Royal Mencap Society

Royal Mencap Society - 7 Eggars Close

Inspection report

7 Eggars Close
Alton
Hampshire
GU34 2UX

Website: www.mencap.org.uk

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11 April 2016
13 April 2016

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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

Summary of findings

Overall summary

We carried out an unannounced inspection of 7 Eggars Close on 11 and 13 April 2016.

7 Eggars Close is a residential care home providing accommodation and support for four people with learning disabilities in a residential area of Alton in Hampshire. At the time of our inspection four people were using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a 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 is required by a condition of its registration to have a registered manager.

People's relatives told us that they felt their loved ones were safe at the home. People were supported by staff who had been trained in safeguarding and were able to recognise signs of abuse. The provider ensured that safeguarding policies and procedures were in place and kept up to date.

Risks affecting individuals had been identified, and measures put into place to protect them from harm. People's risks were assessed and regularly evaluated by people's key workers to ensure they remained current. A key worker is a named member of staff that is responsible for ensuring people's care needs are met. Environmental risks were regularly reviewed and documented and personal evacuation plans were in place to ensure that people were kept safe in the event of an adverse incident such as a fire. Equipment and utilities were serviced regularly, and internal health and safety checks protected people and others from potential risks in the home.

There were enough staff to meet the needs of the people living at the home. Recruitment procedures were in place to ensure that people were protected from the risk of employment of unsuitable staff. New staff undertook a period of induction which included mandatory training. This was followed by a period of working alongside more experienced staff and observation from the registered manager, to ensure that they had the necessary skills and confidence to fulfil their role.

People were protected from the unsafe administration of medicines because staff had received training to ensure that medicines were administered, stored and disposed of correctly. Staff had their competency to administer and manage medicines assessed by the registered manager annually.

The provider had a programme of mandatory training to support staff to fulfil their roles and responsibilities safely and effectively. The registered manager kept an overview of when this was due to be refreshed for each member of staff, to ensure it was kept up to date. The registered manager carried out observations to ensure that she was satisfied with people's skills in certain areas and ensured they had further training if necessary. Permanent staff were supported in their roles through regular supervision and appraisal, while

they and the registered manager provided guidance and support to bank relief and agency staff.

People can be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People, where possible, were supported to make decisions about their care and treatment. Where people lacked the capacity to agree to the restrictions placed on them to keep them safe, the provider had made the appropriate DoLS applications to the local authority. Staff had a good understanding of the Mental Capacity Act 2005 and were able to talk about it in the context of the people living at the home. Records confirmed that procedures had been followed to ensure that decisions about people's care had been made in their best interests.

People were supported to have enough to eat and drink and staff encouraged people to have healthy diets. People were offered choices and made their own decisions about what they wanted to eat and drink and looked forward to and enjoyed mealtimes.

People were well supported to maintain good health and have access to healthcare services. Staff were observant and quick to identify potential concerns, promptly engaging with other healthcare agencies and professionals to ensure people received the support they needed.

Staff demonstrated that they knew and understood people's wishes and preferences. People and their relatives were happy with the care provided and we observed interactions between staff and people which were warm and encouraging. Time and effort was invested by staff to build close relationships with people and to understand their needs. In turn, people were relaxed and comfortable in the company of staff.

People's independence was promoted and they had their own individual goals and steps to achieve them, which were regularly reviewed. This helped ensure that people had continuous opportunities to develop new or existing skills. Staff were proactive in seeking out opportunities for social activities which people would enjoy. When people didn't want to take part in things, their wishes were respected. People were encouraged to lead full, active and rewarding lives and to make choices for themselves, such as what they wanted to eat, what they wanted to wear and how they wanted to spend their day. Staff were able to identify and discuss the importance of maintaining people's respect and privacy and described how they ensured these.

People had thorough care and support plans which were individualised to them. In addition to outlining people's support needs, they gave a detailed account of their personal history, their likes and dislikes, their interests and goals and their behaviours and routines. They enabled support workers to have the information they would need in order to support a person effectively. They were regularly reviewed by the person and their key worker to ensure that they remained current and relevant.

