

## CareTech Community Services Limited

# Faycroft

### Inspection report

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Date of inspection visit:  
06 July 2016

Date of publication:  
01 September 2016

### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Our inspection took place on 6 July 2016 and was unannounced. Faycroft provides accommodation and personal care for up to 6 people with a learning disability. At the time of our inspection, there were 6 people using the service.

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 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 received support from a staff team, which included a deputy manager, team leaders and support workers.

People were kept safe by the service. Staff protected people from the risk of harm and understood how to report concerns. Staff understood how to identify and manage risks to help keep people safe. Employment of staff only took place following pre-employment checks and there was enough staff to keep people safe. People received their medicines as prescribed and staff administered them safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had systems in place to assess people's mental capacity. Where required the registered manager made applications to the authorising agencies for a DoLS. Staff understood the principles of the MCA and DoLS and could apply these when delivering care and support.

People had support from skilled and trained staff who understood how to meet their needs and provide effective support. People had support to maintain a healthy diet and could access food and drinks as and when they wanted. Mealtimes were relaxed and people had plenty of choice. People had individual health action plans in place and access to health care professionals when they needed them, which helped people maintain their health and wellbeing.

People had positive relationships with others living at the home and members of staff. Staff showed people respect and were caring whilst delivering their care and support. Staff involved people in planning their care and encouraged people to be independent. People had their dignity and privacy respected by the staff who provided their care and support.

People's care and support was personalised and responded to their needs. Staff gave consistent care to meet people's needs and preferences, Staff understood care needs through the detailed care records, which people had been involved in designing and which got reviewed regularly. People could access a range of different things to do and could choose on a daily basis how to spend their time.

People gave feedback about the service on a daily basis through informal discussions with staff and managers they also provided feedback at regular house meetings. People and their relatives understood

how to make a complaint and felt the registered manager would address their complaints.

People shaped the service through their suggestions; the registered manager promoted an open culture and encouraged people to share their ideas about improving the service. The registered manager understood their role and responsibilities. The registered manager monitored quality and improvements to the service were undertaken as a result. Staff had support from the registered manager to understand their roles and ensure they had the skills to support people.

## 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 safe; staff understood how to protect people from the risk of harm. Staff knew how to recognise abuse and what action to take.

People had assessments of risks and plans in place to manage them. Any accidents and incidents were recorded and reviewed

People had support from a safely recruited staff team. There were enough staff to meet peoples care needs.

People received their medicines as prescribed. Medicines were stored appropriately and there were systems in place to manage medicine safely.

### Is the service effective?

Good ●

The Service was effective.

People had their care and support needs met by trained and supported staff. Staff received updates to training as required and support from the registered manager.

People were involved in making decisions about their care. Staff understood the principles of the Mental Capacity Act 2005 and could apply them.

People had their nutritional needs assessed, recorded and met. People had enough to eat and drink and mealtimes appeared to be an enjoyable experience for people.

People had support with their health needs. People had health action plans in place and access to health professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People received support from staff that showed compassion and

kindness. Staff understood people's needs and built good relationships with people.

People were involved in decisions about their care. Staff understood how to communicate with people so they could make decisions about how their care and support needs were met.

People received support in a way that promoted dignity and respect and were encouraged to be independent.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were treated as individuals. Staff asked people regularly about their individual preferences and provided care and support, which responded to their needs.

People were supported to follow their interests. Staff supported people to access the community and take part in individual and group activities.

People and their relatives understood how to make a complaint. A complaints procedure was in place. The registered manager responded to complaints and used a learning from complaints process.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager understood their role to keep people safe. The registered manager promoted a caring and open culture that responded to people's needs.

People gave feedback about the service they received and the registered manager used this to improve the service.

There were effective systems in place to monitor the quality of the service and deliver improvements to the care and support people received

# Faycroft

## 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 unannounced inspection took place on 6 July 2016. The inspection team consisted of one inspector.

As part of our inspection, we reviewed the information we held about the service including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used this information to help us plan our inspection.

During our inspection, we spoke with three people who use the service and one relative. We also spoke with the registered manager, the deputy, a team leader and two support workers.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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. We reviewed a range of records, which included the care records of three people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including compliments and complaint logs, accident reports, staff rotas, meeting notes, monthly audits, and medicine administration records.

