Options Autism (3) Limited

Options The Thicket

Inspection report

West Chevin Road
Otley
West Yorkshire
LS21 3HA

Tel: 01943851424
Website: www.optionsgroup.co.uk

Date of inspection visit:
23 June 2017
06 July 2017
17 July 2017

Date of publication:
04 September 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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected The Thicket on 23 June 2017 and the visit was unannounced. We spoke with relatives of people who used the service on 6 and 17 July. Our last inspection took place in February 2015 when we rated the service to be 'Good' in each of the five key topic areas with an overall rating of 'Good.'

The Thicket is a specialist residential care home for adults with learning disabilities and complex needs located on the outskirts of Otley. The service consists of four self-contained apartments. There are communal areas within the complex for people to enjoy activities and social events. There is also a sensory room, a spa room with hot tub and a large garden. At the time of our visit there were four people using the service.

There was a registered manager in post. 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.

Robust systems and practices were in place to make sure people were safe within the ethos of positive risk taking for which detailed personal risk assessments were in place.

Safeguarding people was taken seriously and all staff were aware of how to recognise if people were at risk and what to do about it.
Systems for managing accidents and incidents were robust. All accidents and incidents were analysed at home and provider level to look at ways in which they could be avoided in the future and risks to people mitigated.

Medicines management was safe which helped ensure people received their medicines as prescribed.

Staff were recruited safely and told us their induction and shadowing was comprehensive and prepared them for their roles. We saw staff received the training and support they required to meet people's needs. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work.

Staffing was arranged in line with the needs of the people who used the service. All people were supported on a one to one basis at all times with additional staff support for outings and activities.

Staff demonstrated a thorough knowledge of the Mental Capacity Act (MCA) and where deprivation of Liberty Safeguards (DoLS) were in place there was a commitment to least restrictive and best practice.

People had choice about their meals and were supported to be involved in shopping and preparation.

Staff actively supported people to make sure they received excellent levels of healthcare intervention and support to make sure they experienced optimum levels of physical and psychological well-being. People who used the service each had a care file dedicated to their health needs.

Staff consistently supported people to experience new things and were proactive and creative in the ways they did this to ensure people's lives were fulfilled. A relative told us staff were "particularly good at looking at different ways of supporting (relative) always analysing what worked well and working to their strengths.

The service provided to people was extremely personalised and responsive and focussed on making people's quality of life as good as possible and all staff were fully engaged in this process. Each person had an 'All about me' file which had been drawn up with them and provided a clear picture of everything about the person including their needs, wishes, fears and aspirations.

The service demonstrated a commitment to person centred care and concentrated on positive outcomes for people. People's personal achievements were celebrated.
A relative we spoke with told us "They put (name) at the centre of everything they do".

Each person had an 'All about me' and a 'How to support me' file which clearly outlined the support people needed not just in their daily lives but also to fulfil their dreams and aspirations.

People were supported to engage in meaningful activities and staff supported and encouraged people in making choices about the activities they experienced.

Systems were in place for people to raise any concerns or complaints they had about the service. A relative told us "Management are very responsive to any questions or concerns we have, it's a two way thing. We are delighted with the place."

All of the staff we spoke with demonstrated that the vision and values of the service are to enable people to live their lives at their optimum level through a person centred approach where positive risk taking is promoted.

Management systems were in place to put people at the heart of the service with opportunities for all people involved to voice their opinions and suggestions.

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.

Staffing was appropriate to people's needs.

Staff had a positive approach to safeguarding and positive risk taking and enabled people to live as full lives as possible yet understood how to balance this with people's safety.

Systems for managing medicines were safe and people were supported to manage their own medicines safely.

Recruitment processes were safe

Is the service effective?

Good

The service was effective.

Induction procedures for new members of staff were thorough and appropriate. Staff followed training appropriate to their role and the needs of the people they supported. Staff were highly motivated and effectively supported.

Staff supported people to make decisions and worked in line with the requirements of the Mental Capacity Act always ensuring least restrictive practice.

People were given support to make decisions about their meals and staff were committed to ensuring all aspects of people's health care needs were met.

Is the service caring?

Good

The service was caring.

Staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people mattered

Staff consistently supported people to try new experiences and were proactive and creative in the ways they did this to ensure

people's lives were fulfilled.