People were encouraged and supported to lead active social lives and to follow their interests and enjoyed being part of the local community.

Staff, people and their relatives knew how to raise concerns and were confident in doing so. Staff and residents' meetings were held regularly and provided opportunities for feedback on the quality of the service. Procedures were in place to record, investigate and respond to complaints effectively. Annual stakeholder surveys enabled the provider to keep an overview of people's views of the service and to respond accordingly.

Both relatives and staff told us that the registered manager provided positive management and leadership. They felt able to talk to the registered manager if they had concerns and had confidence that she would do her best to resolve issues. The culture of the service was one of personalised individual care. It had a focus on promoting independence where possible and providing people with opportunities to live happy and fulfilled lives.

The service was led by a capable registered manager who was competent and understood her responsibilities. Staff were confident, worked hard and were inspired to do their best for the people living at the home. Staff told us that they felt well supported by the registered manager, and that the team worked well together and were supportive of each other.

The provider carried out effective monitoring to assess the quality of the service being delivered and to identify and drive improvements required.

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 living at the home were protected from abuse and avoidable harm by staff who were trained in safeguarding procedures and who knew how to report any concerns. Risks were effectively identified, documented and managed, to enable people to lead fulfilled lives. Guidance was provided to staff to enable them to manage risks to people safely.

People were supported by sufficient numbers of staff to meet their needs. Staff had gone through the relevant pre-employment checks to ensure their suitability to work with people at the home.

People were protected from the risks associated with medicines by staff who administered their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had received an induction, training, supervision and support to ensure that they had the required skills and knowledge to fulfil their role.

Decisions about people's care were made in accordance with the legal requirements of the Mental Capacity Act 2005. The Best Interest decision making process was evident in people's records.

People were supported to eat and drink enough to maintain their nutrition and hydration needs. People were offered choice at mealtimes and staff encouraged people to eat healthily.

People were supported to maintain good health and staff ensured that people had access to healthcare professionals whenever needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were warm, kind and encouraging and who were motivated to develop positive relationships with people.

People were encouraged to express their views and were able to make choices about how they liked things done. Staff respected these choices.

People received care which maintained their dignity and was respectful of their right to privacy.

Is the service responsive?

Good

The service was responsive.

People received care that was individual to their needs and the service responded quickly if people's needs changed. Staff regularly reviewed people's support plans and risk assessments, with people's involvement, to ensure they continued to reflect people's needs and wishes. People were supported to pursue their interests, given opportunities to remain socially active and supported to achieve their goals.

There were processes in place to enable people to raise any concerns they had about the service. Concerns and complaints had been recorded, responded to and investigated.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive and open culture that focussed on the individual needs and wishes of the people living at the home. Staff felt supported by the registered manager and empowered to speak up if they had any concerns or to make suggestions for improvements.

Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager effectively operated systems to monitor and assure the quality of care provided. When areas for improvement where identified they were acted on quickly.

Royal Mencap Society - 7 Eggars Close

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 and 13 April and was unannounced. The inspection team consisted of an inspector and an inspection manager.

Before the inspection we reviewed the information we held about the home. This included previous inspection reports and any statutory notifications. A notification is information about important events which providers are required to notify to us by law. A Provider Information Review (PIR) had been submitted for the inspection in March 2016. A PIR 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. This information enabled us to understand more about the service and how the provider viewed themselves in terms of the quality of care they provided. It helped us to plan for the inspection and understand which areas we might want to focus on during our visit.

We spoke with one person who lived at the home, three relatives, the registered manager, three members of care staff, a health professional and a member of staff from one of the day centres attended by some of the people. We reviewed care records for all four people living at the home and the medicine administration records (MAR) for three people. We also reviewed recruitment and personnel files for four staff, staff rotas and other records relevant to the management of the service such as health and safety checks and quality assurance audits and systems. During the inspection we spent time observing staff interacting with people, including during a lunchtime sitting. This helped us see how caring staff were when they were engaging with and supporting people.

