Look Ahead Care and Support Limited

Clarence Road

Inspection report

134-138 Clarence Road
Hackney
London
E5 8DY

Tel: 02089852005
Website: www.lookahead.org.uk

Date of inspection visit:
09 May 2017
10 May 2017

Date of publication:
02 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 9 and 10 May 2017 and the first day of the inspection was unannounced. We told the registered manager that we would be coming back the following day. At our previous inspection on 21 July 2014 we found the provider was in breach of one regulation relating to the safety and suitability of the premises and the service was rated 'Requires Improvement'.

Clarence Road provides residential care and support for up to 15 adults with mental health needs across three floors of the building. At the time of our inspection 15 people were living in the service, but one person was receiving in-patient support whilst in hospital.

There was a registered manager in post at the time of our inspection. 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.

People's risks were managed and care plans contained appropriate and detailed risk management plans with input from health and social care professionals, which were updated regularly when people's needs changed. Staff worked closely with people and met them regularly to ensure they were aware of their needs.

The service had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. Sufficient numbers of staff were employed to keep people safe and meet their needs.

People who required support with their medicines received them safely from staff who had shadowed senior staff and completed training in the safe handling and administration of medicines. Staff completed appropriate records when they administered medicines and these were checked by staff and audited monthly to minimise medicines errors.

People and their relatives told us they felt safe using the service and staff had a good understanding of how to protect people from abuse. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns. Staff were confident that any concerns would be investigated and dealt with.

Improvements in the environment and furniture had been made since the last inspection.

New staff completed an induction programme and a six month probation period. Staff members also took part in a training programme to support them in meeting people's needs effectively. New staff shadowed more experienced staff before they started to carry out care tasks independently and received regular supervision from management. They told us they felt supported and were happy with their input during the supervision they received.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the importance of asking people for consent and the need to have best interests meetings in relation to decisions where people did not have the capacity to consent. The provider was aware when people had restrictions placed upon them and notified the local authority responsible for assessment and authorising applications.

People had regular access to healthcare services and staff discussed people's appointments during handover meetings and were aware when they were due. Staff worked closely with other health and social care professionals, such as the community mental health team, district nurses and psychiatrists. We saw evidence of this in communication records and people's care plans.

Staff were aware of people's dietary needs and food preferences and people were involved in decisions about the food they wanted to eat.

We observed positive interactions between people and staff, including the registered manager, throughout the inspection. People and their relatives told us staff were kind and compassionate and knew how to provide the care and support they required. All staff understood the importance of getting to know the people they worked with and showed concern for people's health and welfare in a caring manner.

People were spoken with and treated in a respectful and kind way and staff respected their privacy and dignity, and promoted their independence. People were also supported to access independent advocates where necessary.

People were supported to follow their interests and encouraged to take part in a range of activities to increase their health and well-being and reduce social isolation. People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and detailed risk management plans were developed. Care records were person centred and developed to meet people's individual needs and discussed regularly during weekly or monthly key work sessions.

The provider made sure there was an accessible complaints procedure in place and people and their relatives knew how to make a complaint and were able to share their views and opinions about the service. The provider listened to all complaints and made sure people were confident their complaints would be taken seriously. There were also surveys in place and weekly house meetings to allow people the opportunity to feedback about the care and support they received.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The registered manager followed a daily, weekly, monthly, quarterly and annual cycle of quality assurance activities and learning took place from the result of the audits.

People and their relatives felt comfortable approaching the registered manager, who had a visible presence throughout the service. Staff spoke highly of the working environment and the support they received from management. Staff were confident they could raise any issues or concerns, knowing they would be listened to and acted upon.

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.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Detailed risk management plans were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. They were reviewed regularly and additional reviews were conducted if any significant changes occurred.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

People received their medicines safely. Medicines were administered and recorded by staff who had completed relevant medicines observations and training.

Is the service effective?

Good

The service was effective.

People received care and support that met their needs. Staff received the training and supervision they needed to meet people's needs and were knowledgeable about their jobs.

