Spout House Support Services Ltd

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Inspection report

Bay Horse
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Ratings

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

Overall summary

This unannounced inspection took place on 16 July 2015.

Spout House is a care home registered to accommodate up to five people who have a learning disability and, or living with mental health conditions. The home is set in a rural location. All bedroom accommodation is for single occupancy. The service aims to provide an environment that encourages people to maintain and extend their existing skills and abilities. People are encouraged to maximise their potential and enjoy a positive lifestyle suited to their needs and choices. There were five people living at the home on the day of inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 service was last inspected 10 September 2013. We identified no concerns at this inspection and found that the provider was meeting all standards that we assessed.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Robust recruitment procedures were in place to ensure staff were correctly vetted before being employed.

The registered manager had suitable systems in place to store medicines. Medicines were administered in a person centred way and the provider had developed processes to allow people to have choice as to when they wished to take their medicines.

All people had a detailed care plan which covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Records showed there was a personal approach to people's care and they were treated as individuals. The provider encouraged people to remain independent and also build new skills. We found people were involved in decisions about their care and were supported to make choices as part of their daily life.

People were supported to live active lives within their community.

Staff were positive about their work and confirmed they were supported by the manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

The registered manager had developed and maintained appropriate systems to ensure quality and safety of service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People who lived at the home told us they felt safe. The provider ensured there were appropriate numbers of suitably qualified staff on duty to keep people safe.

Processes were in place to protect people from abuse. The provider had robust recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

The provider had suitable arrangements in place for storing, administering, recording and monitoring people's medicines.

Is the service effective?
The service was effective.

Good

Staff had access to on-going comprehensive training to meet the individual needs of people they supported. The registered manager was proactive in managing training needs as they arose.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People's nutritional needs were met and managed on an individualised basis and people were encouraged to participate in making their own meals to promote independence.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

Is the service caring?
Staff were caring.

Good

People who lived at the home were positive about the staff who worked there.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?
The service was responsive.

Good

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

People received individualised support to enable them to carry out activities of their choice. Records evidenced that people were encouraged to live valued lives and engage with the community.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager had good working relationships with the staff team. People who lived at the home spoke positively about the management team, the staff and the support provided.

The registered manager actively sought and acted upon the views of others.

There was a strong emphasis on promoting independence and providing a high quality service. Staff were committed to this vision and acted in a way to promote the aims and objectives of the service.

Spout House Support Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Heath & 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 16 July 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Information was gathered from a variety of sources throughout the inspection process. We spoke with four staff members at the home. This included the registered manager, and three staff responsible for delivering care.

We spoke with three people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of the people who lived at the home.

We also spoke with one relative and two health care professionals to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files belonging to three people who lived at the home and recruitment files belonging to three staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home to assess the environment to ensure that it was conducive to meeting the needs of the people who lived there. We asked people who lived at the home for consent to enter their private bedrooms. During the inspection we received consent from one person to view their room.

Good

Is the service safe?

Our findings

We spoke with three people who lived at the home. They told us they liked living there. One person said, “I didn’t cope living on my own. I am safe here.” Another person said, “This is my home. I am never leaving.”

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home.

People who lived at the home were complimentary about staffing levels and said that there was always enough staff on duty to help them when requested. One person said, “There’s always plenty of staff when you need them.”

There were two staff members on duty throughout the day of the inspection. During our observations we saw staff were responsive to the needs of people they supported, providing care and support or engaging in activities. On the day of inspection staffing levels allowed people’s needs to be met in a timely manner and we observed staff responding to requests appropriately.

We looked at staff rotas, throughout the day staffing levels varied between two to three staff. Rotas demonstrated that extra staff were provided to meet the needs and wishes of the people who lived at the home. Extra staff were drafted on shift when people required additional support in the community.

We spoke with staff members about staffing levels at the home. Three of the four staff were happy with the long day shifts and said that this promoted consistency in care provision. All staff said staffing levels were good and there were always enough staff on duty to meet the needs of the people who lived at the home. Staff explained that staffing levels were flexible and additional staff members could be requested if necessary and were confident this would be provided.

We looked at how medicines were managed within the home. We saw people's medicines were checked and confirmed on admission to the home by a member of staff and the pharmacy representative. Where new medicines were prescribed we saw evidence the medicine records had been amended to ensure medicines were administered as prescribed.