The last inspection of this home was completed on 20 May 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

The home had clear safeguarding and whistleblowing policies and procedures in place to keep people safe. People were protected from the risk of abuse because staff knew the signs of abuse and were able to describe how they would recognise changes in a person's behaviour or actions. They were confident in what action they would take to protect people if they identified these. Relatives we spoke with told us that they felt their family members were safe at the home and that if they did have any concerns they would know how to raise these.

In addition to the provider's policies, people had individual risk assessments within their support plans detailing the types of abuse they might be at risk of and how these should be managed. All staff received annual training for safeguarding people and records confirmed that this training was up to date.

Risks to people were clearly identified and included within their care and support plans. Risk assessments were in place relating to different areas, including safely accessing the community, using domestic appliances, using scissors, using the bath or shower, taking part in activities, using cleaning products, money management and what to do in the event of a fire. There were also specific risk assessments in place for people where appropriate, for example around choking, and the use of wheelchairs and mobility vehicles. All risk assessments were reviewed monthly and signed by staff to say that they had read and understood them. We saw that people living at the home had Personal Emergency Evacuation Plans which were revised annually. Staff knew people well and understood the individual risks to each person, and were therefore able to ensure that they supported people safely.

The home had risk management procedures in place relating to environmental risks in the home. This included emergency telephone numbers, on call arrangements and a business continuity plan containing information on contingency plans in the event of emergencies. This helped ensure that people could be kept safe in the event of an untoward incident such as a fire or a flood. There were weekly checks on fire alarms, fire extinguishers, fire doors and emergency pull cords. Fire drills were carried out every six months and staff were trained in fire procedures. Consideration had been given to how people who might have difficulty in leaving the home in the event of a fire could be helped to safety, both through discussions with the fire service and through Mencap's quality assurance audits. All people living at the home had 'grab and run' files which were easily accessible and contained key information about each person to ensure consistency and continuity of their care should they need to leave the home quickly. We saw from records that that there were regular health and safety checks including water, gas, electricity and food and hygiene. The maintenance log showed that issues were recorded and followed up on.

Staff followed clear accident and incident reporting protocols and procedures. We reviewed seven incidents that had occurred over the past year and saw that these had been recorded and that appropriate action had been taken in response. Where possible, there had been learning from the incidents to help prevent similar incidents occurring again or to improve staff knowledge. These included improved training for agency staff on medicines administration and the implementation of guidance on how to support people when their behaviour put themselves or others at risk.

The home had experienced some staff vacancies over the past eight months which at times had put some pressure on the registered manager and the rest of the team to ensure that people received the care and support they needed. Staff vacancies had been covered by the use of agency staff, bank relief staff and through the commitment of the home's permanent staff. The registered manager had worked hard to build a team of consistent agency staff and bank relief workers to ensure continuity of care for the people living at the home. Staff and relatives we spoke with acknowledged that this had been a difficult time, with some staff working long hours; however the provider had now completed recruitment into its permanent positions and staff were hopeful that these issues would not continue going forward. Relatives acknowledged these staffing difficulties but one told us that "things now seem more settled" and that the manager has "built up a team who she knows and trusts" and had previously "pursued a very clear policy of using consistent agency staff who are familiar with the house and residents". During our visit, we saw that there were enough staff on duty to meet people's needs safely. We reviewed the staff rotas for the current and previous month which confirmed that shifts had been covered appropriately, by bank and agency staff where necessary.

The provider followed safe recruitment procedures to ensure that people were assisted by staff with the appropriate skills and experience and who were of suitable character. New staff had undergone the required recruitment checks as part of their application process. Documents we saw included details of qualifications, references from previous employers and reasons for leaving previous employment. There were some gaps in employment history for some members of staff but the manager was able to provide further information in relation to these which confirmed that there were no concerns in relation to their suitability for employment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

There were clear processes and procedures in place to ensure the safe storage, administration and disposal of medicines. Each person living at the home had their own secure drugs cabinet which helped ensure that they were protected from receiving the wrong medicines. The room temperatures for where the medicines were stored were monitored and we saw that "opened on" and expiry dates were clearly recorded on medicines. This helped ensure that medicines were not used past their expiry date, or after the recommended disposal period, and were therefore safe to be administered. Procedures were in place for the signing in and out of medicines, including when people were taking their medicines out into the community. For example, one person took their medicine to the day care centre and therefore had a small supply of their medicine in a separate bag. Processes ensured that the home kept an accurate record of when the person had received their medicine even when they had spent the day away from the home.