Staff supported people to make sure they were able to communicate their needs, feelings and opinions effectively.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service provided to people was extremely personalised and responsive and focussed on making people's quality of life as good as possible and all staff were fully engaged in this process. People were supported to set targets and personal achievements were celebrated.

People's care records were up to date, extremely person-centred and provided detailed information about the person's needs and preferences.

The service was flexible and responsive to people's needs and preferences and found creative ways to make sure people received the support they needed to enable them to lead individual and fulfilled lives.

Is the service well-led?

Good

The service was well led

Robust systems were in place to assess, monitor and improve the quality of the service.

Systems in place demonstrated that the service was constantly striving to improve and provided ways for people to voice their opinions.

Options The Thicket

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 June 2017 and the visit was unannounced. We spoke with relatives of people who used the service on 6 and 17 July. The inspection was completed by one adult social care inspector.

Due to the complex needs of the people who used the service which meant they could have experienced distress by being approached by a person unknown to them, we were not able to speak with them. However we spoke with relatives of all the people who used the service. We also spoke with the registered manager, the deputy manager and five staff members.

We looked at two people's care records and other records which related to the management of the service such as training records, audits and policies and procedures.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioners and the safeguarding team.

As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed prior to the inspection. This asks them to give key information about the service, what the service does well and what improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they were confident their family members were safe at The Thicket. One person told us their family member is "Absolutely safe there" and said that even though their family member was not able to verbalise any fears or unhappiness they would be able to let their relatives know if anything was wrong.

The registered manager and deputy manager told us any issues which might put people at risk would be referred to the local authority safeguarding team. This would include any medicine errors or any incidents between people who used the service. They told us they had not had any such incidents since 2015 when some medicine errors occurred and were reported appropriately.

We saw the service took safeguarding very seriously and had systems in place to make sure staff prioritised people's safety. In addition to safeguarding training, the service held workshops to make sure staff were fully aware of their responsibilities and what they should do if they thought anybody was at risk. This was followed up with discussions in staff meetings and individually through staff supervision.

Staff we spoke with were clear about what they would do if they had any concerns about people's safety. They told us they would not hesitate to report any concerns. A safeguarding file was available to all staff which included the service's own safeguarding policy, local contact numbers and explanations of different forms of abuse. People who used the service were provided with information about keeping safe and what to do if they were unhappy with anything in an easy read format contained within the service user guide.

Staff had a positive approach to risk taking and enabled people to live as full lives as possible yet understood how to balance this with people's safety. We saw detailed personal risk assessments were in place in relation to people's care needs as well as risk assessments for the environment and community activities.

Each person had a personal emergency evacuation plan (PEEP) in place which included an enhanced risk assessment to inform staff of exactly the actions needed to keep people safe in an emergency situation. The registered manager told us these were practiced during fire drills.

The service had robust systems in place for managing accidents, incidents and near misses. These were initially reported by staff through the 'Info exchange' system. The system then assigned the report to both the registered manager and the deputy manager who received the report through the computer system and through their mobile phones. This meant that even when the registered manager and deputy were not at the service they were able to review the incident and give advice as necessary.

When an accident or incident was reported on the system a full audit was initiated. This asked questions about if a body map was needed, what was the immediate outcome, what debrief was given to staff, who was witness to it, was medical advice needed, was it a safeguarding issue, who signed it off and what follow up actions were taken.

All accidents and incidents were reviewed and analysed at home management level, through management meetings and again at board level to look at why the incident had occurred, if there were any emerging themes and what could be done to prevent the incident re-occurring. The same systems were followed for accidents involving staff as well as people who used the service. This demonstrated the provider prioritised people's safety and continuously looked for ways in which any improvements could be made.

The registered manager told us staffing was arranged around the needs of the people who used the service. All people were supported on a one to one basis over the twenty four hour period within the service and on a two to one basis whenever they went out. Handovers were held at all shift changes to make sure staff were fully appraised of the needs of the person they were supporting.

Safe recruitment procedures were in place. Records showed that new staff were required to attend an interview, disclose their previous work history and qualifications, undertake a Disclosure and Barring Service (DBS) check, provide references, and prove their identity. Where there were gaps in a person's employment history, a statement was in place to explain them. We saw interview records were in place which provided evidence of how the provider assessed staff character and suitability for the role. All references were followed up to confirm their authenticity. The registered manager told us all DBS checks were updated on a two yearly basis. On appointment, staff were required to sign agreements in relation to confidentiality, use of images and use of mobile phones.
This demonstrated the provider had a robust approach to making sure newly appointed staff were suitable to work with vulnerable people.

