

Home Group Limited

Portal House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 29 and 30 June and was unannounced. Portal House is a 16 bed service registered to provide care for adults who experience mental illness. This includes an apartment which can accommodate up to two people, whilst they develop the skills to live independently. At the time of the inspection there were 10 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 4 August 2014 the provider was not meeting the requirements of the regulations in relation to staff recruitment. Following the inspection the provider sent us an action plan to tell us they would make the required improvements by 31 January 2015.

Summary of findings

During this inspection we found the provider had made their recruitment processes more robust in order to ensure people's safety and thereby meet the requirements of the relevant regulation.

People's needs were met by a sufficient number of staff to deliver their care even though the provider was struggling to recruit staff. The provider accomplished this through the use of agency staff on long term contracts. People had continuity of staff to ensure they received a service from staff who knew them and understood their needs.

People felt safe with staff, who had undergone relevant safeguarding training and understood how to safeguard people from the risk of abuse. The provider had ensured learning took place following incidents to ensure people's safety. Risk assessments were in place to identify and manage risks to people. The provider had taken appropriate measures to ensure people's security, and their safety in the building.

Staff were trained and had access to guidance to ensure people's medicines were managed safely. People were actively involved in making decisions about their medicines and were supported to self-medicate where possible.

People received effective care from staff who had been adequately supported by the provider to carry out their role. Staff had requested additional training to develop their mental health knowledge. The provider was in the process of commissioning this training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No-one at Portal House needed to have an application made on their behalf. Staff had received training on the Mental Capacity Act 2005 and understood the principles of the Act.

People were happy with the food they received. Staff involved people in meal choices. People were encouraged to make their own meals where possible. Staff knew who was at potential risk of malnutrition and supported them to maintain sufficient nutrition.

People were supported by staff to meet their day to day health care needs. People were seen by health care specialists as required to ensure their specific health needs were met.

Everyone we spoke with told us staff treated them in a caring and kindly manner. People told us they were treated with dignity. Staff spoke with people respectfully. People felt they could speak freely with staff and that their views were listened to. People were supported both as individuals and as a group to express their views about their care.

The service had communal bathroom facilities; there were not any 'women only' facilities. The provider was looking at the feasibility of changing the configuration of bathrooms later in the year. No-one expressed dissatisfaction with the facilities and women were made aware of them before they made a decision to move into Portal House.

People's needs were assessed before they were offered a service to ensure staff could adequately support the person. People's care was tailored to meet their needs. Those who wanted to live more independently were supported to do so whilst others were supported to achieve smaller goals that had meaning to them. People were involved in planning their goals and identifying any potential barriers to achieving them. Staff met regularly with people to keep their goals under review. Staff had guidance about the signs that might indicate people were experiencing a relapse of their mental health. People received care that was responsive to their needs.

Processes were in place to enable people to make any complaints about the service. People met regularly to provide their feedback on the service, and were consulted about changes that impacted upon the service. People were actively involved in the running of the service and their views were sought in a variety of ways.

The provision of people's care was underpinned by a set of values staff learnt about during their induction and through training events. Staff and the registered manager displayed these values during their work with people.

The registered manager audited various aspects of the service in order to drive service improvement for people. The communal areas of the service were noted to be quite stark with limited furnishings in the communal areas for people. The provider had plans in place to address this.

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?

The service was safe.

People's needs were safely met by a sufficient number of staff, who had undergone relevant pre-employment checks to ensure their suitability for their role.

Staff had received safeguarding training and had access to relevant guidance. When incidents had occurred learning had taken place as a result, to protect people from the risk of future harm.

Peoples' safety was promoted because risks specific to each individual had been identified, assessed and managed appropriately. The provider had taken relevant action to ensure the security of the building for people following an incident.

People were involved in making decisions about their medicines and supported to self-medicate where possible. There were processes in place to ensure people's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received a comprehensive induction to their role. Their work was monitored and supervised by management to ensure people received effective care.

People received effective care as staff understood how to seek informed consent to care from people or those legally able to represent them.

Staff supported people to eat and drink enough to meet their needs. People were encouraged to make their own meals where possible.

Staff supported people to ensure their physical and mental health care needs were met.

Good



Is the service caring?

The service was caring.

Staff developed positive caring relationships with people and involved them in decisions about their care.