We checked people's medicines administration records (MARs) and saw that medicines stock coming into the home was clearly recorded on these and that people were receiving the correct medication when it was due. The MARs sheets were also colour coded to indicate the different times of day that the medicines needed to be administered to help avoid the risk of error. All staff were trained in medicines administration. Records showed the registered manager carried out annual competency assessments on medicines administration, or when there had been a medicines error. If at any stage in this process the manager is not satisfied with the member of staff's competence to administer medication, they are required to undertake their medicines administration training again.

The home kept some controlled drugs. These are prescription medicines controlled under the Misuse of Drugs Act 1971 and have additional safety precautions and storage requirements. We saw that these drugs were stored correctly and recorded appropriately on the MAR sheet when administered, in accordance with procedures under this Act. Care plans provided details of people's medicines including instructions for use and details of 'as required' medicines. 'As required' medicines are those which people take only when

needed. At the time of the inspection, no medicines were required to be kept refrigerated; however, the registered manager told us that they have a separate fridge to use in this event. Appropriate procedures were in place to ensure that people received their medicines safely.

Good

Is the service effective?

Our findings

New staff joining the home received a five day induction by the provider, incorporating training in medicines administration, safeguarding, first aid, food hygiene, infection control, manual handling and epilepsy. They were also required to complete a workbook to evidence their knowledge over the course of their induction period. New staff then spent a 'welcome day' with the registered manager at the home followed by a period of shadowing an experienced member of staff so that they can see and understand the requirements of the role. The registered manager completed finance observations and medicines observations over the induction period to assess competency of new staff in these areas. At the end of the induction period, each new member of staff underwent a "Knowledge Assessment Day" after which feedback was sent to the registered manager to inform them of their readiness to work with people. This process helped to ensure that staff were suitably skilled to carry out their roles and responsibilities safely and effectively.

Mandatory training was refreshed annually to ensure staff remained up to date with their knowledge. Staff told us they were also able to request additional training in areas which interest them or they feel that they have a developmental need. For example, the registered manager is currently looking into dementia training following a request made by a member of staff. One staff member told us "Mencap's training is very good".

People were assisted by staff who received guidance and support in their role through regular supervision and appraisals. Staff told us, and records confirmed, that supervisions occurred for permanent members of staff approximately every three months. This process was in place so that staff received the most relevant and current knowledge and to enable them to conduct their role effectively. Although formal recorded supervision were not in place for agency or bank relief staff, they told us that they felt supported as they saw the registered manager regularly and received guidance and support from permanent members of staff.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection, the registered manager was awaiting the outcome of DoLS applications for all four people living at the home. We saw in people's care plans evidence of mental capacity assessments, best interest decisions and people's consent being sought for decisions about their care. Records showed that appropriate mental capacity assessments and accompanying best interest decisions had been held for people when they lacked the capacity to agree to a particular decision involving their care. These included

decisions relating to going out into the community alone, locking medicines away, providing support with medicines administration and supporting people with their finances. There was evidence of the involvement of an Independent Mental Capacity Advocate (IMCA) where appropriate. IMCAs act on behalf of people who are unable to make key decisions about their life and do not have an appropriate family member or friend to represent their views. The records showed appropriate action had been taken to support people to make decisions about their care and that any restrictions placed on a person were the least restrictive possible.

Staff were able to talk to us about the principles of the MCA and the circumstances under which a person might be deprived of their liberty, and what these meant in practice for people living at the home. We saw guidance on the MCA and the Hampshire DoLS process available for staff, residents and visitors around the home. Staff told us, and we saw from meeting minutes, that MCA training and updates were delivered in staff meetings by the registered manager. Staff had also recently attended an MCA training session run by the provider.