We saw medicines were stored and managed safely. Each person had detailed information about their medicines within their health and wellbeing file. Where medicines were supplied in boxes rather than dosette cases, stock levels were counted each day to make sure they concurred with the amounts recorded as received and administered.

We saw information sheets for each medicine in use was in place to assist staff in understanding what the medicine was for and how it might affect the person.

For medicines given 'as required' (PRN), there was information about why medicines were used on a PRN basis and protocols in place to ensure they were used appropriately. For each administration of a PRN medicine, staff had to record why and at what time it was given and five minute observations of the person following administration to monitor the effects.
Staff administering medicines underwent annual competency checks.

Support workers were responsible for cleaning within the service. Where appropriate they worked with people who used the service to support them in domestic cleaning and laundry tasks.

Good

Is the service effective?

Our findings

Relatives told us staff were skilled and competent. One relative said "They do their upmost and their very best," whilst another said, "It isn't just the staff going to work, they really enjoy it and always go the extra mile".

The registered manager told us all new staff were required to complete the Care Certificate training. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. The registered manager told us that even staff who had previously completed the Care Certificate were required to do it again through the provider's own programme to make sure the content and delivery was to the provider's standards.

Newly recruited staff followed a comprehensive induction programme which included sixteen days of training. This was followed by an ongoing training and development programme completed by all staff. The service ethos and practice was promoted through workshops and staff meetings as well as one to one supervision sessions.

One staff member who was going through the induction process told us about their learning so far and praised the support and encouragement they were receiving.

All of the staff we spoke with told us they received very high levels of training and support and we saw this evidenced through the robust training programme which included essential training and training specific to the needs of the people who used the service such as SPELL (Structure, Positive, Empathy, Low arousal, Links) which is accredited by the National Autistic Society.

The registered manager and deputy manager told us about PRICE (Protecting Rights in a Caring Environment) which the deputy manager delivered within the service after being trained to do so by an external supplier.

We saw staff at management level followed a Leadership and Management Development Programme.

All of the staff we spoke told us that the high levels of training they received supported and encouraged them in their practice.

We saw all staff had a supervision agreement in place which detailed their objectives, responsibilities and confidentiality agreement. We saw within staff files, records of conversations which had taken place between staff and managers which were a recognition of good work.

We considered the arrangements for supporting staff from the comprehensive induction, through training specifically tailored to meeting the needs of the people using the service, regular supervisions and appraisals focusing on valuing staff performance, demonstrated a commitment to best practice and

supporting the people using the service.

In addition to staff based at the service the provider engaged a psychologist, a speech and language therapist and an occupational therapist. All of these professionals had input, where required into the care and support of the people using the service. Monthly reviews were held with the psychologist to discuss the needs of all the people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the DoLS, how they impacted on people and how they were used to keep people safe. The registered manager had notified the CQC of DoLS authorisations. We found the authorisation records were in order with least restrictive practice being followed.

Staff demonstrated a thorough knowledge of the MCA and a commitment to least restrictive and best practice. This was evidenced throughout the care records and in the way people were supported to make choices, in particular through the 'My Choice' meetings. The deputy manager told us these were held when staff thought the person would be particularly receptive to discussing their choices and whenever events such as birthdays or holidays were coming up as staff recognised the importance of people being able to make their own choices and decisions.

We saw audits of restrictive practice were completed on a quarterly basis. These audits looked in detail at any restrictions in place for each person using the service to make sure that the lowest level of restriction was in place to achieve optimum level of independence whilst maintaining the person's safety.

People who used the service each had a care file dedicated to their health needs.

We saw care files contained clear guidance for staff in how to meet people's assessed health needs. We saw people were supported to attend health appointments in community facilities as well as monthly reviews of their health needs being held within the service. These reviews included the input of the psychologist employed by the organisation.

The registered manager and deputy manager told us about the importance of maintaining good relationships with the health care professionals involved with the people who used the service as any issues with a person's physical health could directly affect their behaviours and abilities. Having clear and detailed care plans in relation to people's health, particularly where people were unable to verbalise how they were feeling meant that any deterioration would be quickly recognised and intervention sought in a timely manner.