Staff understood their responsibilities in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff were aware of people's health and well-being and responded if their needs changed. People had regular access to healthcare services and other health and social care professionals, such as social workers, psychiatrists and district nurses.

People were supported to have a balanced diet, which took into account their preferences as well as medical and cultural needs.

Is the service caring?

Good

The service was caring.

We saw that staff treated people with respect and kindness, respected their privacy and promoted their dignity and independence.

People were supported to access independent advocates.

People, and their relatives where applicable, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and personalised to meet people's individual needs so staff knew how people liked to be supported. Key work sessions showed how people were supported to achieve their goals.

People were involved in discussing activities and day trips that were made available to them.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The provider gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Good

The service was well-led.

There were regular audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented, discussed and acted upon.

People and their relatives told us that they were happy with the service, and the registered manager had an active presence and was approachable.

Staff spoke highly of the registered manager and felt they were supported to carry out their responsibilities.

The service promoted a positive culture which led to a positive working environment for people and staff.

Clarence Road

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 the 9 and 10 May 2017 and the first day of the inspection was unannounced. We told the registered manager that we would be coming back the following day. The inspection team consisted of one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included statutory notifications of significant incidents reported to the CQC and the report for the last inspection that took place on 21 July 2014, which showed the service was rated as 'Requires Improvement'. We looked at the provider's action plan that was sent in after the last inspection. The provider also submitted 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 improvements they plan to make.

During the inspection we spoke with six people using the service and seven members of staff. This included the registered manager, five support workers and the chef. We also spoke with one health and social care professional who was visiting the service at the time of the inspection. We looked at four people's care plans, four staff recruitment files, staff training records, staff supervision records and audits and records related to the management of the service.

Some people living at the service were not fully able to tell us their views and experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We carried out these observations during different parts of the inspection.

Following the inspection we spoke with two relatives, and two health and social care professionals who had worked with people using the service for their views.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home and when they were receiving their care. One person said, "I like it here and I'm looked after." A comment from a person that was recorded in a local authority survey said, 'I'm good, I feel safe in my room.' Relatives we spoke with had no concerns about the safety of their family members. One relative told us they thought their family member was safe and said, "It makes me feel less stressed to know that my [family member] is happy and safe." A health and social care professional told us that they had never received any information of concern from people about the care they received.

Staff had received appropriate training in safeguarding and were able to demonstrate how to keep people safe from the risk of abuse. Staff understood how to recognise the signs of abuse and told us they would speak to the registered manager if they had concerns about a person's safety and/or welfare. Staff were aware that they could also contact other appropriate organisations with any concerns but felt confident any concerns raised would be dealt with by the provider. One support worker said, "Abuse can happen anywhere at any time and we need to be aware of the signs. I know to report it to the office and I'm confident it will be dealt with. If not, I know the local procedure to follow as we are here to protect people." There was a local safeguarding protocol in place and a flowchart of actions for staff to take if they had any concerns. The provider had also held a workshop for people using the service to discuss the signs of abuse and to raise their awareness, highlighting how they can report abuse and feel safe doing so.

The provider had procedures in place to identify and manage risks associated with people's care. Before people started using the service the provider carried out an initial assessment of their care needs to assess their suitability to live in the service and to identify any potential risks to providing their care and support. Risk management plans were available in each person's file and assessed 18 risk factors that included fire safety related issues, medicines, risk taking behaviour, self-harm and neglect, social relationships and mental health problems posing risks to others. The provider worked closely with health and social care professionals and their risk assessments were reviewed in people's care programme approach (CPA) meetings. This is the system used to organise people's community mental health services, involving people, their friends and relatives if applicable, and health and social care professionals. These meetings assess and review the needs of people to check they were being met.

The risk management plans contained details about the level of support that was required and detailed information about any health conditions and the best outcomes or goals for the person. The information in these documents included practical guidance for support workers on how to manage risks to people. Where a risk had been highlighted, there was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk. They were regularly reviewed, with additional reviews conducted if any significant changes occurred.

