Avenues South East

# Avenues South East - 87 Westbrook Avenue

**Inspection report**

87 Westbrook Avenue
Margate
Kent
CT9 5HB
Website: www.avenuesgroup.org.uk

Date of inspection visit: 26 November 2015
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## Ratings

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

## Overall summary

This inspection took place on 26 November 2015 and was unannounced.

Avenues South East – 87 Westbrook Avenue provides residential care for up to three people with a learning disability, autistic spectrum disorder or physical disability. At the time of the inspection there were three people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

# Summary of findings

People looked comfortable with other people, staff and in the environment. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse.

Risks to people's safety were identified, assessed and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Accidents and incidents were recorded and analysed to reduce the risks of further events. This analysis was reviewed, used as a learning opportunity and discussed with staff.

Recruitment processes were in place to check that staff were of good character. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were referred to and supported to see healthcare professionals when they needed to.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People and their loved ones were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff knew people well and reacted quickly and calmly to reassure people when they became agitated. Staff were kind, caring and compassionate. People were supported by staff to keep occupied and there was a range of meaningful social and educational activities available to reduce the risk of social isolation.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager worked with the staff each day to maintain oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the registered manager and deputy manager.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

People were protected from the risks of avoidable harm and abuse. People received their medicines safely.

Care plans and risk assessments gave staff guidance on potential risks and how to minimise risks to keep people as safe as possible. Accidents and incidents were recorded and analysed to reduce the risks of further events.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

**Is the service effective?**

Good

The service was effective.

Care plans had been written with people and their relatives. Staff worked closely with health and social care professionals to make sure people's health care needs were met.

Staff completed training on, and understood, the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff acted in people's best interest.

There was regular training and the registered manager held one to one supervision and appraisals with staff to make sure they had the support to do their jobs effectively.

People were provided with a range of nutritious foods and drinks. The building and grounds were suitable for people's needs.

**Is the service caring?**

Good

The service was caring.

Staff understood and respected people's preferences and individual religious and cultural needs. Staff treated people with dignity and respect and spoke with people in a way that they could understand. Staff were patient, allowing people time to respond.

Staff were caring and compassionate towards people and their relatives. People and their loved ones were involved, when they chose to be, in the planning, decision making and management of their end of life care.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

**Is the service responsive?**

Good

The service was responsive

People received the care they needed and that the staff were responsive to their needs. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

# Summary of findings

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff.

There was a complaints system so that people and their loved ones knew how to complain.

**Is the service well-led?**

Good

The service was well-led

Staff told us that teamwork was really important. They said that there was good communication between the team and that they worked closely together.

People, their relatives and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

The registered manager and regional manager completed regular audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

# Avenues South East - 87 Westbrook Avenue

**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.

This inspection took place on 26 November 2015 and was unannounced. The inspection was carried out by one inspector. This was because the service was small and it was decided that additional inspection staff would be intrusive to people's daily routines.

The provider did not complete a Provider Information Return (PIR) because CQC did not request one before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked these questions during the inspection. We reviewed information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service. We met the three people living at the service. We spoke with two members of the care team and the registered manager. During our inspection we observed how the staff spoke with and engaged with people.

People were not able to communicate using speech because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some people used their own form of sign language or body language to express themselves.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed three care and support plans and associated risk assessments. We looked at a range of other records, including safety checks, staff records and records about how the quality of the service was monitored and managed.

We last inspected Avenues South East – 87 Westbrook Avenue in April 2014 when no concerns were identified.

Good

# Is the service safe?

## Our findings

People looked comfortable with other people, staff and in the environment. Staff knew people well and had a good understanding of their individual needs and preferences.

People were protected from the risks of avoidable harm and abuse. The provider had a clear and accurate policy for safeguarding adults and this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had completed regular training on safeguarding people and their knowledge was checked during quality assurance visits carried out by a regional manager. Staff had a good understanding of different types of and what they should do if they suspected abuse. Staff understood the importance of keeping people safe both in the service and in the community. The registered manager raised concerns with the relevant authorities in line with guidance. People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited by the registered manager.

People were unable to make informed decisions about any risks they may take so staff assessed risks on their behalf. There were risk assessments to give guidance to staff to support people to keep safe. These identified potential risks, what control measures needed to be in place to reduce or eliminate risks to people and who was responsible for carrying out any actions. For example, a risk assessment around the use of a hoist explained clearly what risks there were, such as, injury caused by falling from the hoist. It detailed clear steps on how to reduce the risk of this happening, including, 'Two staff members of staff must support the transfer using the hoist at all times. One member of staff to operate the hoist and the other member of staff to support and guide [the person] whilst they are being transferred.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. Staff respected people's human rights and diversity because they had a good knowledge of people's individual needs. This prevented discrimination that may lead to psychological harm.