Medicines were stored securely within a medicines cabinet in the staff office. All medicines that were suitable to be blister packed were dispensed into pods by the pharmacy. PRN medicines were stored in the original boxes. PRN medicines are medicines prescribed to be used on an “as and when basis”. We observed one person was responsible for holding the keys for the locked cabinet at all times. Storing medicines safely helps prevent mishandling and misuse.

We found best practice for administering medication was consistently followed. Staff told us they were trained to administer medicines and they were confident in administering them. Training records confirmed that staff had received training within this area.

We noted documentation from the registered manager that showed audits of medicines administration processes had taken place. The registered manager had acted on concerns when standards in signing for medicines had been identified. This showed the registered manager acted in a timely manner to improve the standards of administering and recording of medicines.

We observed medicines being administered to three people. These were administered at times to meet individual needs. We observed people coming to the office and asking for their morning medicines. To ensure they were appropriately spaced staff recorded each day what times these were given.

We observed staff ensuring that the person took their medicines before signing for it. There was a poster on the medicine cabinet door, reminding people to “Dot and pot” medicines before administering them. This enabled staff to double check that the medicines being administered matched with what was documented upon the medication administration record, (MAR) sheet. This helped minimise the risk of people being administered incorrect medicines.

We checked two people’s medicines records from the current month’s medicine cycle. We noted there were some blank spaces on one person’s MAR sheet. We were advised that spaces were left unsigned when a person had not taken their medicines. One person frequently refused their medicines. The staff member said a team of people had assessed this person’s capacity and it was deemed this person had capacity and as such had a right to refuse taking their medicines. Staff were aware of what actions to take should this person continue to refuse. Care records belonging to the individual also noted when these were refused.

Good

Is the service safe?

The provider had clear systems in place for managing other PRN medicines. A staff member confirmed before PRN medicines were administered, a senior manager was contacted to seek authorisation to ensure that the medicine was being prescribed as per protocol and not being misused. A PRN chart was available for all staff to refer to upon the office wall. This gave staff instruction as to whether or not PRN medicines could be administered at that time. PRN medicines also required a second signature from another member of staff. PRN medicine arrangements were detailed in the person's care plan.

People who lived at the home were safeguarded from abuse as the provider had systems in place to ensure people were kept safe. Two of the people who lived at the home demonstrated some behaviours which challenged the service; these behaviours could put themselves, other people who lived at the home and staff at risk of injury. On the day of the inspection we observed staff using walkie-talkies to communicate with each other when one persons' behaviours changed. This allowed staff to communicate and respond with each other immediately to keep other people who lived at the home and other staff safe.

Another staff member we spoke with told us there were clear systems in place to keep people safe and to prevent people from being harmed by other people who lived at the home. We were informed the environment in the home was designed so people could be kept safe should someone start to demonstrate behaviours which challenged the service. Staff were aware of protocol and what to do to keep people safe in such instances.

We saw evidence in care records that assessments and risk management plans were in place for managing people's behaviours which challenged. Plans were detailed and were regularly updated after incidents had arisen. These plans had been developed with input from a multi-agency approach. We saw evidence that a community nurse had been communicated with in a timely manner as one person's needs had changed. The community nurse informed us that they were kept up to date and conferred with when the provider needed advice and support.

Daily records belonging to one person who lived at the home demonstrated the individual had recently experienced an episode of ill health. This had resulted in a change of behaviour. Records showed the registered manager had assessed the training needs of staff and provided training to enable staff to meet the person's needs safely. This promoted the safety of both the person who lived at the home and the staff employed to work with the individual. The registered manager was aware that staff may need further training in this area and had liaised with the commissioners of the service to seek out additional training.

Staff told us they were not trained to restrain people and this would only be used as a last resort. Staff confirmed that they had received some training to use breakaway techniques and the registered manager was currently liaising with the local authority to try and source some physical intervention training.

Staff spoken with confirmed they were involved in developing the care plans alongside the individual and were aware of individual needs. Staff felt confident to provide suitable care and support, whilst respecting people's dignity and protecting their rights.

The home had policies and procedures in for place dealing with allegations of abuse. Staff told us they had completed safeguarding training and the training records we looked at confirmed this. Staff were all able to describe the different forms of abuse and were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. One staff member said, "If I thought someone was being abused, I would speak to the person. I would make notes and report it to my manager. If it wasn't taken seriously I would go higher." In our discussions staff told us they were aware of the home `s whistle blowing policy.