One person was at risk of social isolation. We saw daily contact records and evidence of what activities they were supported to carry out. We saw records that the person had complimented staff for encouraging them to get involved with activities and reassuring them whilst in the community. We also saw that each person

had a personal emergency evacuation plan (PEEP), missing person's profile and financial management plan in place that was specific for each person. For example, one missing person's procedure was to call the police immediately, whereas another was after a certain amount of time.

The staff files that we looked at were consistent and showed that the provider had robust recruitment procedures in place to help safeguard people. We saw evidence of photographic proof of identity, which was verified and signed off by the registered manager. All Disclosure and Barring Service (DBS) records for staff had been completed in the last three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. We saw correspondence that showed the human resources department contacted the registered manager when staff members DBS were due for a review, which was done every three years. The provider asked for two references and people could not start work until they had been received. We saw one referee could not be contacted so the applicant was asked to supply another referee before they could start work. This meant that people were supported by staff who were suitable for their roles. People who used the service were also involved in the recruitment of staff and were able to sit on the panel to ask questions. The registered manager said, "They can influence who we select on how comfortable people feel with them. It is really important as they will be the ones working with them."

We found that staffing levels throughout the service were sufficient to meet people's needs. We looked at the last four weeks of staff rotas and saw there were consistently three support workers in the morning, three in the afternoon and a waking night staff from 10pm to 8am. One of the afternoon support workers did a sleep in shift to support the member of staff on duty if necessary. Senior managers were on call and detailed information about what to do in an emergency at night was displayed in the staff office. The registered manager explained that they were able to use bank staff to cover any periods of absence with staff who knew the service and were familiar with people's needs. They added that it was important to retain regular staff to provide consistent support for people living within the service. One support worker said, "Our staffing levels have really helped to give people time to attend activities and to get out. This has really helped as incidents have reduced and we are all happy."

There were appropriate medicines policies and procedures in place. We observed medicines being administered one afternoon of the inspection. The support worker was observed to check with each person and follow each step of the administration process. The support worker was not rushed and was patient with people during the round. Staff had received training in medicines management and had completed a medicines questionnaire during their induction, which had been signed off by the registered manager. Staff confirmed they had completed a programme of shadowing and observation before administering medicines on their own, which was recorded in their files.

People's medicines were kept in their rooms in a locked cabinet which was only accessible by staff. Other medicines and creams were stored in a locked medicines cupboard on the ground floor. Two members of staff checked and signed in medicines from the local pharmacy, which was the same process for all medicines that were returned. Each person's medicines were labelled and had a medicines schedule in place. We looked at a sample of eight medicine administration record (MAR) charts during the inspection. All MAR charts had the allergy status of the person recorded and a picture of them to assist staff in identifying the correct person during medicines administration. There were no gaps on the MAR charts that we looked at and there were records to explain why any doses of medicines had not been administered. MAR charts were checked daily by staff involved in medicines administration and the registered manager also completed monthly medicines audits to check that medicines were being managed safely. We saw evidence that the audits picked up medicines issues appropriately and was shared with the staff team to see the outcome and what action was required. Where people were supported by visiting health and social care

professionals to receive their medicines, records were kept of when they visited and when they would return, with both the professional and staff member signing the medicines log.

Good

Is the service effective?

Our findings

At the last inspection on 21July 2014 we found that the environment and furniture did not take into account or meet people's needs. We observed the premises in a state of disrepair and some of the furniture was not suitable for older people using the service. At this inspection we found that improvements had been made.

The furniture had been replaced in March 2015 with a mixture of vinyl material seating including high backed furniture so it could be easily maintained. All refurbishments had been completed and the provider told us in their action plan sent in January 2015 that the whole service had been redecorated since the inspection.

People told us they were happy with the care they received from staff. Comments included, "They look after me" and "I like it here." One relative told us they were reassured their family member was there and they were very happy with the staff that cared for their family member and felt they were well looked after. One health and social care professional felt the services offered were excellent and really helped to manage people's mental health, avoiding relapses due to the level of support offered.