Staff reported any accidents, incidents and near misses to the registered manager who was responsible for ensuring appropriate action had been taken to reduce the risks of incidents happening again. These were recorded on an accident form and were regularly reviewed and analysed to identify any patterns or trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the registered manager and discussed with staff.

There were enough trained staff on duty to meet people's needs. Staffing levels were planned around people's activities and appointments. Staffing levels were regularly assessed and monitored to make sure there were sufficient staff to meet people's individual needs and to keep them safe. When a person moved into the service the registered manager completed a 'pre assessment' to check that they were able to meet this person's needs and the registered manager made sure that the staff on duty had the right mix of skills, knowledge and experience. There were consistent numbers of staff available throughout the day and night. An on call system ensured that a manager was available out of hours to give advice and support. A team of bank staff worked across the provider's services who could cover sickness or provide additional support.

The provider's recruitment and selection policies were robust and thorough to make sure that staff were suitable to work with people. These policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Two written references from previous employers had been obtained. These had been seen by the Head Office as part of the recruitment process but had not been forwarded to the registered manager for them to review. The registered manager, who had local knowledge, told us that they had discussed with senior management and that they would receive a copy in future. Checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support

Good

# Is the service safe?

services. DBS checks were carried out on staff every three years and any changes were discussed with staff. A disciplinary procedure was in place and was followed by the registered manager.

People were supported to live in a safe environment. There were corporate policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked and regular fire drills were carried out. Fire alarms were tested weekly to make sure they were in good working order. Dedicated maintenance staff completed regular checks on things, such as; portable appliance (PAT) tests and legionella tests were completed. Specialist equipment including hoists and pressure mattresses were serviced to make sure they were safe for people to use. Staff told us that they knew what to do in the case of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place so staff knew how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency.

Medicines were managed safely. Staff had completed training in medicines management. Medicines were handled appropriately and stored safely and securely. Medicines were disposed of in line with guidance. Staff were aware of changes to people's medicines and read information about any new medicines so that they were aware of any potential side effects. Staff did not leave people until they had seen that medicines had been taken. We looked at the medicine administration records (MAR) for three people. Entries were clear and the MARs were completed correctly. Regular audits of medicines and MARs were completed by the registered manager. When people had a health issue this was responded to appropriately with support to attend medical appointments and treatments. Medicines audits were regularly completed by the registered manager. When an error had been made this was raised with the registered manager and action was taken to ensure that people were kept safe.

When people received some medicines only now and then (PRN), this was recorded appropriately. Protocols for PRN were signed by a GP. Staff checked with people at various times, following PRN medicines being taken, to make sure, for example, that the pain relief was working and to ensure that no further action to control the pain was needed.

The service was clean, tidy and free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily. People's rooms were well maintained.

Good

# Is the service effective?

## Our findings

Staff knew people well and chatted with people in a cheerful manner, communicating in a way that was suited to people's needs, and allowed time for people to respond. The atmosphere was relaxed, friendly and lively.

Staff had an induction when they began working at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff shadowed other staff to get to know people and their individual routines. The registered manager told us that a new induction had recently been introduced and was modelled on the Care Certificate as recommended by Skills for Care. One new member of staff had begun to work towards the Care Certificate. The Care Certificate has been introduced nationally, to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training, mentoring and distance learning. The registered manager told us, "It is really important for staff to have to complete additional training which is specific to the needs of the people living here". This 'service specific training' included topics such as, visual impairment, autism, swallowing awareness and Percutaneous Endoscopic Gastrostomy (PEG) feeding - This is where a feeding tube is used for people who cannot obtain nutrition through swallowing. The registered manager and staff worked closely with health professionals and had completed additional training from a physiotherapist to make sure people received a good standard of care and support. The registered manager tracked completed training and arranged further training for staff. The training schedule was clear and organised and showed when courses were due for renewal.

The registered manager coached and mentored staff through regular one to one supervision and review meetings. Staff told us that they attended regular supervision meetings and had an annual appraisal to discuss their performance and talk about career development for the next year. One member of staff commented, "I want to push myself and learn new things all the time. I have learnt a lot. I am working closely with one person to support them with their PEG and learning how to do it their way and in the way that is best for them".

Staff knew what to do to make sure people had everything they needed. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that staff were kept up to date with any changes in people's needs. A staff communications book was used to note any important details throughout each shift. Staff knew people well and knew how they liked to receive their care and support. Staff chatted with people in a cheerful manner and allowed time for people to respond.