People felt listened to and they were consulted in relation to decisions about their care.

Staff treated people with dignity and respect.

Good



Is the service responsive?

People's needs were assessed to ensure the service could meet their needs.

People's care was tailored and regularly reviewed to ensure it continued to meet their needs.

People's feedback on the service had been sought by the provider.

People's complaints and comments on the service were listened to and acted upon by the provider.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People, staff and others spoke positively about the management of the service and felt it was well led.

The provision of people's care was based on the provider's set of values which staff displayed in their work with people.

People's engagement and involvement in the service were encouraged and their feedback was used to drive improvements.

There were a range of systems in place to assess and monitor the quality and safety of the service. This ensured people were receiving good quality care.

Good



Portal House

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 29 and 30 June 2015 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received reviewed written feedback from a commissioner of the service and spoke with a social worker. Both professionals provided positive feedback about the service people received at Portal House.

During the inspection we spoke with four people who used the service. We spoke with the registered manager and a further three staff. We reviewed records which included three people's care plans, three staff recruitment and supervision records, and records relating to the management of the service.

Is the service safe?

Our findings

At our inspection on 4 August 2014, we found the provider had not completed all of the required pre-employment checks when recruiting staff. They had not required applicants to provide a full employment history. They had not always fully explored gaps in applicants' employment history. People were at risk from the provider recruiting staff who were not suitable to work with people whose conditions made them vulnerable to the risk of abuse. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) 2010 Requirements relating to workers. At this inspection we found improvements had been made to ensure the required pre-employment checks were completed.

The provider had changed the wording of their job application details to make it clear to applicants they were required to provide a full employment history. Staff records had been reviewed and existing staff had been required to provide a full employment history. Records showed one staff member had a gap on their application form; this was discussed with them at their interview. The registered manager had assured themselves of the reason for the gap, in order to ensure the applicant's suitability for the post. Staff had been required to provide evidence of their satisfactory conduct in previous employment. The registered manager told us of the actions they had taken when an applicant's reference was unsatisfactory, to ensure people were kept safe from unsuitable staff, and records confirmed this. Staff completed a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people whose care and support services. People were safe as the provider followed safe recruitment practices.

Everyone we spoke with confirmed the service was sufficiently staffed. Two people commented there always enough staff around. The registered manager informed us of the required staffing level for the service which was based on the number of people the service accommodated. Records confirmed there were sufficient staff at all times to support people. The registered manager told us recruitment was a challenge and they had staff vacancies. To manage the impact upon people they had recruited three agency staff on long-term contracts to ensure continuity in the provision of people's care. The

provider had an on-going recruitment programme. No-one we spoke with expressed any dissatisfaction with the use of agency staff. People's needs were met by a sufficient level of staffing who had appropriate experience.

All of the people we spoke with told us they felt safe living in the service. One person commented "I feel quite safe here. No I don't feel at risk from anything". Another said "I feel safe here". A commissioner told us they felt Portal House provided a safe environment. They said staff were knowledgeable in safeguarding procedures and had been responsive in contacting the local Community Mental Health Team (CMHT) when any safeguarding concerns were raised.

Staff we spoke with told us they had completed safeguarding training, which records confirmed. One told us "It's about protecting people from abuse." Staff were able to demonstrate their understanding of safeguarding and their role and responsibility to protect people. Staff had access to information on safeguarding and whistleblowing. Staff told us they felt confident enough to report any concerns. People were kept safe as staff had received relevant training and understood their role.

The registered manager told us they discussed safeguarding incidents with staff in team meetings. The staff and team meeting minutes confirmed this. The registered manager told us they had reflected upon a safeguarding incident that had occurred to identify any lessons that could be learnt. As a result they had ensured assessments for new people were completed robustly. Records confirmed this had taken place. Following another incident they had reviewed how records were managed within the service, to ensure people's records were current and relevant. People were kept safe as learning took place within the service from safeguarding incidents.

Risks to people had been identified. Staff had identified people's triggers with them and strategies to manage the risks, for example, talking to staff about their feelings. Following an incident the person's care plans and risk assessments had been reviewed to reduce the risk of recurrence. Staff were aware of the risks to this person and the processes in place to protect them. During the inspection one person spoke with us about an incident that had occurred in a previous placement. We brought this to the attention of the registered manager who immediately took action to support them. People were safe as staff responded promptly to risks.