A speech and language therapist was employed by the organisation for support and advice when this was required. Care records showed health care professionals worked collaboratively with the individual concerned and staff to make sure individual health care plans were developed, implemented and reviewed

People were supported to shop for and prepare their meals within their own flat. The service also had a poly

tunnel where people who used the service could become involved in growing a range of fruits and vegetables. We saw a number of meal suggestion cards which we were told were shown to people to enable them to make choices about what they would like to eat. To aid the decision making process people were offered a choice of two meal suggestions for each meal but this was not restricted if neither option appealed to the person at that time. The meal suggestion cards included a picture of the meal, the list of ingredients needed and the recipe to follow. This helped people understand the foods which went into the finished meal and promoted skills and independence by enabling them to be involved in the shopping, preparation and cooking of their own meals.

Each person lived within their own flat. We visited two of the flats and saw they were reflective of the preferences, interests and personalities of the people described within their care records. Flats included a small kitchen, living room, bedroom and bathroom. The registered manager told us people were encouraged and enabled to make choices about the decoration and furnishing of their flat and this was confirmed by the relatives we spoke with.

The service also provided a sensory room where people could go to relax, an activity room and a spa room with a hot tub. The spa room had a treatment couch which the registered manager explained was for people to enjoy therapeutic or beauty treatments provided by a visiting therapist. People had access from their flats to the garden areas and a large field to the rear of the property was also owned by the service.

Good

Is the service caring?

Our findings

Relatives of people who lived at The Thicket described a caring, supportive and enabling approach to care.

One relative told us the staff approach was "Very kind, sensitive and focussed" and another said that as a result of "excellent care" their relative was "a lot more settled and happier than (person) was before going to live there."

We found a commitment from staff to the values of the service of putting the person at the centre of all their support, promoting people's opportunities to make choices, experience new things and lead a fulfilled life where their rights were upheld at all times. Staff we met were upbeat and smiling and positive about their work.

In the meeting room which all people who used the service had open access to, we saw a 'One page Profile' for each staff member. This included a photograph of the staff member and information about the staff member, for example their interests hobbies and backgrounds. The registered manager told us people who used the service each had a 'One page Profile' to enable staff to get to know them better so felt it was appropriate for staff to have them to enable people who used the service to get to know staff. They told us one person in particular had demonstrated a real interest in the staff profiles.

We considered this to be a good example of the promotion of an inclusive approach in which therapeutic relationships between staff and people who used the service was encouraged.

A relative we spoke with told us that working with their relation was "very challenging and difficult" but told us staff were "particularly good at looking at different ways of supporting (name) always analysing what worked well and working to their strengths, always showing concern for (name) and always thinking about what is best for (person)".

Relatives told us they felt involved by staff. One person told us staff provided them with a weekly report about what their relative had been doing. They said they found this a very helpful way of feeling involved and were able to talk with their relative about what they had been doing.

Another relative told us that because their family member found it difficult to communicate using the telephone, the service had arranged for them to make Skype calls so they could maintain regular communication and contact in a way that met their relation's needs.

All of the care records we saw evidenced the ethos of care, support and encouragement of people. Care plans clearly demonstrated how staff supported people to retain skills and AQA's (personal achievements) showed how people were encouraged and supported in achieving skills which promoted their independence.

Staff demonstrated a respect for people who used the service in our discussions with them. An example of

this was the way in which they described how they supported a person with a particular, very private and sensitive need to make sure the person's dignity was maintained.

Outstanding ☆

Is the service responsive?

Our findings

The service provided to people was extremely personalised and responsive and focussed on making people's quality of life as good as possible and all staff were fully engaged in this process.

A relative we spoke with told us, "They put (name) at the centre of everything they do".

People's care records were up to date, person-centred and provided detailed information about the person's needs and preferences. They placed great emphasis on what people could do for themselves as well as describing in detail how they wanted staff to support them where they needed assistance.

Each person had an 'All about me' and a 'How to support me' file which had been drawn up with them and where appropriate their family had provided a clear picture of everything about the person. This included all aspects of their lives such as their life history, important relationships, communication, likes and dislikes, work, health, finances and social interests. This was provided in pictorial and easy read format. We found the level of detail provided was so comprehensive that had we been asked to support the person we would have been able to do so with confidence.