New staff completed an induction programme when they started work with the provider. Induction checklists were in place which highlighted what areas needed to be covered on the first day, the first week, the first month and up until the end of the six month probation period, which was reviewed after three months. Records showed that staff carried out a number of induction tasks which included shadowing senior staff, getting involved at mealtimes and participating in activities. It also included reviewing people's files, reading a range of policies and procedures and to attend a weekly team meeting. One support worker said, "The induction was very informative and the manager took me through everything. I picked things up by practice and getting used to them."

There was a comprehensive training programme that was delivered to staff as part of the induction programme. There were nine modules which included safeguarding, moving and handling, fire safety, lone working and first aid, and were refreshed every two years. The registered manager showed us their staff training matrix which covered all modules and identified when training had been completed. We saw that staff also received training which was specific to people's individual needs and that staff had completed training in a range of areas, including dealing with challenging behaviour, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and supporting people with personality disorders. Staff we spoke with throughout the inspection spoke highly of the training available to them and how it improved their understanding of their role. One support worker said, "It was explained in great detail and gave me a good understanding. I found it useful and used techniques which helped me be more assertive."

We saw records that showed support workers had regular supervision and an annual appraisal system was in place. We looked at a sample of records of supervision sessions which showed staff were able to discuss key areas of their employment. Items discussed included learning and development, casework reviews, health and well-being, team dynamics and workload. We saw issues that had been discussed were followed up with the outcomes recorded in people's files. One support worker said, "I'm really happy with it. It helps

me to think about the work and look ahead to what we can do next."

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). 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 make 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). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the MCA with the registered manager and staff team and they demonstrated a good understanding of the process to follow where it was thought that people did not have the mental capacity required to make certain decisions. We saw records that showed best interests meetings had taken place and when mental capacity assessments had been completed. We saw a sample of DoLS applications for people who were under constant supervision and not free to leave the building for their own safety. The registered manager told us that they worked closely with health and social care professionals in order to identify any potential deprivation of liberty. The registered manager was aware when people's applications were due to be renewed and had reminders set. The application and authorisation documents we saw were kept in people's files and were reflected in people's care plans. Throughout the inspection we could see that people who were not subject to a DoLS authorisation were free to leave and not restricted in their movements throughout the service.

Staff told us they always asked for people's consent prior to providing any care and support for them. One support worker said, "We listen to people and do everything in their best interests. We involve them in what they are doing and what they want to do."

Staff said they supported people to manage their health and well-being and would always speak with the registered manager or health and social care professionals if they had any concerns about a person's healthcare needs. A number of people received regular visits from a care coordinator from the Community Mental Health Team (CMHT) who was aware of people's needs. These visits were recorded and staff followed up on any actions required. We saw information in people's files, including people's care programme approach (CPA) records of communication with a number of health and social care professionals, including psychiatrists and district nurses. One person told us they were going to hospital and that a member of staff had reminded them about their appointment. We observed two handovers during the inspection and people's healthcare appointments were discussed and recorded in the diary, along with confirmation of who would support them if required. Staff would also discuss people's current behaviour and moods and whether any specific support would be required during the shift.

We observed lunch on the first day of the inspection and breakfast on the second morning. We saw that people were involved in the setting up and clearing up at mealtimes and were encouraged to get involved. One person said, "There is a menu up on the board and it changes all the time." The registered manager told us that they listened to people's requests regarding the menu. They added, "They decide on the menu and discuss it with staff at weekly meetings."
People we spoke with complimented the quality of the food provided and told us that they always had a choice of what to eat at every meal. Comments included, "The food is good here", "The food is yummy" and "We tell them what we want and they make it for us." People's dietary needs and preferences were respected and catered for and recorded in their files. Staff were aware of people's preferences and dietary

requirements and healthy options, including fresh fruit were available throughout the day.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received at the home and spoke positively about the staff who supported them. One person told us they were very happy with their support worker. They added, "I count my blessings being here." Relatives were positive about the staff, one of them said, "The staff are very good and my [family member] receives good care." One health and social care professional commented positively on the attitude of the staff and that they thought the staff worked well their client.