Is the service safe?

If people chose to smoke in their room they had to sign and adhere to a written contract around responsible smoking. This ensured they understood the associated risks, and risks to others were managed. People had personal emergency evacuation plans, which described their support needs in the event they had to be evacuated. The provider had plans to ensure people's safety in the event of a fire. Following a break-in at the service the provider had reviewed the building's security arrangements including the security of medicines storage. Additional measures had been taken to protect people and to ensure medicines were stored more securely. The provider had acted appropriately in response to this incident to reduce the risk of recurrence.

People were encouraged to self-medicate where possible. One person told us "I've been self-medicating for a few years now." During the shift handover staff discussed the arrangements for supporting a person who was due to start self-medicating. They had discussed the process with the person and identified with them when they wanted to start. Staff discussed strategies of how best to support people with their medicines. For example, not pushing them to self-medicate if they were not ready. Even if people were not self-medicating, staff involved people in taking their medicines. For example, they asked a person if they wanted

to pop their medicine dose out of the blister pack themselves whilst staff observed them. Staff encouraged people to take their own medicines and there were processes in place to ensure this was done safely.

People had medicines care plans. These covered the medicines the person received, including the dose, route, reason, storage, preferences and side effects. Guidance was provided for staff about the support the person required to take their medicines. People had been consulted about what actions staff would take in the event they continuously refused their medicine; people were involved in making these decisions.

Records showed staff administering medicines had completed medicines training which they were required to update annually. Two staff jointly administered people's medicines. Staff checked the person's identity and the medicines they were to administer. Once people had taken their medicines both staff ensured they signed the medicine administration record. These records were audited weekly by the registered manager. Staff then checked the stocks of medicines, to ensure the stocks they held matched the records. A record was kept of the temperature of the room where medicines were stored to ensure they were kept at the correct temperature. People's medicines were managed safely.

Is the service effective?

Our findings

Staff told us and records confirmed they had completed the Skills for Care Common Induction Standards (CIS) when they commenced their role. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. The provider was reviewing their induction programme to ensure it met the requirements of the new 'Care Certificate' for social care staff. Staff told us they felt supported in their role and received one to one supervisions and group supervision through the team meetings, and records confirmed this. People were cared for by staff who were adequately supported to carry out their roles effectively.

Records showed staff had completed training in mental health awareness, self-harm and suicide awareness, to ensure they had the knowledge to support people. The registered manager told us staff had requested additional in-depth mental health training. In response to this request they had designed a two day mental health workshop which the provider was due to commission for staff. They also told us although staff did not currently receive training in drug and alcohol issues this would be arranged if people moved in who required this support. Staff had received basic mental health awareness training and the provider had responded appropriately to their request for additional training.

People had a wellness plan which they had written. The purpose of this was to support people to manage their mental health. This included them identifying how they felt when they were well, what they needed to do to keep well, triggers affecting their mental wellbeing and how to manage a crisis. Staff also used the mental health recovery star with people. This is a tool to enable people to understand their recovery and record their progress. Staff used evidence based models to support people with their recovery.

The registered manager informed us staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), and records confirmed this. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager told us no-one was currently subject to DoLS. The majority of people living at the service had the capacity to determine where they wished to live and were

not subject to continuous supervision. People had signed their support agreement consenting to receive care and treatment at the service. The registered manager informed us one person had been assessed as lacking the capacity to make decisions about where they wanted to live. Records confirmed legal processes were being followed to ensure this person received the care and support they needed.

People had signed their consent in relation to whom the provider had permission to share their personal details with, for example social services. One person told us "They ask me to ok any information requests for agencies" People's right to make choices was respected. Records showed where a person had made what could be construed as 'an unwise decision'. Staff had ensured the person had the mental capacity to make the decision. They had then made the person aware of the implications of their decision to ensure they had considered all factors. Staff had supported this person to make their own decision in accordance with legislative requirements.

Two people's finances were managed on their behalf by the local authority, as arranged by their social workers. It is good practice for a service to have copies of any decisions where people have been assessed as lacking the capacity to manage their affairs. The registered manager told us they had requested copies of the paperwork which they were awaiting. Although these people lacked the mental capacity to claim their benefits, records demonstrated staff had fully involved them in making decisions about how much of their money they wanted and when. Staff did not assume they lacked capacity to manage any aspect of their money. People were supported by staff who understood the legal requirements of the MCA 2005.