Care plans were in sections covering needs in areas including communication, social interaction, flexibility and imagination, sensory, daily life and occupation, challenging behaviour and independence and functional skills.

Each section was then further divided into three areas which prioritised people's skills and abilities and looked at areas of development, looked at what work could be done within the areas of development including positive risk taking and what the expected outcomes were and how staff would report these. Care records also included a 'Positive outcomes' file and a 'Pathway plan'.

Pathway plans looked at areas such as personal support, employment, family and social relationships, accommodation, financial needs and practical skills. Each area was then split into looking at what the person has now, what is needed and plans for future development.

Where people displayed behaviours that challenge, this was described within the 'Positive behaviour support profile' which looked at any possible pre-cursers or known triggers to the behaviour, the function of the behaviour, how to avoid problems and what staff needed to do if the behaviour occurred. This meant that all staff were aware of how to mitigate the risk of people experiencing upset or anxiety which resulted in behaviours that challenge but were consistent in their approach when this occurred.

We considered the terminology 'positive behaviour' for describing the interventions required for managing behaviours that challenge to be a demonstration of the ethos and commitment to promote encouragement and positivity to people who use the service.

Positive outcomes files included people's personal targets and weekly summary sheets to record which

parts of the target the person had met.

We saw examples of how people had been supported in achieving their targets. For example following an injury which caused one person to become very distressed for a long period of time, their mobility was affected in way which severely restricted their activities. Through a multi-disciplinary approach involving the psychologist, staff worked with the person to reduce their anxieties and meet their target of achieving the level of mobility they had prior to their accident.

Other examples included one person independently accessing the garden area and initiating use of the hot tub and another person independently using their kitchen to make their breakfast and drinks and clearing away afterwards.

Another person who for a long time was unable to interact with staff or make any eye contact has now, through patient and consistent support from staff, achieved both of these targets.

For the people concerned these were significant achievements which enhanced their lives and were as a result of continuous support and encouragement from staff.

Daily reports were very detailed and included a record of what the person had done that day, what skills they had shown and what they had achieved during the day.

A skills portfolio with a daily monitoring sheet for each person had recently been developed and introduced. This detailed the skills the person had and what they were working to achieve. Staff were being supported in the completion of these sheets to help them understand the importance of the completion of the daily monitoring sheets and how they would use the information to incorporate into people's individual plans.

We saw personal achievements were celebrated with certificates awarded.

An example of an achievement for which a certificate was awarded was of a person who had lived with severe anxiety for a long period of time which had resulted in them being completely reliant on staff to meet all of their needs. Staff had worked with this person in lowering their anxiety levels and building their confidence. This had resulted in the person being able to go into their kitchen and make a cold drink. Staff told us this person has retained this ability and support was on-going to build on their confidence and skills.

This showed the service was continually committed to supporting and encouraging people to achieve their personal goals and therefore increase their level of independence and confidence in a way that would enrich their lives.

Care records further demonstrated the approach of positivity and encouragement through sections entitled 'Dreams and Aspirations' and 'Support my flexibility of thought'.

Further examples of the commitment to person centred care was evidenced within the 'My daily report log' and person centred planning meetings. The 'My daily report log' stated 'This book contains my daily records. Before you support me, make sure you read my care file and information so you know what best to do. I have a programme which will tell you what I should be doing each day. I have skills and AQA's (personal achievements) that I am working on. Please read these and help me achieve my goals".

The deputy manager described the six monthly person centred planning meetings for each person as involving "Everyone in their personal circle of support." This included family, health care professionals and

day and night staff from the home. The deputy manager told us they were trying to find ways to make the meetings something the people who used the service wanted to attend to make sure they were the main focus of the meeting. The meetings revisited choices the person had made in relation to activities, meals, transport and to check they were happy with the service.

All of the relatives we spoke with confirmed they were involved in reviews and all had been involved in the care planning and review process.

Each person had a weekly activity programme which they had developed with staff to detail what they had chosen to do with their time. The programme was broken down into half hourly intervals so that people and staff knew exactly what they would be doing and when. For the people who attended day centre, the weekly programme of their activities at the day centre was also included so that staff knew what they would be doing at the centre as well as at home. This helped staff support people in preparing for their day. For example, getting equipment ready if swimming was on the person's programme for the day centre.

A relative we spoke with told us their family member "has a choice of what they want do, (person) is encouraged to try new things".