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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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. The provider followed any requirements in the DoLS. The MCA DoLS require providers to submit applications to a 'Supervisory Body' to do so. Applications had been made in line with the guidance and were awaiting assessment from the Supervisory Body. The registered manager and staff had good knowledge of the MCA and the DoLS and were aware of their responsibilities in relation to these.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA. Staff understood and had a

Good

# Is the service effective?

good working knowledge of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

People did not have the capacity to make complex decisions so meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people had a Lasting Power of Attorney (LPA) in place a copy of this was checked by the registered manager and this was documented in their care files. Staff liaised with the LPA about their loved one's care and treatment. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. The registered manager had held meetings with the relevant people to discuss complex decisions, such as, hospital procedures to make sure they were acting in people's best interest.

During the inspection people were supported to make day to day decisions, such as, whether they wanted to go out, what food and drinks they would like and whether they wanted to be involved in activities at the service.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff knew about people's favourite food and drinks and about any special diets. The food looked appetising; people ate well and took the time they wanted to eat their meal. Lunchtime was a social occasion with people sat together whilst they ate. There was a relaxed and friendly atmosphere. Throughout the lunchtime meal staff were observant and attentive. Some people needed to be supported to eat their meal. Staff helped them in a way that did not compromise their dignity or independence. Staff were patient, and chatted to people in a kind and gentle manner. Staff focussed on people's dining experience. If staff were concerned about people's appetites or changes in eating habits they sought advice from the relevant health professionals.

People's health was monitored and care and support were provided to meet any changing needs. Health professionals, such as, occupational therapists and speech and language therapists, were involved when necessary to make sure people were supported to remain as healthy as possible. If people became unwell staff acted quickly and worked closely with health professionals to support people's health care needs.

People were supported to attend appointments with doctors or specialists they needed to see. Individual care plans and associated risk assessments were regularly reviewed for their effectiveness and reflected any changes in people's needs.

The design and layout of the service was suitable for people's needs and there was good wheelchair access throughout. The premises and grounds were well maintained and adapted so that people could move around and be as independent as possible. People's rooms were of a good size to accommodate the use of specialist equipment like wheelchairs or hoists. Lounge areas and the activities room were comfortable and of a good size and were suitable for people to take part in social, therapeutic, cultural and daily living activities.

Good

# Is the service caring?

## Our findings

People indicated that they were happy living at the service. Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff had knowledge of people's individual needs and showed people they were valued. Staff made eye contact with people when they were speaking to them. Staff displayed caring, compassionate and considerate attitudes towards people.

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner. Staff had built strong relationships with people and their families and were familiar with their life histories, wishes and preferences and knew them well. There was a calm and friendly atmosphere and people looked very happy living at the service.

People were well supported with their personal care and appearance. People were clean and smartly dressed. People were supported to have an appearance and clothing style that suited them and was appropriate for the activity and the weather. People's personal hygiene and oral care needs were being met. People's nails were clean and trimmed and gentlemen were supported to shave.

Some people were not able to communicate verbally due to their health conditions. There was clear guidance for staff of how best to support people in the way they preferred. Communication charts identified individual noises and body language and what staff believed these meant. There were suggested actions for staff to take to reduce people's agitation or anxiety. These charts were updated as staff learned more about each person. Staff knew people well, so were able to quickly detect if they were in pain or discomfort, and responded to people's needs calmly and sympathetically. There were clear notes in people's care and support plans regarding people's health and well-being.

Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People's religious, ethnic and cultural needs were taken into account. Staff told us that they supported people to attend church services.

Staff spent time with people making sure they had what they needed. There was an atmosphere of equal value and caring for each other's well-being and there were no barriers between staff and people. People's individuality and diversity was nurtured and people were treated with equal respect and warmth. Staff completed training on equality and diversity. Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. People were not rushed and staff made sure they were given the time they needed.

People and their loved ones were involved, when they chose to be, in the planning, decision making and management of their end of life care. People's preferences and choices for their end of life were clearly recorded, communicated, kept under review and acted on. Plans were written in an easy to read format. Staff told us that some people did not wish to discuss their end of life care and this was respected and kept under review. Staff told us that they discussed death and dying with people's relatives and that it was a very difficult subject to approach. Some relatives had not wanted to discuss this with staff and would prefer to deal with it at the time. The registered manager told us that they gave people the explanations they needed at the time they needed it and in a format that they could easily understand to make sure people had all the information they needed. Some people had funeral plans in place so that staff knew how best to manage people's choices and wishes.

The design of the care and support plans included pictures, photographs and straight forward language. The information contained in these plans was agreed by the person and / or their loved ones, so that they were meaningful and relevant to people's interests, needs and preferences. Care plans and associated risk assessments were kept securely in a locked cabinet to protect confidentiality and were located promptly when we asked to see them. Staff were aware that it was their responsibility

Good

# Is the service caring?

to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence. Meetings when people's needs were discussed were carried out in private to protect confidentiality.