# Is the service safe?

## Our findings

People who lived at the service told us they felt safe. One person told us, "I am safe here; the staff make me feel safe". Relatives told us they felt their family members were safe, a relative told us, "I have confidence in the staff they keep [my relative] safe".

Staff told us they understood the different types of potential abuse and could take appropriate action to keep people safe. Staff understood how to take appropriate action if they had a safeguarding concern. Staff felt confident to report anything that concerned them. A staff member told us, "I have had to report things some years ago relating to poor practices which placed people at risk and I would not hesitate to do it again". A staff member also said, "If it were a relative of mine I would be disgusted so I would report it". This showed us people received support from staff who understood how to keep them safe.

We saw information on display, which told people how to raise concerns if they were worried about something. We saw staff keeping people safe during the inspection and using their training in managing conflict to avoid potential safeguarding incidents. The registered manager told us the provider had a policy to help staff raise concerns if they were worried about something that was happening in the service, this is known as a whistleblowing policy. Staff had regular reminders about what to do if they were worried about someone's safety, for example; all staff had an individual whistleblowing card to tell them how to raise concerns. The registered manager referred safeguarding allegations to the Local Authority. This showed us people who used the service were protected from the risk of harm.

Relatives told us staff helped to reduce risks to their relative's safety. A relative said, "[my relative] was at risk when they came to the service, the risk assessment and action plan within the care plan have helped protect [my relative]". During the inspection, we saw staff following the risk assessment for people; for example, one person's risk assessment said they could be at risk if left alone. We saw staff make sure this person had one to one support throughout the day and provide care in a way, which maintained their safety. Staff told us they understood the risks identified and how to manage them for the people they supported. A staff member told us, "[a person] can sometimes have behaviours which can place other people who live here at risk" The staff told us the risk assessment for this person told them what signs to look out for when this person posed a risk and what action to take to keep people safe. On the day of the inspection, we saw staff following the plan; they were discreet in their approach and kept people in the service calm. The plan for managing the risk was effective and kept people safe. The registered manager told us they monitored incidents to see if there were any patterns to the behaviour so they could look for solutions. The care records we saw confirmed what relatives and staff had told us, the risk assessments and plans to reduce the risks were managing risk whilst supporting people to remain independent. We saw these plans followed by staff, for example, one plan said hand gestures had to be used to approach one person, and we saw staff do this throughout the day. This shows us the registered manager had effective systems in place to manage risks. People told us they had the help they needed when they had an accident. The registered manager told us they reviewed all accidents and incidents to look for ways to prevent them from happening again. We saw completed accident and incident reports and the registered manager took appropriate action. For example, we saw the registered manager had found patterns relating to repeated falls we saw they had taken actions to investigate what was causing the falls and to try to prevent them. This showed us the registered manager took action when people had an accident.

There were enough staff in place to meet people's needs. People, relatives and staff told us there was

enough staff to support people. One person said, "There is always staff here to help you with things". A relative told us, "There is quite a lot of staff on duty all the time, I would say the ratio is very good". A staff member told us, "There are plenty of staff on duty, we have 4 during the day and 5 at handover". On the day of the inspection, we saw there was enough staff to provide the care and support people needed when they needed it. The registered manager told us there were systems in place to ensure there was enough staff. The registered manager said, "The provider has a policy to make sure there are 115% of care hours in place, we meet this at all times and I am here as extra support if it's needed". The records we saw supported what people told us, which showed us the registered manager had enough skilled staff to meet people's needs. People received support from safely recruited staff. The registered manager told us the provider had policies for safe recruitment. We spoke to staff who told us they had an interview for the job, had to provide two references and checks were done to see if they were suitable to employ before they could start. The registered manager told us the checks were to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. We saw staff records, which confirmed what people told us. The registered manager had systems in place to recruit staff safely.

People received their medicines safely. People told us "Staff help me with my medicine; they make sure I take it when I need it". Relatives told us the staff managed people's medicines and made sure they had access to what they needed. A relative said, "We have never known any problems with [my relatives] medicines". Staff told us they had training and competency checks before they could give people their medicine. One staff member said, "People who are new to the job can't give people their medicine they have to be checked first". People's medicines were stored securely, we saw everyone had an individual lockable cupboard on the wall in the main office, which had their picture on, and individual medicine records were stored here. People had their medicine according to the individual instructions. For example, people had medicine at the right time and had it given in the right way. The registered manager told us they had a system in place to alert staff to any changes of medication, they used a magnet to put a sign on the medicine cabinet door when someone had a new medicine arrive. There was no one taking controlled drugs or any medicine which required refrigeration but the service had systems in place for this type of medicine should it be prescribed. This showed us people had their medicines administered safely.