We saw that people were supported to eat and drink enough to maintain a balanced diet. Staff freshly prepared the food themselves and meals looked and smelt appetising. People were involved in menu planning using people's favourite foods, records of previous meals and recipe books. People who weren't able to communicate verbally were able to use a file of colourful pictures of food and dishes to help choose their meals. People ate well at the home and enjoyed their mealtimes. One person told us "The food is really good" and relatives told us that their loved ones really enjoyed the food provided at the home.

We saw healthy eating posters in the kitchen and guidance from the dietician in care plans. We observed staff putting this guidance into practice and encouraging people to choose healthy options, and people responding positively to this. We saw one person agree to the suggestion of having grapes for their snack rather than crisps and staff described another person who always liked to have four different types of vegetable with their main course. People were weighed weekly and staff had a good oversight of each person's weight, for example, who tended to maintain a regular weight and who was prone to put on or lose weight and how to manage this.

People had regular visits to healthcare professionals, both on a routine basis, and also when there were issues or concerns about their health. All the people attended the same GP surgery and a dentist who was experienced in treating people with learning disabilities. Care plans included a Health Appointment monitoring overview form, which clearly evidenced regular visits to the dentist, GP, nurse, optician, audiologist and podiatrist. One health professional told us that staff were proactive in identifying concerns and were "often right" in their judgements around when they needed to seek medical advice for a person. A relative told us that the staff were quick to respond if their loved one's health needs changed, describing that they "got on to it straight away". Outcomes of health appointments were clearly documented and communicated to other staff members. Staff ensured that people regularly attended hospital and clinic appointments to review ongoing health issues. These practices enabled any issues to be addressed quickly, and for people to get the support they needed to keep in good health.

Care plans included 'Hospital Passports' which contained up to date facts about people if they needed to attend hospital including "must know" information and "things that are important to me" in an easily accessible format. This ensured that information about people's needs and support were available to other healthcare professionals to ensure continuity of care.

Good

Is the service caring?

Our findings

People told us that they liked living at the home and relatives confirmed that they were happy with the care their loved ones received from staff. We observed kind, caring and compassionate interactions between people and staff throughout our visit. Staff described how they had got to know people well by spending time with them and working closely with them. A member of staff told us that one person was fascinated by roadworks. They took time to stop and talk about what a digger was doing and why when they were out for a walk one day. The person enjoyed this and so they stopped to do the same on their way back.

We heard people being spoken to patiently, respectfully and positively and with praise and encouragement where appropriate. For example, during a game of noughts and crosses and when a person had tidied the kitchen after making themselves a drink. People told us they felt "very happy living here" and that they liked the staff. One person said of a member of staff, "She is my best friend". A relative told us that their loved one was always keen to get back to the home after they had been for a visit. Staff at the day centre told us that people were also happy to be going back to the home at the end of their day. They told us that people spoke positively about the staff at the home and described one person as "just so happy living there".

People knew staff well, and were comfortable around them. There was a great sense of 7 Eggars Close being each person's 'home' with people appearing relaxed and happy, moving around confidently, and answering the door to visitors. People's bedrooms were individual and personalised according to their preferences. Staff were focussed on the person, taking time to listen to and engage with people and speaking about them with warmth, knowledge and enthusiasm.

Some people's relatives were closely involved in their loved one's care and the home encouraged this. Relatives spoke warmly of the registered manager and staff at the home and had a good rapport with them.

People who were able were involved in reviewing their care plans on a monthly basis with their key workers. We saw from records that people had signed to say they had reviewed their care plan. For people who were unable to be involved in their care planning or did not have any family who were able to contribute, staff told us that they worked together as a team to discuss and agree any issues or changes to their care. They explained to us how they would communicate with people who were unable to express themselves by noticing and interpreting their moods, sounds and actions and how they in turn would communicate with staff, for example: using pictures to make food choices, picking out choices of clothes offered to them and leading them to the kitchen to point out what they wanted.