The registered manager told us people went out with staff with staff at least six days of the week, sometimes seven and often more than once each day. Some people had their own cars which staff drove and another car was provided by the service.

The deputy manager told us that although people sometimes needed set times for going out and liked to visit familiar places, people were gently encouraged to try new experiences. For example; going to do familiar activities but in a slightly different location. An example of this would be visiting a park but in a different area.

This approach demonstrated staff's understanding of the needs of people who used the service and encouraged and supported people to visit new locations whilst maintaining some familiarity which meant people's anxieties could be reduced.

We saw whenever people went out; staff supporting them took along a camera so that photographs of the outing could be used within a weekly resume of what the person had done that week and when planning future activities to assist the person in making choices.

The registered manager told us that for several years staff had tried to organise gatherings and outings involving all of the people who use the service. The registered manager said these had not always been successful due to individual service users' anxieties relating to socialising. However through continued encouragement and support from staff, people had recently enjoyed a barbeque in the garden where they had engaged with each other for a period of time.

This positive outcome was as a result of staff working with people to manage their anxieties and photographs were taken of the event to celebrate people's achievements.

The deputy manager told us the provider supplied each person who used the service with twenty five pounds per week leisure money to support their activities. A further one thousand pounds was provided annually for people to use toward a holiday. The registered manager told us this money was taken from revenue from fees charged.

The deputy manager showed us pictures they used to support people in making choices about holiday venues. Examples of holidays taken were short breaks at Blackpool and Lightwater Valley. The registered manager told us that before any holiday was arranged a full risk assessment of the venue was undertaken. This included an assessment of the accommodation and the surrounding area. Staff also checked the availability and location of medical support in the area.

One relative told us their family member had not been on holiday as they might struggle with a period of time away from familiar surroundings. However they said staff had supported the person to take day trips of their choice. We checked with the registered manager who told us this person had been provided with the thousand pounds to go towards their days out.

All of the relatives we spoke with told us they felt confident that if they had any issues, they would be looked into and responded to appropriately.

One person said "Management are very responsive to any questions or concerns we have, it's a two way thing. We are delighted with the place."

Good

Is the service well-led?

Our findings

When we asked people about the management of The Thicket they told us, "It is a very well run, very happy environment" and "The management have made it a very good place for (relative), they always go the extra mile."

Staff we spoke with told us the registered manager and deputy manager were very supportive and provided good leadership.

We saw the registered manager and deputy manager worked together to provide leadership, support staff and continuously audit the quality of service in order to affect improvement.

A number of systems were in place to assess and monitor the quality of the service on a daily, weekly, monthly, quarterly and six monthly basis. This included analysis of accidents and incidents, audits of staff training, supervision and support and audits of care records. Audits and review of care records and risk assessments was supported by a system in place to alert when each document was due for review.

The registered manager completed a weekly walk around of the home and recorded any issues. These were then sent to the operations manager and given to the maintenance man so that any immediate action could be taken.

A relative we spoke with told us the provider had not acted as quickly as they would have liked with an environmental issue that was causing distress to their family member. They told us it had taken a year to resolve the issue. When we spoke with the registered manage about this they told us this was due to the need for thorough risk assessments and the involvement of such as the fire authority to make sure the work on the environment was safe.

We saw the operations manager visited the service on a monthly basis during which they made a check of the quality assurance systems.

A further comprehensive audit of the service was completed twice each year by a compliance officer from within the company. This audit looked in depth at a large range of areas including care records, staff records, staff knowledge and understanding of risks and safeguarding, nutrition, social, leisure, cultural, ethnic and religious needs of people using the service, health and safety, dignity, environment and medicines management.

Restrictive practice audits were completed on a quarterly basis to make sure any restrictions in place were of the lowest level possible.

All audits were followed up with an action plan which was kept up to date and clearly evidenced all actions taken.

The opinions of people who used or were involved in the service were sought through four surveys each year. Two were for staff to comment on the training, resources and support they received, an easy read version was used for people who used the service who were supported to complete them at my choice meetings and one was for relatives and professionals involved in the service.

Surveys completed by people who used the service were followed with individual action plans and the registered manager told us they responded directly to relatives.

Monthly service governance meetings were held with a summary of the meeting produced.

We saw staff meetings were held twice each month. Minutes and action plans were available from each meeting and all staff were provided with copies.