People who needed medicine on an 'as required basis', had their medicine when they needed it. The team leader told us they had to authorise the use of 'as required' medicines. They said people who needed this type of medicine had an individual plan, for what staff had to look for to see if people needed their medicine and doctors had been involved in putting some of these plans in place. There was also a log for staff to complete when someone had received 'as required' medicines and these were completed. The registered manager told us they checked the logs for this medicine to look for any patterns and check how many times people had needed it. We saw staff identify when someone was in pain from their behaviour and follow the individual plans to administer pain relief. The team leader told us about how they recorded medicines and we saw staff using the medicine recording system correctly. We saw the correct completion of medicine administration records and the as required medicine log. This showed us people received their medicines as prescribed.

# Is the service effective?

## Our findings

People received effective care and support. People told us staff understood their needs. One person said, "I like [a staff member] they are very understanding [of what I need]". Relatives told us they felt staff had good levels of training and experience in supporting people. A relative said, "The staff are well qualified to do the job, many have been here for years, but even new staff know people well and how to support them".

Staff told us they received an induction and on going training, which included specific courses to support people who used the service. For example; staff had been trained in conflict management, we saw staff use this training when giving medicine to someone using words and hand gestures to make sure the person was happy and relaxed before offering their medicine. Staff told us they received an effective induction, which included online learning, shadowing and competency checks from the registered manager to make sure they understood their role. Staff told us they had regular supervisions with the registered manager or the deputy manager every 3 months, but could always ask for a session if they needed one. Staff told us they had received training in conflict resolution and physical intervention called MAYBO. Staff told us the training gave them the skills to support people who were upset. One staff member told us, "The MAYBO training gives you a range of things to do for example with [a person] we sometimes have to use a technique called the cup to guide the person to safety". The registered manager told us they had an induction programme in place for staff and an ongoing training plan. The training plan gave access to a wide range of training for all staff, which included Advanced Autism training, Valuing People and respecting difference and a range of specific communication courses. The staff training and induction records we saw supported what staff told us. This showed us the registered manager had systems in place to ensure staff received training and support in their roles.

We saw staff use the skills they had learned to support people. For example, we saw staff communicate with one person who they had to communicate with using specific facial expressions and hand gestures to help them stay calm. Staff told us they had received training in how to communicate effectively. Staff explained it was important to be consistent with how people communicated with this person. They shared their knowledge with us on the day of the inspection so we could communicate in an appropriate way. We saw this person's care records, which supported what staff, told us. Staff told us they had received training in recognising signs of dementia. One staff member said, "The training [Dementia] has helped me to recognise the symptoms with [a person] we are currently observing before we seek some specialist support". Staff also told us about the medicines training they received. One staff member said, "The medicine training is good, I feel confident to administer medicine". This showed us people received support from staff who had the skills to meet these needs.

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.

The registered manager and staff told us not all of the people who lived at the home had the mental capacity to make informed choices and decisions about some aspects of their lives.

Some people had the capacity to make decisions for themselves, One person told us, "I can decide things for myself; I will talk to staff about things though sometimes before making decisions". A relative told us, "[My relative] can make decisions about things independently but will talk to us about some things to help make the decision".

During our inspection, we saw staff involved people in making some choices and decisions about their care and support. For example, staff asked someone if they were ready for their lunch, the person waved their arms and walked away, which staff explained, was a way of communicating that they did not want their lunch. Staff said they would come back later and left the person. This showed us staff acted appropriately when people did not give their consent.

Staff told us they understood the principles of the MCA and had received training. One staff member told us, "It is the legal basis on which we can protect people who do not have capacity, it's about making decisions in people's best interests and seeking consent". Staff told us they understood it was important for people to make decisions and choose things when they were able. One staff member told us, "We always get people to choose things for themselves, like what to wear or what to do during the day; [a person] can read so we can offer cards with yes and no written on".