Good

# Is the service responsive?

## Our findings

People received the care and support they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture and staff knew people and their relatives well. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health.

People received consistent, personalised care, treatment and support in the way that they had chosen. There was a clear care and support planning system which people and their loved ones were involved in. Before people chose to live at the service they were offered pre-admission and orientation visits to meet the other people living there and to meet staff. The registered manager and staff monitored and observed how people got on during these visits. An assessment was completed when people were considering moving into the service. This was used so that the provider could check whether they could meet people's needs or not. This included the person's preferred routines, how they liked to take their medicines and details about them, their background, family and treasured possessions. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. This was regularly reviewed as people got to know each other. Staff supported people in a calm, considerate and caring way.

People were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and / or their loved ones. Care plans contained information that was important to the person, such as their life history, likes and dislikes, what they could do independently and current and past interests. Plans included details about people's personal care needs, communication, learning disability, mental health needs, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. Person centred care plans documents clear guidance for staff on people's everyday support needs and how these should be met in a way that suited them best. Care plans were enhanced with additional information specific to people's individual needs. For example, there was very detailed guidance for staff on Percutaneous Endoscopic Gastrostomy (PEG) management– This is where a feeding tube is used for people who cannot obtain nutrition through swallowing. This included guidance for staff on what to do if the PEG became blocked or removed and the timescales they needed to respond in.

People's care and support plans were regularly reviewed and updated to make sure staff had the latest guidance to follow. People were assigned a keyworker; this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Keyworkers had individual monthly meetings with people to review their care and support and from this they wrote a detailed report. People had a full review every year or more often if needed. Information about people was updated as and when staff found out more about people. There was information in the care and support plans about what people could do for themselves and when they needed support from staff. When people needed support with their mobility there was detailed guidance for staff about how to move people safely using specialist equipment like hoists and slings.

Changes in people's care and support needs were identified promptly and kept under regular review. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. Referrals to health professionals, such as speech and language therapists, dieticians and physiotherapists, were made when needed. When guidance or advice had been given we observed that staff followed this in practice. For example, a speech and language therapist had met with one person and their loved ones and suggested the use of basic sign language. Staff told us, "We are encouraging the use of simple signs on a gradual basis". We observed that staff were providing care in line with people's care and support plans to ensure their needs were being met.

During the inspection staff were responsive to people's individual needs, promoted their independence and protected their dignity. There was a good team spirit amongst the staff and a friendly manner towards people. Staff were observant and responded quickly when they noticed anyone appearing agitated or needing support or reassurance.

The provider had a policy in place which gave guidance on how to handle complaints. An easy to read guide on how to complain was in each person's room for people and

Good

# Is the service responsive?

relatives to refer to. A recent quality assurance report noted that 'Gaining the views of the people who live at Westbrook Avenue is quite challenging'. There was guidance in the support plans about people's daily lives and indicators of what to look for should people be unhappy, to make sure they were being positively supported.

People were supported and encouraged to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. Due to the complex needs of people, choices and opportunities to participate in activities was explored in a more direct way. For example, people had been encouraged to try different activities, such as attending a hydrotherapy pool. As a result, if people had enjoyed the sessions they would then be offered to go on a regular basis. Each person had their own activities and events timetable which was designed around the person's specific interests. People had recently attended tea dances, church, bowling, walking groups and shopping trips.

Good

# Is the service well-led?

## Our findings

Staff told us that the registered manager was 'Very supportive'. One member of staff commented, "The staff work really well together. We all do our share of cleaning and chores – it's best for everyone". Another member of staff said, "We are a small team and keep each other up to date all the time".

Staff were clear about what was expected of them and their roles and responsibilities. Staff were supported by a registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities and complex physical health conditions for several years.

Staff understood the culture and values of the service and that teamwork was really important. They said they were happy and content in their work. There was good communication between the team and that they worked closely together. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. Staff spoke to each other and to people in a respectful and kind way. The registered manager welcomed open and honest feedback from people and their relatives. Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. Staff were aware of the whistle blowing policy and how to blow the whistle on poor practice to agencies outside the organisation. They were confident that the registered manager would listen and act on what they said.

The registered manager understood relevant legislation and the importance of keeping themselves up to date with new research, guidance and developments, making improvements as a result. For example, the registered manager and staff had recently completed research into the values of sensory equipment. New equipment had been purchased and people were benefitting from this and appeared to enjoy it.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. The registered manager carried out observations of staff and, when necessary, staff were supported with extra coaching and mentoring. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. The regional manager completed regular quality monitoring visits. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.