Throughout the inspection we observed positive interactions between people using the service and staff. Staff were always observed to be understanding and interested in the needs of the people they supported. Whilst observing mealtimes and the day to day running of the service, people were very relaxed and comfortable with staff and we could see that people felt happy to express their wishes and felt at ease. We saw that the staff office was left open for people to come and sit in during the day. The registered manager told us this was important because it meant that staff would always be approachable. Even when the office door was closed during meetings or handovers, if people came to the door, staff spoke with them politely and dealt with their requests.

We saw that people's birthdays were celebrated with everybody and saw records in people's files, along with photos of the event. On their birthday, people were able to request a meal and drink of their choice. We saw pictures of people enjoying their meals, opening presents and having some birthday cake, all with the support of staff.

Staff knew the people they were working with and were able to give information about people's personal histories, likes and dislikes and what activities they were interested in. They spent time with them during activities or weekly meetings to get to know them and understand their needs. One support worker said, "The best thing is chatting and interacting with people. It always puts a smile on my face and I love to socialise with them."

We saw records that showed people were encouraged to be involved in their own care and had regular meetings with their support worker. Relatives we spoke with confirmed they were involved in making decisions about the care their family members received. We saw people were encouraged to be as independent as they wanted to be and staff encouraged them to maintain their personal care, get involved with domestic tasks and help out during mealtimes. This information was recorded in people's files so staff were aware of who needed encouragement in specific areas. One support worker said, "We support them to build up their independence and develop their skills." Another support worker said, "We are here to empower and support people to achieve their goals."

People were also supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. Staff worked closely with an advocacy service and we saw records, where it was appropriate,

where people had access to an Independent Mental Capacity Advocate (IMCA).

Throughout the inspection we saw that staff respected people's privacy and dignity. When people were supported with their medicines, we saw staff make sure that they were supported in their rooms to ensure their privacy was maintained. We saw staff knocking on people's doors and calling out their names, asking for permission before entering. People were asked if they wished to speak to us and if they were happy for us to see their rooms. We observed staff ensuring people's dignity when they were in communal areas in a professional and discreet manner. All staff had a good understanding of the need to ensure they respected people's privacy and dignity. Comments from support workers included, "We always assure them this is their home and we are here to support them. We always give them choices and options" and "I put myself in their shoes and feel how I would like to have my care carried out to ensure their dignity is respected." Information from the most recent satisfaction survey showed that all of the respondents were satisfied that staff listened to them and treated them with respect.

Good

Is the service responsive?

Our findings

People told us they were happy with their care and support and that they were supported to get involved with activities and attend events. One person said, "I get to do a lot of things and the staff take me to activities and days out." We saw staff encourage people to attend activities and reassure them that they would be safe and looked after. Relatives spoke positively about the service and felt they were involved in the care planning process. One relative said, "They are very responsive. Communication is good and if there are any concerns I get regularly updated." Health and social care professionals we spoke with said that staff were responsive to people's needs, communicated effectively and had a good understanding of how to care for them.

A support worker told us that people's needs were assessed prior to admission and that they offered people a trial period before moving in to see whether they liked it. People were also able to visit on a daily basis to attend activities and mealtimes to become familiar with the service and the people living there. Assessments were in place in the files we looked at which gave a detailed overview of people's medical history, behaviours and strengths and weaknesses. Staff profiles were given to people to help them choose a support worker and we saw records of discussions with people making this choice, which was reviewed regularly. The registered manager said, "I like to give them the choice to have who they want."

Detailed support plans were in place and they were created using a positive pathways approach, which covered areas such as developing skills, keeping safe, emotional and physical health, social relationships, managing finances and outcomes. Support plans were created in partnership with the 'Recovery Star' tool. This was a tool that covered 10 areas of a person's current situation, which included their responsibilities, social network, living skills, behaviours and quality of life. During key work sessions, people were able to record their progress of achieving their goals and aspirations. The support plans were personalised and provided details about what was important for people. There was reference to people's wishes and how they wanted their care needs to be met.