Everyone told us they were happy with the food they received at the service. One person said "The food is great here, they have all sorts. I like the hash browns. You get two choices and even then you can ask for anything else". People were able to make hot and cold drinks as they wished and fresh fruit was available. People were encouraged and supported where required to make their own lunch whilst staff cooked the evening meal. People received a food allowance to enable them to purchase their own ingredients to cook. Staff supported people with their cooking through their goal plans to enable them to develop their cooking skills.

The registered manager told us people were fully involved in choosing the evening meal and records confirmed this.

Is the service effective?

They told us the provider was in the process of approving the recruitment of a part-time cook, who would also be working with people to develop their cooking skills and food knowledge. This would ensure people received a good level of support with their cooking and nutrition.

Staff understood who was at increased risk of malnutrition. Staff used the shift handover to discuss who was at risk and how they were to be supported. For example, they involved people in menu choices and ensured they used full-fat milk products. Staff supported a person who was identified as at potential risk of malnutrition by ensuring they received support to make their breakfast and encouraged them to eat. People were supported by staff to ensure they received enough to eat.

Staff understood people diagnosed with a severe mental illness were entitled to a physical health check. People

were invited for this by their GP, and where people agreed to see the GP staff supported them to attend this review. Staff explained if people refused to attend they discussed this with them regularly to encourage them to attend. One person's records demonstrated staff had been pro-active in speaking with their GP about their physical health in order to ensure they provided the person with effective care.

A chiropodist visited the service every three months. People accessed the dentist. One person said "I went to the dentist six months ago." Where people received their medicine via a 'depot', which is a regular injection, this was arranged via the Community Mental Health Team (CMHT) or the depot clinic. Records showed where people needed to be reviewed due to a change in their mental health this had been arranged promptly by staff. People were supported to maintain good physical and mental health.

Is the service caring?

Our findings

Everyone we spoke with told us staff treated them with kindness. One person said “The staff are very respectful and caring”. Another commented “The staff are very nice here”. “They’re caring and understanding. They are respectful”. Staff told us they spent time getting to know people. One staff member said “I know people well.”

The office door was left open and people went in freely to speak with staff as they wished. A person called out to staff from the lounge. Staff immediately responded, coming out of the office to interact with them. The person was about to go out and staff made sure the person was dressed appropriately and encouraged them to put shoes on rather than the slippers they were wearing. The interaction from staff towards the person was friendly, caring and responsive. Another person offered to help staff in the kitchen and put kitchenware away from the dishwasher. Staff completed the task with the person with a sense of inclusion and togetherness. Staff were seen to be welcoming and friendly towards people. They cared and responded to people in a caring way.

People commented “I can always go to staff if I need to” and another said “They want to know your problems, they talk to us”. People’s records contained a section completed by them detailing information they would like staff to know about them. This included their preferred name, how they described themselves, things they preferred not to discuss and the areas of their life they wanted staff to support them with. Where people were able to they had also written other parts of their care plan themselves. People had been enabled to express themselves, and their wishes about their care were recorded in their records.

People had signed their personal care plan goals demonstrating their involvement in discussing, agreeing and changing what their goals should be. For one person, for example, it was proposed the amount of times they cooked per week should be increased to support their independence. These changes were discussed with the person and their agreement sought. People had a contract with their link worker, who was a member of staff who had

overall responsibility for planning their care within the service. People met regularly with their link worker, the contract described how often they wanted to meet, where and at what time. People had signed the contract demonstrating they had been involved in making this decision. The registered manager told us people had decided what time they wanted the hot meal served, and records confirmed this. People were consulted about their care and involved in making the decisions that impacted upon their lives. Consultation took place with people at both an individual and group levels.

People were supported to have as much contact with their families as they wished. One person said “Mum and dad visit every month”. Another told us they visited their family when they wished. People were enabled to maintain family contact.

People told us they were treated with dignity. One commented “Staff knock and ask to come in my room.” A staff member told us “I would always say hello to people when I arrive. You are in someone’s house.” Staff spoke to people politely and respectfully. Records confirmed staff had completed training in equality, diversity and inclusion. People had their own keys to control access to their room and maintain their privacy. People were treated with dignity.