Our systems showed that since the last inspection in September 2013 a safeguarding alert had been raised in relation to one of the people who lived at the home. We asked the registered manager about this incident and we were shown evidence that the registered manager had taken appropriate action to deal with the concerns raised. Records showed the registered manager had thoroughly investigated the concerns raised and liaised with the safeguarding team from the local authority. This demonstrated that effective procedures were in place for protecting people from potential harm or abuse.

We looked at recruitment procedures in place at the home to ensure that people were supported by suitably qualified and experienced staff. To do this we reviewed three files belonging to staff at the home. Staff records demonstrated

Good

Is the service safe?

that the provider had robust systems in place to ensure that staff recruited were suitable for working with vulnerable people. We noted that the provider carried out full pre-employment checks before a person commenced work. This included keeping a record of the interview process for each person and ensuring that each person had a documented full employment history. There was also evidence that references were applied for and received prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed that she was subject to all the checks prior to being offered employment at the home.

As part of the inspection we looked around the building to ensure that it was clean and appropriately maintained. We also looked in one person's bedroom.

We found communal areas were clean and tidy. There were no odours within the house and on the whole it was appropriately maintained. We did however identify the hall and stairs carpet was in a poor state of repair and needed replacing. We spoke with the registered manager about this and they said they had already started getting quotes to replace this. We noted evidence in the daily communication book that a contractor had visited to give the provider a quote.

We found equipment in use was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Portable appliance testing and fire appliances had also been checked by external agencies.

The provider had systems in place for ensuring people's safety by ensuring that all fire equipment was fully operational. Records showed that the staff at the home carried out weekly fire alarm checks. Staff carried one out whilst we carried out our inspection, advising us that they carry them out weekly. Once the check had been completed the staff completed documents to evidence it had taken place.

The provider ensured peoples safety at the home by carrying out regular risk assessments of the environment. There was evidence that the registered manager reflected and learned from accidents and incidents. We noted a record in the communication book asking staff not to purchase or use automatic spray air fresheners as these had made the floor slippery and had contributed to staff slipping on the floor in the bathroom.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a central record of all accidents and incidents that occurred for staff and people who lived at the home. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. We noted that staff members on shift at the time of the accident were responsible for completing the forms.

Good

Is the service effective?

Our findings

All of the three people we spoke with told us the care provided was good and they were happy with the care. One person said, "I am more than happy here."

One health care professional we spoke with said the provider was working consistently to provide a good service to a person who had behaviours which could challenge. They reported that any recommendations made to the home were actioned. This led to effective service delivery for the person.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Whilst undertaking the inspection we noted people were free to leave the home at their own will. We observed two people going out alone to carry out hobbies and interests. We observed no restrictions in place to limit people's freedom.

The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the act should be, and is not, implemented then people are denied rights to which they are legally entitled.

We spoke with the registered manager to assess their knowledge of DoLS. The registered manager told us that all staff including themselves had completed DoLS training. Both the registered manager and the staff we spoke with had a good knowledge of the MCA. The registered manager said people's capacity was assessed when people were admitted to the service and acknowledged that capacity can fluctuate.

We spoke with a member of staff who demonstrated they had awareness of the need to assess capacity and the importance of respecting a person's decision when that person had capacity. The staff member said, "We have tried speaking to [person using the service] about their [medical condition] but the person has capacity, so there is nothing much we can do, apart from try to advise and monitor it." Another staff member said, "If someone doesn't have capacity then decisions need to be made on behalf of that person. People make decisions in the best interests of that person." This demonstrated that staff were aware of their limitations of their role when people had capacity.

We spoke to staff about supervision. Staff told us they felt they had enough direct contact with the senior managers to deal with any concerns when they arose. One staff member said, "I am constantly being supervised. I always work with a senior. If I am doing something wrong they will tell me there and then. If I am not confident I can always go to them and ask for help." All staff said they were happy with the arrangements in place.

We saw evidence of staff being supported to develop their skills within the organisation. We observed training certificates that showed one staff had received a promotion to a team leader and the organisation had supported the staff member to complete a qualification in team leading. Other staff told us that they had been supported by the provider to obtain qualifications within their employment and that training was provided on an ongoing basis.

We looked at induction documents relating to staff members to ensure that staff were equipped with the necessary skills prior to them working unsupervised. Induction plans in place for staff were comprehensive and included information relating to people who lived at the home as well as processes and policies and procedures. Induction topics included fire safety procedures, on call procedures, confidentiality and hygiene at the home.