People's care records included descriptions of people's capacity to make decisions and actions required by staff. The care records showed what support people needed to be able to make decisions and also showed where decisions had been taken in the best interests of the person, involving other people in these decisions where it was appropriate. This showed us the provider was following law and guidance when people lacked capacity to make their own decisions.

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 DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw two applications had been authorised by the supervisory body and the provider was complying with the conditions. We saw the registered manager made contact frequently with the authorising body to check on the progress of the additional applications. The staff understood what depriving someone of their liberty meant and about acting in people's best interest particularly whilst waiting for DoLS authorisations.

Staff knew which people were subject to a DoLS and how to make sure that people's liberty was restricted in the least restrictive way. For example, staff told us about one person, who was subject to a DoLS as they required constant supervision, in order to make sure this was the least restrictive staff made sure the person could move around the home freely and also outdoors. Staff told us they allowed the person to decide which area of the service they wanted to be in and followed the person staying a short distance away. The registered manager had acted in accordance with the legislation to ensure they protected people's rights.

People had a balanced diet and enough to eat and drink. People told us they enjoyed the food, and we saw people enjoying their lunch. One person said, "I enjoyed that" when they had finished their meal. Relatives told us they thought the food was very good and people could choose what they wanted to eat. They also told us people were encouraged to help with the cooking and planning what was to eat. A relative said, "I am happy with the food [my relative] has they can have whatever they fancy and they get [my relative] involved in the cooking"

People had access to food and drink when they wanted. We saw people going into the kitchen to get a snack and make drinks throughout the day. We saw staff assist people to make a drink when they could not use the kettle, staff supported people to choose what they had and to do as much of the task for themselves as they were able. We saw staff encouraging people to choose what they wanted to eat during the day. People had different meals, for example, one person went out with staff to a local take away to get their lunch and others had different meals provided. People were able to eat their meals where they preferred, for example, some people chose to eat in the kitchen area, whilst others used the dining room, one person ate in their room, and everyone had a drink with their meal. Staff told us people could choose what they wanted to eat and were encouraged to prepare food for themselves. One staff member said, "[A person] likes to sit in the kitchen when the food is prepared and watch others will help to get the food prepared". This showed us people could choose what they had to eat and where they had their meals.

We saw staff gave support to people with eating and drinking who needed it discreetly, for example, one person was encouraged to slow down when eating their meal and another person had some help with using the spoon. Staff also ate their meals with people, which created a relaxed environment. People took their plates back to the kitchen and helped with the washing up. This showed us people were encouraged to maintain their independence. Staff told us about people with different dietary needs and we saw staff follow the care plan for these people. One staff member told us, they had sought advice about nutrition from health professionals the staff member said, "I am currently looking at the menus to see how I can get more nutritional value into what people eat and look at their likes and dislikes with food". People's care records included food preferences and risk assessments to see if they needed any support or encouragement with maintaining a healthy diet. The registered manger told us some people had worries about their body and so when they saw the consultant monitored their weight so it caused less distress. This showed us people received support to maintain a healthy diet.

People had access to health care services and support to help them maintain their health. People told us they had access to medical professionals. One person said, "I went to the doctor about a fall". A staff member explained the person had experienced a few falls with no injury but they wanted to check what was causing the falls and see if there was any action they could take to prevent the person from falling. We saw this person's care records and they showed information about the doctor visit and other referrals made by staff about the falls. Relatives told us people had access to health professionals and support to maintain their health. A relative said, "I am called if there is any issue with [my relatives] health, and they always let me know what happens at appointments". We saw people had referrals to health specialists when they needed them and staff monitored changes in people's health, for example, on the day of the inspection, one person did not feel too well and staff monitored the person to see if they needed medical attention, the person was feeling better later in the day so this was not required.

Staff told us they could gain access to medical professionals for people when they needed to. The registered manger told us they had support from doctors, social workers, speech and language therapy, dentist community nurses and consultants. The registered manger said, "Managers do all the referrals and staff are kept informed of any changes". The records we saw showed us that the registered manger had developed a system, which recorded clearly what medical conditions people had and how these needed to be managed. People's care records included detailed information about visits to health professionals and any treatment required. Everyone had an individual health action plan in place and there were grab files, which included important health information for emergency use. This meant people had support to ensure they maintained good health.