The service could accommodate people of either gender but at present most people living at the service were male. The registered manager acknowledged the service was male dominated and that as the bathroom facilities were shared this may not meet the needs of some women. They told us they were always open and transparent with women considering moving into the service about what was available and would accommodate their needs where possible. For example, they would ensure women were placed on the same corridor so they could share the same communal bathroom. The registered manager acknowledged this was an aspect of the service which could be improved for women. There were plans to consider the viability of making changes to the bathrooms later in the year. People accommodated were satisfied with the facilities.

Is the service responsive?

Our findings

People received an assessment of their needs before they entered the service. The registered manager showed us an assessment for a person that had recently been completed. They explained how staff had gathered information about the person's needs from a variety of sources, and exchanged information with the rest of the staff team to ensure they could meet the person's needs. There was evidence the registered manager had reviewed the assessment, and identified areas for further clarification to ensure the service was suitable for the person. Records confirmed recent assessments of people had been discussed at the team meeting on 23 June 2015 prior to their admission. People's needs were thoroughly assessed before they were offered a service to ensure staff could meet their needs.

A commissioner informed us the service accommodated both those who had been resident since the closure of the local long stay mental health hospital and those who had been placed more recently. These people required different types of support. People who had been placed more recently required support to move onto less supported accommodation whilst other people required support with their day to day living. They told us the service was very effective in terms of reducing hospital admissions for people, and supporting people to develop independent living skills. People confirmed staff helped them to be more independent. One person commented "I cook three times a week, hot meals; the staff help me if I need it". Another said "They (staff) go to places with me". The registered manager told us three people had recently moved into independent accommodation. Staff recognised people progressed at a different rate and living independently was not everyone's goal. Records showed a person had recently stated that access to the community on their own was a personal goal for them which they had achieved. People received personalised care that met their needs.

People had individual support plans and a decision planner which broke the support plan down into the individual steps required to achieve the person's goals and the support required. Barriers to people achieving their goals, and strategies to overcome these barriers had been identified to support the person for example by talking to staff. People had meetings with their link worker to review

their goals and how they felt about their achievements. A person's records showed they had recognised how their confidence had increased as they had achieved one of their goals.

People's care was regularly reviewed within the service and people received support prior to reviews. Their link worker consulted them about what they felt their needs were and who they wanted involved. Staff and the registered manager told us there had been difficulties in arranging for members of the Community Mental Health Team (CMHT) to attend people's reviews. However, they now had a link person at the CMHT and arrangements had been made to review each person. People's care was kept under review.

Staff understood people's support needs and understood the signs that might indicate the person was experiencing a relapse of their mental illness. Staff had written guidance about the signs that may indicate a person might be relapsing and the actions to take. Staff used the shift handover to identify who required additional support that day. People were supported by staff who understood their care needs.

The communal areas were quite stark; there were limited soft furnishings and decorations on the walls to enhance the living environment for people. It lacked 'homely touches' such as newspapers, magazines, and books. The registered manager informed us works to improve the service were on going. They had replaced a lot of the furniture and planned to complete the re-decoration of the service once the windows had been replaced. People were involved in the re-decoration and had been consulted about their choice of art work for the walls. The provider recognised the environment could be further improved for people and had plans in place to complete the redecoration of the communal areas.

People told us they did not have any complaints. One person said "I've never had any concern or complaint, I like it here." The provider had a complaints policy. The registered manager told us if people wanted to raise an issue they generally did this verbally. Records confirmed that verbal concerns were documented. Staff understood their role to support people to make a complaint if they wished to. Processes were in place to enable people to make a complaint and staff responded appropriately.

People had a monthly meeting to discuss any issues. At the client meeting on 25 May 2015 people were consulted

Is the service responsive?

about the security measures being taken following a break-in at the service. People's feedback was sought on the vegetable tasting sessions and ideas for other sessions were sought. People were consulted about the self-harm policy. The registered manager told us people's activities were discussed at the staff team meeting of 23 June 2015

following which people were consulted on 28 June 2015 about any additional activities they wanted to do, records confirmed this. Records showed people had identified a list of ideas staff will be looking into including dominoes, film nights and the cinema. People were able to provide their feedback on the service, and staff acted on this.

Is the service well-led?