We spoke with the most recently employed member of staff; they confirmed they had undertaken a period of shadowing at the beginning of their employment. The staff member said they completed a four week induction and ongoing support and supervision was provided on a daily basis by senior members of the staff team. The member of staff said they were not permitted to carry out tasks unsupervised until the registered manager deemed them as competent to do so.

There was a training and development programme in place for staff, which helped ensure staff had the skills and knowledge to provide safe and effective care for people who lived at the home. Each staff member had a personal development plan in place which detailed the training they had received to date, and future training requirements. We

Good

Is the service effective?

looked at training records for two members of staff and noted that all training listed on the training schedule was up to date. Another staff member we spoke with confirmed they were currently undertaking training again as it had recently expired.

The registered manager said the training needs of staff were managed by an on line external training company and confirmed that staff training needs were regularly reviewed. The registered manager said staff were expected to complete training set out by the external trainer. Following the training staff then completed a competency audit which was assessed by the external training agency to ensure that staff had the required knowledge following the training. One staff member told us they had to take an exam at the end of each training module to demonstrate they had learned from the training and as a means to identify other training needs.

All members of staff we spoke with told us that they regularly received training. One staff member said, "I'm fully supported by the manager. My manager has just registered for me to complete an NVQ." (Now referred to as a QCF, qualifications and credit foundation.)

Personal development was encouraged by the provider. We noted that one member of staff had been promoted within the organisation. In order to equip this person with the correct skills to carry out their role, the registered manager commissioned extra training for the person. Another staff member confirmed that ongoing personal development was encouraged by the management team.

People we spoke with said the food provided was good and had no complaints. One person said, "The food is good." Breakfast and lunch time were flexible. We observed people getting up at their own will during the morning and helping themselves to breakfast. At lunch time people were encouraged to make their own lunch and were offered support to do so. One person told us, "Lunch was good, thanks. I had spaghetti. I made it myself. I've got the hang of the microwave now."

The registered manager said people who lived at the home were involved in choosing the evening meals. If a person did not like what was on offer an alternative would be given. Staff were aware of people's likes and preferences and accommodated these when cooking. People who lived at the home were involved in cooking the evening meals. On the day of inspection we observed one person in the kitchen making the evening meal with a member of staff.

People had the freedom to enter in the kitchen to get drinks and make snacks. We observed people being offered drinks throughout the day.

One person who lived at the home had specific dietary needs. Staff told us they understood the individual's requirements and adapted menus accordingly to suit the person's needs and preferences.

Individual care files showed that health care needs were monitored and action taken to ensure optimal health was maintained. Records were kept of all health professionals input. We noted staff were proactive in managing people's health and people who lived at the service had regular appointments with general practitioners, dentists, chiropody, specialist health practitioners and opticians. One person who lived at the home informed us they had recently had their medicines reviewed by a health professional as staff had been concerned that their medicines were affecting their health and wellbeing. People also had access to health promotion services as a means to promote health and wellbeing.

Good

Is the service caring?

Our findings

All staff at the home had worked there for a significant time and knew the individuals well. Staff spoke fondly of the people who lived at the home and showed a commitment to each person. One member of staff said, "I miss it when I am not here."

The relative we spoke with described the staff as "Approachable, patient, caring and down to earth. They said, "They have the patience of saints."

A health professional we spoke with confirmed staff were committed to the people who lived at the home. They told us staff displayed perseverance when working with people who displayed challenging behaviours.

We observed positive interactions throughout the inspection between staff and people who lived at the home. On one occasion we observed one person who lived at the home becoming distressed. Staff responded immediately to diffuse the situation. They spoke with the person in a calming manner and offered suggestions as to how to distract from the situation that was causing the distress. The staff member showed patience and a good knowledge of the individual and was empathetic to how they were feeling.

On another occasion one person was talking about events that had occurred in their life which made them upset. The staff member listened carefully, providing reassurance and comfort to the person when required.

We observed general interactions between staff and people who lived at the home. Staff were respectful and were aware they were working in someone else's home. We observed staff seeking permission from people before carrying out tasks on their behalf.

Staff were aware of people's likes and dislikes and engaged in conversation with people about their interests. Staff showed a good understanding of the individual choices and wishes for people within their care. We observed staff laughing and joking with people and people looked comfortable in the presence of staff.

Records showed that staff were patient but equally persevering. One person who lived at the home had disengaged frequently from staff support but records showed that staff constantly strived to find ways to encourage this person to engage in support.

Throughout the day we observed staff enquiring about the comfort of people who lived at the home. Staff routinely enquired to ask people if they were ok.

