives and staff had also provided positive feedback about Edgar Street. A relative had commented, "I think [name of registered manager] does an excellent job as a manager." Comments from staff included, "The manager is very approachable and the service users have great respect and trust for them" and "There is excellent communication and involvement between staff and service users. Working methods are constantly addressed and adapted but most of all the service users are encouraged to be who they want to be."

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection.

In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

There was a registered manager in post. During the inspection we observed they worked alongside staff and people who used the service. For example we saw them supporting an individual to research information about Spain for the forthcoming cultural event to be held in the home. The registered manager was supported and monitored by the registered provider who visited the home on a regular basis in order to ensure the quality and safety of the service.

All of our observations during the inspection showed the home was run in the most flexible way possible in order to ensure people who used the service had an excellent quality of life. The registered manager informed us their aim was to provide a residential service with the ethos of supported living, that is a setting in which people receive support which is built around them and their needs and that, "We need to empower service users to drive how we go forward."

The registered manager told us the key achievements since the last inspection had been the introduction of electronic records. They told us people who used the service had access to these records and were able to check their content whenever they wished using personal devices. They told us this enabled people who used the service to feel empowered to suggest any changes they wished to make to their records to ensure they fully reflected their needs, wishes and goals.

Our findings, observations and discussions during the course of the inspection showed there was a strong emphasis on continually striving to improve within the service. The registered manager told us both staff and people who used the service had been excited about this inspection as they looked forward to the opportunity to tell CQC about the input they had to the running of the home and the excellent care provided at Edgar Street.

The registered manager had been creative in ensuring people who used the service were central to the way the home was run. They told us, "Service users have an input into all decisions; it's their home." Regular house meetings took place during which people were able to make decisions about any changes they would like to make. We also saw that people who lived in Edgar Street chose the 'staff member of the month'. We saw that they had made a ballot box in which they cast their votes each month. Staff who were chosen received small tokens of appreciation from the registered manager and people who used the service. Evaluation of this initiative by the registered manager showed it was working very well and people who used the service were enjoying the input they had into the decision. Staff also reported feeling valued and recognised for their efforts.

There was evidence the service had a clear vision and set of values which placed people who used the service at the centre of the support provided. These were outlined in the home's 'philosophy of care' and supporting literature given to people. From speaking with people who used the service and staff, we found there was a clear commitment to ensuring people were treated fairly and provided with care and support which respected their diverse needs in order to enrich their lives.

Our review of care records and discussions with a visiting health professional showed the service had developed effective working partnerships with other organisations. As a result of these partnerships the registered manager had been able to access specialist assessments on behalf of people who used the service. We saw the outcome of these assessments were incorporated into people's support plans in order to help ensure staff were able to provide people with the most sensitive, consistent and effective support possible.

Staff told us they thoroughly enjoyed working in the service and considered it to be very well run. They were clearly motivated to provide the highest quality of care and told us they would have no hesitation in recommending the home to their family or friends. They told us the registered manager was an excellent leader who was always available for advice and support, even when they were not on shift. One staff member commented, "[Name of registered manager] is very good. She really cares about us and the people who live here." A visiting health professional also told us, "[Name of registered manager] is the driving force behind the staff team. She has a hands on approach and is always aware of everything that is going on."

Records we reviewed showed regular staff meetings took place. These meetings were used as a forum to discuss the quality of the service provided and the high standards expected by the registered manager. Staff spoken with told us they were able to make suggestions at the staff meetings and their views were always listened to.

We saw that the service had been successful in gaining the Investors in People (IIP) Award at the standard level in March 2017; this is awarded to services which demonstrate the very best in people management practices. People who used the service told us they were very proud of this award and were happy for the achievement to be displayed discreetly on the outside of the property. We noted the IIP report stated, 'Edgar Street has a culture which is friendly, helpful and supportive. The people who work there are very loyal and committed to the organisation'. The report went on to state, 'A key strength of the service is the mutual support between team members'. Part of the evidence gathered for the award included discussions with the

staff team. We noted one staff member had commented, 'I feel very valued and supported'.

There were effective systems in place to assess and monitor the quality of the service. We noted that the registered manager maintained a log of any incidents and accidents which occurred in the service. Records we reviewed showed that all incidents were reviewed to see if appropriate action had been taken and if any lessons could be learned. The registered manager also completed monthly audits in relation to care records, staff training, infection control, health and safety and the management of medicines. We saw that no issues had been raised in any of the recent audits.

In conjunction with the provider, the registered manager had a quality improvement plan in place. This documented the actions which had been taken to improve service delivery since the last inspection; these included the addition of waking night staff as well as the implementation of the 'staff member of the month' award voted for by people who lived at Edgar Street. The plan also documented the plans in place to continue to improve outcomes for people who used the service.

In addition to their focus on ensuring the quality and safety of the service provided in Edgar Street, the registered manager was also outward facing in their approach. The registered manager told us they were the chair of the Lancashire learning disability provider forum. This forum provides an opportunity for the providers of learning disability services to meet with service commissioners in order to discuss issues and support service developments. The registered manager told us they had been working with service commissioners to develop a new quality framework for residential services for people with a learning disability. They told us this helped to ensure they were meeting all required quality markers in order to be recognised as a service which delivered high quality, personalised care in a residential setting.