## Is the service caring?

### Our findings

People had caring relationships with the staff. People told us they had good relationships with staff and staff understood their needs. . One person said, "The staff understand me and I can talk to them". Another person said, "Staff helped me to get my things out of storage when I came here, I hadn't seen my things for a long time and it was nice to have them back, it was important to me". Relatives told us the staff were very caring, they spent time with people and were kind toward everyone. A relative said, "The staff helped me to have a relationship with [my relative] they were so professional about things and very understanding". Many of the staff had worked at the service for a long period and this had provided stability and consistency of care for people. A relative told us, "Some people have worked here for years they really know [my relative] well".

People appeared content and happy when interacting with staff. We observed staff checking with people throughout the day if they were ok and spending time with people. For example, one person was not feeling too good on the day of the inspection and they decided to have a sleep on the sofa, we saw staff checking if they were warm enough and getting a blanket. We saw one staff member go into the garden to one person who was cleaning up the patio area and had a chat about how nice it looked. We saw people were comfortable to approach staff and talk about things, for example we saw one person talking with a staff member about the picture they had made. The person said, "I am going to put this on my wall" the staff member responded by saying they would get something to help attach it. We saw staff encouraging people to talk about things that were important to them, for example one person was talking about going to church at Christmas and the staff member encouraged the person to explain what was good about it. People had developed caring relationships with the staff in the service.

People received care and support from caring staff. Staff told us it was important to spend time with people and get to know them and always be patient when supporting people. Another staff member said, "You have to spend time with people and build up a relationship" The registered manager told us they undertook observations of staff with the people who used the service and they were confident staff were caring. The registered manager said, "I use observational supervisions to test things like this". The registered manger told us the people who used the service had struggled when seeing men in the community so to support with this they had introduced male staff slowly to people to build up trust and it had worked very well. This showed the staff understood the importance of talking to people and developing caring relationships.

People had their individual communication needs met. We saw staff knew people well and communicated effectively. Staff told us how they used different ways to communicate with people such as writing things down and using pictures. We saw staff communicating with people using the best approach for the person. The care records we saw detailed people's communication preferences. We saw staff reacting to different types of communication to find out what people wanted. For example, staff used a process of elimination to find out what one person who could not communicate verbally wanted. We saw staff spend time with people throughout the day of the inspection doing a wide variety of activities and talking to people about things that were important to them. One person went out to the local shopping centre and staff spent time talking with them about their trip when they returned. This showed us people had support to express their views about their care and support.

Some people were able to express their views and be involved in decisions about their care and support whilst other people had some difficulties in expressing themselves. Staff had developed ways to work with people to find out what they wanted. One person said, "Staff always ask me what I want to do, I can choose when to have my lunch and what I have and I can make myself a drink when I want one". Another person said, "I get my own breakfast and I can go upstairs and have a shower whenever I want to". Another person said, "I am going out to the shop soon, I go by myself". A relative told us, "The staff encourage [my relative] to choose things and make decisions about all kinds of things". We saw staff offering people choices throughout the day and using different communication methods for people who were unable to speak. For example, a person approached a member of staff who was supporting a group activity. The staff member asked the person if they wanted to join in and the person walked away. The staff member then used their knowledge of the person to offer alternatives until they worked out what the person wanted to do.

Staff told us they asked people day to day about choices and knew people's likes and dislikes. One staff member told us, "If someone wants to go out for example we will move things around so they can go". The registered manager told us staff spent time with people to work out what they wanted and allowed them to choose for themselves. The registered manager said, "Staff listen to people and always act on what is being said, they help people to make decisions about their care". This showed us people were involved in making decisions about the care and support they received.

People were encouraged to be independent. People and their relatives told us people were encouraged to look after their own room and to do things for themselves. One person said, "I can help staff with things", another person said, "I used to do my own washing, but I haven't been well". A relative said, "I know they encourage [my relative] to do lots of things like buying clothes". We saw people being encouraged to be independent throughout the day. For example, staff encouraged people to make drinks, keep their bedrooms tidy and go out into the community without support. One staff member told us, "We encourage [a person] to be independent in the community, [the person] can go out independently but will often choose not to, but when they go they really enjoy it". People's care records included information about what people could do for themselves and what they needed support with, the things people liked and disliked, what people wanted to do in the future and what help they needed with making choices. This showed us people were able to be involved in planning and making decisions about their care and support that enabled them to be independent.