We observed staff responding in a timely manner when people asked for assistance. One person who lived at the home asked for some support when they first got up. The staff member explained they were just in the process of completing a task. They apologised but then promised they would attend to their needs immediately. The staff member kept their word and went to assist the person after finishing the task.

We did not see any visitors at the home on the day of inspection. The registered manager said most people who lived at the home did not have regular visitors but there was an emphasis on people keeping in contact with relatives and friends. On the day of inspection we observed one person on the phone to a family member. A staff member on duty said this person had regular contact with family by telephone and this was actively encouraged. The person told us they spoke with their relative daily. One relative we spoke by telephone with confirmed that whenever they visited they were made welcome by the staff and people at the home.

People at the home had access to advocacy services if they so wished. We were informed by staff that one person who lived at the home was a self-advocate. We also noted a poster on the wall in a communal area highlighting an advocacy service and the telephone number. Staff were aware of the role of advocacy and its importance within services.

Privacy and dignity was maintained at the home. We observed one staff member prompting a person who lived at the service to adjust their clothes to protect their dignity. The staff member suggested that the person pulled their top up and they laughed and joked together about the situation.

People who lived at the home had locks upon their bedroom doors. Staff did not enter rooms without prior permission from the people themselves. One person told us, "My bedroom is private; no one can come in unless I say so. I like it like that." Staff were aware of the need to maintain confidentiality of people who lived at the home.

Daily communication logs between staff demonstrated that staff were keen to protect people's privacy and dignity. On

Good

Is the service caring?

the day of inspection we observed a staff member asking a person who lived at the home if they would like support to open and read a letter that they received. This showed that staff respected people's privacy and right to confidentiality.

Good

Is the service responsive?

Our findings

We looked at care records belonging to three people who lived at the home. Care records clearly detailed people's likes and preferences and there was evidence people were involved in contributing to care plans and care delivery.

Care records were individualised according to each individual's needs. The registered manager told us because of the nature of one person's needs, their care plan differed due to the amount of information held about the person and the number of people contributing to the plan. On the day of inspection we noted the registered manager was in the process of updating the plan in conjunction with another health professional as the individual's needs had recently changed. We spoke with the health professional who confirmed that the registered manager proactively consulted with them when the individual's needs changed so the care plan could be updated. This showed the home had responded to the person's changing care and support needs and sought timely advice as appropriate.

Care plans were comprehensive and included actions. Staff were responsible for completing the actions and a date by which they were required to be completed. There was evidence that when actions were completed, care plans were updated.

For people whose needs did not change regularly, reviews were held at least annually. Records showed the person was involved in the care plan review and was actively encouraged to participate.

People who lived at the home were allocated a named member of staff known as a key worker. This enabled staff to work on a one to one basis with them and meant they were familiar with people's needs and choices

Care records were comprehensive and up to date. The registered manager had introduced a system for auditing care records. Keyworkers for each person highlighted significant information which was then themed and added into care plans. For instance any positive changes within a person's behaviour were highlighted in one colour. Health appointments were highlighted in another colour. This made historical information easy to find. Any concerns were then relayed to the registered manager for further action.

People's hobbies and interests were supported on an individual basis. Each individual who lived at the home had nominated one to one support time to enable them to carry out activities. The registered manager said rotas were prepared to meet people's needs. They explained, "Rotas are not completed too far in advance as we need to be flexible to meet people's needs." The registered manager said that rotas could also change at short notice if people's needs change.

We spoke with people who lived at the home. They were all happy with activities on offer. One person who lived at the home said, "I am active here. I go out to Garstang. I like going out for lunch." Another person who lived at the home had gone out for the day to work. We also noted another person going out for the day and left the home of their own accord.

People's hobbies and interests were person centred and we noted a weekly planner upon the wall in the office which detailed everyone's hobbies and interests and activities for the week. There was a note on the activities planner that reminded staff that this was just a guide and people should be offered alternative choices. This showed that support was flexible and person centred. The planner showed people had the opportunity to have cultural needs met by attending church and there was encouragement for people to undertake jobs and hobbies.

Daily records confirmed the provider placed an emphasis on encouraging people to be active and be part of the community. Two people who lived at the home had limited social networks and relationships and this was identified within the care plans. There was evidence the staff persistently tried to address this. One staff member said, "[person] doesn't like to go out but we try all means to get them to go out." Another care plan demonstrated that staff were being creative as a means to increase the social networks of one other person who lived at the home as the person had expressed a wish to find a partner. During the inspection we also overheard a staff member talking to another person who lived at the home about organising a date to go and register for the local college.