One person wanted to be supported to be more socially included and reduce their feelings of loneliness. We saw an activities calendar had been created during a key work session and saw them taking part in activities throughout the inspection. We saw a member of staff encourage this person to sit with other people during mealtimes rather than sitting on their own. Records in this person's file from a recent review meeting with a mental health professional showed the person was being well supported and were observed to be more sociable with people and taking better care of their mental health.

People had monthly key work sessions, sometimes more regularly depending on the needs of the person, where they could discuss their general health and well-being and activities they were interested in. Detailed contact records (DCR) were created which evidenced what was discussed during the meeting and what actions would need to be taken for this to be achieved. One DCR discussed a person who wanted to attend a weekly art class in the local area. This had been added to their activities calendar and we saw this person being supported to attend on the first day of the inspection. Another person said it was important to have a daily newspaper but had mobility difficulties. We saw an agreement had been arranged with a local shop to

set up a monthly payment for newspapers and for a member of staff to collect it for them. We saw this person with their paper on both mornings of the inspection. Key work records clearly showed the link between people's interests and how they were supported to achieve them.

Staff supported people to follow their interests, maintain relationships and take part in activities of their choosing. People had the opportunity to discuss the activities they wanted to take part in during weekly customer meetings and during their individual key work sessions. One support worker said, "They choose the activities and we discuss it on a weekly basis and work out an action plan. It is important to develop trust with people to support them and go out in the community." Each person had their own weekly activities planner with a contact record of what people had done. People were also able to comment and give feedback about what they had done.

Activities available included a weekly art class, movie nights, a walking group, a computer class, a music class and a weekly smoothie making group. People also had access to a nearby day centre which was managed by another organisation which held a number of events that people were encouraged and supported to attend. Apart from activities, day trips were also discussed and were scheduled on a monthly basis. We saw one person had discussed that they wanted to go to the seaside and saw that two visits had taken place, with a record and photos documenting the day out. There had been a recent trip to a museum and the day before the inspection a group of people had been on a boat trip. One person told us about the trip and said, "I love the Navy. It was a great day and we had a good time." In another person's file, there was a record of a day trip to a London landmark with a comment, 'I was well supported and was reassured whilst on the trip.'

People were also supported with more specific cultural or religious needs. One relative told us that a member of staff was able to communicate with their family member in their own language, which was important for their communication and understanding. The provider had organised an event during Black History Month and encouraged people to get involved. People's religious beliefs were recorded in their files and staff reminded them if they wanted to attend church. We also saw records within people's care plans and minutes of meetings that allowed people to enjoy food that met their cultural needs. There were records of a Jamaican food celebration day and a Palm Sunday breakfast.

People and their relatives said they felt comfortable if they had to raise a concern. One person said, "They listen to me." One relative said, "They are good, they always respond to me." There was an accessible complaints procedure in place and an easy read version was given to people in their welcome pack but also discussed during weekly meetings and at key work sessions. The provider's complaints procedure was a three stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at stage one, they could escalate it to stage two to be dealt with by another manager. If people were still unhappy their stage three process would be escalated to a senior panel to review and respond to the complainant in their preferred format. There had been five complaints in the past 12 months and all had been recorded and logged on their internal system, investigated and resolved, with confirmation that people were satisfied with the outcome.

One way in which the service listened to people's experiences and concerns was through a weekly customers meeting. We saw records from meeting minutes where people were able to bring up topics which included maintenance issues, activities, menu requests, visitors and health and safety. We saw that people were always reminded about complaints and that they would be supported to make them if they wanted to. We also saw that a representative of people at the service was invited to a staff meeting to highlight topics that they wanted to be discussed.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since September 2016 but had worked for the provider since December 2010. He was present each day we visited the service and assisted with the inspection, along with the rest of the staff team.