People using the service had their privacy and dignity respected and promoted. People told us the staff always knocked doors and they had keys to their rooms. One person told us, "Staff come and check on me at night and they asked me if this was ok". Relatives told us staff protected people's privacy, a relative said, "They always knock doors and encourage [my relative] to do things for themselves so they can maintain dignity". We observed staff maintaining people's dignity when they were supporting people. For example, we saw staff adjusting someone's clothing to maintain dignity. One staff member said, "You have to be sensitive and make sure you talk to people in private". The registered manager said, "A staff member told me they had stopped another staff member from discussing someone in the lounge, it's good to know the staff remind one another." The registered manager added, "[Person] takes clothing off sometimes in the lounge area, staff are prompt in providing a blanket to maintain dignity." This showed us that staff respected and promoted people's dignity and privacy.

## Is the service responsive?

### Our findings

People were involved in developing their own care and support plans and decided what was important to them. People told us they were involved in developing their care plans and who provided their care. One person said, "I can choose if I have a male carer, I don't mind I have both." Another person told us, "I can do things for myself; I go to the bank and into the town centre". Another person said, "Staff talk to me about how I am feeling and they understand me". Relatives said people had a key worker who built up relationships with people and helped to develop their care plan. Relatives told us they were also involved in care plan development where this was required. A relative said, "If something changes they always let us know and ask for your views". This showed us people and their relatives felt involved in developing their care and support plans.

We saw staff responded to people's individual needs, they supported people to do the things they wanted to do throughout the day. We saw staff spent time with people throughout the day of the inspection doing a wide variety of activities and talking to people about things that were important to them. One person went out to the local shopping centre and staff spent time talking with them about their trip when they returned. The decoration in people's bedrooms had been done individually and people were encouraged to follow specific interests. One room had a display of items the person collected and the person was very proud of the room saying staff helped them with buying the things they collected. A person told us, "The staff helped me to decorate my room." We observed staff responding to people's needs promptly when required, for example; we saw people chose to have a take away for lunch and staff were able to take the person out to collect it.

Staff confirmed people were involved in making decisions about their care and support and what was important to them. One staff member said, "[Person] likes to clean out their wardrobes so we plan when to do this." Another staff member said, "We have worked with [a person] to start accessing a community activity in September, they are really looking forward to it." This showed us people received individual care that was personalised to meet their needs.

The registered manager told us people were involved in developing their care plans. They said some people had been able to write their own plan, whilst other people had not been able to be involved in this way. The registered manager explained when people could not be involved verbally in developing their plans staff did this through observation, to determine what people wanted to do and how they liked things done. The registered manager told us there was a key worker system in place that monitored the plans and discussed any changes with people. The care records we saw supported this and showed us the people were involved in planning personalised care and support.

People and relatives told us there were plenty of different things to do both at the home and in the local community. People gave examples of the types of things they enjoyed doing. One person said, "The staff ask me what I want to do, sometimes I like to go to the café and have a cup of tea and a cake". Another person told us, "I have 3 hours in the week just for me and a staff member to go out and do things and I get to decide on the day what I want to do". Another person told us, "I go out to the place next door to a disco". Relatives told us people had plenty of things to do and had support to maintain contact with family members through visiting. A relative said, "The staff bring [my relative] to see us once a month and then we also visit the home whenever we want to, we usually give one days' notice to make sure [my relative] is in." We observed one person doing a craft activity, we saw another person planting things in their greenhouse.

Another person went out shopping whilst others listened to music and enjoyed singing and dancing. People spent time throughout the day doing the things they enjoyed and were encouraged to do things with others, on their own and with staff support.

Staff told us people can choose what they want to do on a daily basis and there was always an option for people to go out if they choose to. One staff member said, "There is enough staff here to engage with people and do things with them in a person centred way". The registered manager told us there was a system in place to make sure people had allocated staff time for doing things they enjoyed. We saw details of what people liked to do in their care records and pictures of people enjoying different activities, the daily records had notes about what people had done during the day. This showed us people had support to follow their own interests and do things they liked.

People and relatives said they could always approach the registered manager and the staff if they had any worries or concerns. People and relatives told us they felt listened to by the registered manager and staff. One person said, "If I was worried I would tell the registered manager or the deputy about it". Relatives told us they understood how to make a complaint and were confident about getting a response. A relative said, "I have never had to complain but I know they would follow the right procedure if I did". Staff understood the complaints procedure and could tell us how they would manage a complaint if they received one. The registered manager told us when a formal complaint was received they were documented, investigated and then a response was given and an action plan was put in place. The registered manager told us the provider monitored complaints; and the records we saw supported this.