There were no organised group based activities going on within the home due to individuals preferences. We noted however board games were stored in one of the lounges and were easily accessible to people.

Good

Is the service responsive?

People who lived at the home were encouraged to contribute to household chores. We observed one person involved in cleaning the bathroom. The person said, “This is my job, I clean the bathroom every Thursday.” We also observed one person cooking tea. A staff member explained that people took it in turns to cook evening meals. One person who lived at the home had expressed dislike at having to cook meals. The staff team had listened to the person and realised that the person found it difficult to stand for long periods of time. Consequently, the staff had listened to these views and agreed that this person did not have to cook but allocated the person another task which they could comfortably carry out.

People who lived at the home said they had no complaints about the service. The relative we spoke with also said they had never had to complain about any aspect of the service. The registered manager told us the staff team worked very closely with people and any comments were acted upon straight away before they became a concern or formal complaint. The service had a complaints procedure which was made available to people they supported. The registered manager was aware of their responsibilities to inform CQC of any complaints if they arose. A complaints log was kept by the registered manager to log any complaints in if they occurred.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for a significant number of years. The registered manager was well respected by both the people who lived at the home, staff and health professionals who were linked to the home.

One staff described the manager as a "good manager" who was approachable and willing to listen. Another staff member said that they were always supported by the registered manager. Another staff member said, "The management here is very good. The team leader is brilliant."

People who lived at the home also praised the registered manager. One person described the registered manager as kind. Observations from those that had limited communication showed people were comfortable around the registered manager and placed trust in them. We observed people approaching the registered manager and asking for help with tasks.

Records demonstrated there was a low turnover of staff which ensured people who lived at the home benefitted from consistency of care staff. Staff personal files confirmed that three of the staff employed had worked at the home for a minimum of five years. The newest member of staff had been employed for over a year.

Staff told us formal team meetings and supervisions did not take place. Staff said that because the team was so small and because of the needs of the individuals they could not hold formal meetings. However we noted that this was addressed informally between the team. The team had a communication book which was used to signpost people to look at people's files if there were any changes to peoples' needs. When actions were required from staff the book gave direction and staff were asked to sign to demonstrate they had read it. Staff told us they were satisfied that communication between them at this formal level worked and it was evident within the communication book that it did.

We observed notes in the communication book from the registered manager to all staff offering praise and support when staff had achieved good work. One staff said that this was well received and motivated them.

The registered manager said they were supported by the registered provider as they visited the home on a daily basis. The registered manager said they could therefore raise any concerns with the registered provider when they arose in order to deal with them efficiently.

Staff had shared values and placed an emphasis on building independence skills with people who lived there. One staff member said, "We aim to build people's independence skills to enable them to move on. The only problem is that people like living here and don't want to move on. They see this as their home for life."

The atmosphere of the home was warm and welcoming and team work played an integral part in the running of the home. Staff said team work was good between all staff and that this was due to them being such a small team. One staff member said, "If anything goes wrong we just get on with it. As long as everything is done and the residents are happy that's all that matters,"

There was an open culture within the home. We noted evidence of one staff member approaching the registered manager to discuss issues with their own performance as they had reflected on their own actions and deemed that they had been inappropriate at that time. The registered manager worked with this staff member and organised extra support for them. This open culture allowed staff to reflect on performance and improve through support and advice from other work colleagues.

Documentation demonstrated that there were clear lines of accountability at the home and staff were all aware of their roles and responsibilities. There was also good communication between staff members which enabled tasks to be completed quickly and proficiently. We saw evidence that tasks were carried out in a timely manner. For instance we noted hand gels were ordered straight away once there had been an identified need that they were running low. Faults to equipment within the home were reported and remedied immediately.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records reviewed showed the service had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and as well as checks on infection control and

Good

Is the service well-led?

general housekeeping. We looked at completed audits during the visit and noted where improvements were required the registered manager acted upon this information.

We asked the registered manager about residents meetings. The registered manager said they used to hold residents meetings but they often caused conflict. Consequently people who lived at the home expressed a wish to no longer hold them. People who lived at the home said they were happy with the way the home was run and confirmed that they were consulted with regularly about the way the home was managed. Staff said, “We work to avoid conflict between residents on an informal basis.” And, “We speak to people about things that affect them as and when required.”