People using the service and their relatives were happy with the way the service was managed and told us that they had no concerns. One person said, "I can always talk with the manager." We saw this person sitting in the office and talking with the registered manager in a relaxed atmosphere throughout the inspection. One relative said, "It's very good, communication is good and I'm regularly updated." Health and social care professionals commented positively about the management of the service. One comment in an external agencies questionnaire highlighted the professionalism of the staff and management and that they were always on hand to help in managing people's mental health.

Staff told us they were well supported by the registered manager and had positive comments about the management of the service. They felt that the provider promoted a very open and honest culture and knew about the whistle-blowing policy and felt comfortable raising issues or concerns. They said if they had any problems the registered manager would always listen. Comments from support workers included, "It is a good working environment. We enjoy working with the client group and are confident with raising anything as we are open with everyone" and "I feel really supported and I've been given lots of responsibilities which has made me be able to learn so much more." Positive comments about the registered manager included, "He listens to staff, which is the best thing. He always calls to find out if we are okay and we feel reassured. I feel comfortable talking with him and he cares", "Of all the managers I've had, he's the best. He is easy to communicate with, is friendly, understands us and is open to suggestions. I am happy to come to work" and "He takes the stress away from us and makes us feel at ease."

Throughout the inspection we observed an open and honest environment with evidence that there was a positive culture throughout the service. A support worker said, "I feel involved with all parts of the organisation." The registered manager told us that they had an open door policy and wanted to lead by example, always willing to do what he asked of his staff. He added, "We all understand the values of the organisation, break them down and discuss them which is why there is strength in the team. I believe in them."

We saw the results of their most recent customer satisfaction survey that was completed in April 2017 and carried out every six months. The survey consisted of six questions which asked people about the overall quality of service, choice and control, respect, opportunities and the living environment. 11 people completed the survey and they were all satisfied. There was also a questionnaire available for relatives and health and social care professionals to give their feedback. We saw positive comments about the level of care and support provided. One comment from a relative said, 'The service at Clarence Road is excellent. The relationship they have with my [family member] is excellent.' We also saw that exit interviews had been completed by people when they moved on from the service and were able to comment on the care they

received whilst living there. The local authority also carried out their own annual survey where positive comments were seen throughout the responses received.

All accidents and incidents were recorded and updated onto an internal system to be reviewed by the registered manager. We saw incidents had been discussed at team meetings and saw evidence that when an incident or accident had been recorded, the relevant people had been notified and plans put in place to minimise the risk of it happening again. A support worker told us incidents were discussed for reflective practice.

The registered manager had robust internal auditing and monitoring processes in place to assess and monitor the quality of service provided, which were carried out at daily, monthly, quarterly or yearly cycles. The registered manager had weekly team meetings which covered 13 areas such as safeguarding, incidents, health and safety, quality assurance and involvement with people using the service. Monthly management meetings were also held to discuss performance, business development and general governance.

Specific audits of medicine administration records (MARs), finance management records and daily contact records were completed on a monthly basis. The registered manager received a monthly alert to get an update on complaints and safeguarding incidents to confirm if they were still active or had been resolved. The registered manager had access to a management monitoring toolkit which tracked the whole service and what area was due for a check or review. We saw that there was an overview of the daily, weekly, monthly and quarterly tasks that the quality team were aware of and would send an alert to the registered manager when it was due. For example, we saw correspondence confirming that a fire drill was due to be carried out, and then the report sent once it had been completed before it was signed off. They also carried out daily health and safety checks of the building, weekly fire alarm, call bells and water temperature tests and monthly living environment checks in people's rooms to look for any signs of hoarding, substance misuse or self-neglect.

The provider also carried out a robust internal quality audit approximately every six months which covered 130 questions and was based around the five key questions of the Care Quality Commission (CQC) inspection methodology. We saw the issue of lone working had been highlighted at the most recent audit in April 2017 and that it had been discussed at team meetings and supervisions and staff had been sent for training in this area.