People were able to express their views about the service. People and their relatives told us the staff and registered manager asked for views about the service. One person said, "we have house meetings where you can talk about things". A relative told us, "The staff keep us well informed on a regular basis, and ask for my input with things about [my relative]".

Staff told us they responded to people's feedback on a daily basis making changes to how they supported people. For example, one staff member said, "If we get feedback about someone not liking a meal we make sure there is an alternative next time that is served". The registered manager told us house meetings to talk about things with people take place. The registered manager said, "there is a specific meeting next week to talk through all the planned building work which starts soon". The records we saw supported this. This showed us the service had systems in place to listen to people's feedback and learn from any complaints.

## Is the service well-led?

### Our findings

People told us the service had an open and inclusive culture. People, their relatives and staff told us they felt involved in the running of the service. One person said, "The registered manger always listens to us and makes changes we ask for, it doesn't happen often because we are all happy". A relative told us, "The registered manger has been here a long time and is approachable". We saw the registered manager engaged with people and staff throughout the inspection. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff told us the office door was always open and they felt able to ask questions and make suggestions. A staff member we spoke with said, "I wanted to make changes to the menu's. I felt able to talk about this with other staff and the registered manager who allowed me to start a review". Another staff member told us, "You can always say what you are thinking".

Relatives told us the provider invested money in the service and they were very happy with how the registered manager ran the service. A relative said, "They had a shower put in for [my relative] to use and there is more building work planned soon". Staff told us the registered manager would listen to them when they had suggestions for how to do things. A staff member said, "I asked the registered manager about doing a fitness class with people and was able to sort this out, they [registered manager] encourage you to try things out". The registered manager told us they encouraged staff to lead on projects in the service. For example, one staff member was supporting a person to create an outside space, just for them, by helping the person to choose the right type of building, which would safely meet the person's needs. This showed us the registered manager promoted a positive culture in the home and people and staff felt empowered to influence how the service was delivered.

A registered manager was in post supported by a deputy manager. The registered manager told us they understood their role and responsibilities. We saw the registered manager understood what was required of them, for example, they had notified CQC about significant events using the statutory notification system. We saw the registered manager and deputy manager guided and supported staff, making sure they understood their roles and responsibilities. We saw the registered manger and the deputy were visible to people, relatives and staff and responded to any issues raised with them. A staff member told us, "I definitely have good support from the managers here, I have had personal support as well as professional". The registered manager told us they had good support from the provider, they said, "I feel well supported by the company". The registered manager said meetings and supervision were in place for staff and they were available to support people if needed. One staff member said, "The handover system is good, and having a team leader on each shift helps with leading the staff". Staff told us the registered manager had systems in place to support staff through supervision and team meetings and they could use these and other opportunities to make suggestions for change. This showed us the provider and the registered manager understood their responsibilities and managed the service effectively.

People receive safe and effective care, guided by the registered manager. The registered manager told us they had enough resources to manage the service effectively and they received support from the provider through locality managers. The registered manager said, "The locality manager comes monthly to check on

the quality of the home, they use the Key Lines of Enquiry to check the quality of service people receive". We saw the service had enough resources to provide care and support to meet people's needs, for example there were sufficient staff to provide one to one support during the week for everyone. The service had a planned programme of investment for changes and there were planned improvements to the building to support people by giving additional rooms, which enabled people to have their own space.

The registered manager used different ways to check on the quality of the service people received. The registered manager told us about a weekly checking system to look for any medicine errors and take action when errors had occurred. We saw records that showed investigations when medicine recording and administration errors had taken place. The registered manager told us they had a series of audits in place to monitor quality of the service and help shape improvements. We saw records of monthly audits and checks the registered manager carried out. The records included medicine administration, health and safety and risk assessments and safeguarding concerns. The registered manger used the outcome of the audits to improve the quality of the service and the support people received. For example, the registered manager tracked safeguarding incidents and as a result was able to seek investment to alter the building to provide additional space for people using the service when they were anxious. This showed us the registered manager had systems in place to make sure people received high quality care.