Our findings

People were positive about their experience in the service and the support they received from the registered manager and staff. The registered manager described the culture of the service as “Person-centred and recovery based. We are working with people on an individual level towards independence”. People were supported as individuals in their personal recovery from their experience of mental illness.

The provider promoted a positive culture. They required staff to demonstrate values that included being accountable, caring and energised. The registered manager told us staff had completed a two day training event on the provider’s values and said “I encourage staff at team meetings to talk about values and I reinforce this through supervision and appraisal”, records confirmed this.

The registered manager demonstrated these values in their work. For example, during our inspection we spoke with them about a concern raised with us by a person. The registered manager responded immediately with care and understanding and identified an appropriate way forward to support the person. Positive feedback was also received from a commissioner about how the service was managed.

Information about the provider’s values and expectations was available in the service. A staff member was allocated as the ‘Values ambassador’ to lead on reinforcing values within the team. Records confirmed staff had completed training in relation to the provider’s values and had learnt about the values during their induction. Staff demonstrated they understood the service values and purpose. Throughout the inspection interactions between staff and people were seen to be caring, responsive and inclusive. People’s care was provided by staff who demonstrated the provider’s values in their work.

The registered manager told us “We try and get the clients involved in the service and keep them central to what we do.” The provider had a client involvement strategy that included; people being represented on the board, national client meetings, and local groups to consult on policies and procedures. A staff member was allocated as the client involvement lead in the home. Minutes from the monthly client meetings and consultation events showed people had been involved in reviewing policies and budgets along with deciding on activities and discussing menus. People

had been involved in the latest staff recruitment in a meaningful way. People were included on the interview panel, had developed questions and were involved in scoring and decision making about employment offers. People were provided with feedback on their comments and suggestions via a ‘You said we did’ initiative, which provided people with feedback on the actions the service, had taken. People were actively involved in developing the service.

People, their families and other professionals were encouraged to express their views about the service by completing annual feedback questionnaires. A summary of feedback and an action plan for improvements was produced from their responses. The last questionnaire had been carried out in February 2014 and several action points remained outstanding. We spoke to the registered manager about this and they said “We acknowledge the time frame has fallen behind which is due to staffing changes and environmental improvements which have been delayed”. Action points were being reviewed to see what further action was required to complete them and a new questionnaire was being completed. The registered manager was aware of why the plan had slipped and had plans to address this.

People had confidence in the management and leadership of the service. For example, a person said “I really like the manager; she’s very good to us and to me. She works very hard to do it all nice for us”. Staff told us the service was well managed, they felt it was well run. They said the registered manager was “A good manager.” Another commented that they were “Always at the end of the phone.”

The registered manager understood their responsibilities and was supported by their line manager to deliver them. The provider had recently developed a new audit tool designed to assess and monitor how well their services were meeting the requirements of the Health and Social Care Act Regulations (2014). This had been completed in May 2015 and an action plan had been produced to identify the actions required to address areas for improvement. The registered manager explained how this had helped them improve the service for people. They said; “Once I had really drilled down into the regulation for meeting nutritional and hydration needs I identified we really did need to make an improvement. This was around the staff being able to identify when a person may be at risk”.

Is the service well-led?

People's risk of poor nutrition was discussed during the staff handover and how people were being supported to manage this risk. The new audit tool was due to be monitored quarterly by the business contract manager to ensure progress was made against actions. The audit tool was being used to identify areas of the service to improve for people such as nutrition.

The registered manager said "I am a hands on manager and I do the odd shift just to make sure I know what's going on and I can observe staff. I will pick staff up if I see something, like when a staff member was cooking for someone rather than with them, I spoke to them both and reminded them of the goal plan". The registered manager operated a system of audits to monitor the quality of the service provided in relation to; finance management, medicine management, cleaning, environmental defect

actions and support planning. People's records had been audited in order to identify any areas that required improvement. Records had then been re-audited to ensure staff had completed the required work.

The registered manager was meeting their registration requirements in relation to the submission of notifications to the Care Quality Commission (CQC). All incidents were reviewed by the registered manager to make a decision on further action. A staff member told us how they were involved in reviews of accidents and incidents. They said "We discuss how we could prevent this happening and so on; we reflect on what we could have done differently or improve". Incidents involving people were reviewed by staff to reduce the risk of repetition and ensure they were correctly reported to the CQC.