Care and support plans clearly set out what people were able to do for themselves and what they needed support with. This supported people to maintain their independence. People's support plans set goals, progress against which was reviewed on a monthly basis. Goals included doing their own laundry and improving their skills in managing their money, including practicing asking for receipts in shops and making sure they got the right change.

People were offered choice on a daily basis, from what food they ate, whether they ate in a café or bought a

sandwich, to what they wore and what activities they wanted to do. People's wishes were respected. If someone wanted to sleep in their favourite chair in the afternoons, even if that meant they didn't sleep so well at night, they were able to do so.

Staff were able to describe how they would respect and promote people's privacy and dignity. This included closing doors to provide personal care and prompting people discreetly if they needed to use the bathroom. Staff ensured that people were covered appropriately after a bath or shower when returning to their rooms and asked people what support they would like, rather than just assuming. Staff also described respecting people's privacy and knowing people's routines well. For example, when one person arrived back from the day centre, they were often tired and staff knew they liked to have some quiet time in their room and not to be disturbed.

People were supported to lead dignified lives. People were well dressed and looked well cared for. A relative told us that their loved one always "looked lovely" when they came to pick them up and described them having their nails and hair done by professionals. Day care staff described how people always looked clean and well-dressed when they came for their visit.

People were proactively supported by staff to avoid experiencing discrimination. For example, a member of staff told us that when out in the community, they encouraged shopkeepers to speak directly to the person rather than through them.

Good

Is the service responsive?

Our findings

People's care needs were documented clearly in their care plans and support plans. Care plans were personalised to the individual and we saw that people were involved in reviewing their support plans on a monthly basis with their allocated key workers. This helped ensure that the plans continued to meet the person's needs and reflect their wishes. Where a person was not able to be involved in reviewing their care plan we saw an acknowledgement that the plan had been written on their behalf and a list of staff who had been involved.

People's care and support plans included detailed assessments of people's care needs but also told a 'story' about each person. The information included was practical and included everything someone would need to know to support a person and keep them safe, such as information around their health, allergies, medication and personal care needs and what they needed support with. Additionally, information included in care plans took account of each person's personal history, their families and relationships, their likes and dislikes, their emotional wellbeing and how best to communicate with each person and help them to understand information. People's support plans identified lists of decisions they needed to make and how they made them, including things like 'Where I go in the daytime', 'What I wear', 'How I travel', 'Who I am friends with'. They also included how best to involve the person in decision-making and support them to make a decision as well as identifying the best time for them to make a decision.

Each file contained an "About me" section which detailed all the things that were important to a person, what activities they liked and what they could do for themselves, and what they found difficult. People had clear goals in place and detailed steps on how to achieve these, which were discussed and reviewed with the person each month. People's goals were individual and meaningful to them and for one person included baking, helping in the garden, using a self-service till and improving their spelling. These goals gave people a focus and sense of achievement and the opportunity to develop their skills. We observed staff praising and encouraging people in the achievement of their goals. Daily diaries captured information around what people had eaten, what activities they had undertaken and mood charts to capture their mood throughout the day. This enabled staff to have an up to date picture of each person's current wellbeing as well as pick up on any trends over time.

People were encouraged to be active in the community and regularly attended day centres which they enjoyed and spoke about enthusiastically. People attended clubs, discos, went swimming and on shopping trips and enjoyed lunches out. Some people living at the home had their own mobility cars and one person had a job which they enjoyed for a few hours a week. At the time of the inspection, staff were planning a theatre trip for people. People were encouraged to be independent and supported to be an active part of the local community. For those people who were less able or keen to be active, staff ensured that there was a focus on what they did enjoy, such as having meals out and going for trips in their car. People were supported to make decisions about going on holidays and outings and there were pictures around the home of people on trips to theme parks and tourist attractions, and of them on holiday. People were encouraged to lead interesting and active lives.

Any causes for concern about any of the people living at the home, for example any behavioural changes, were captured as a 'significant event' and recorded in the communications book. These often resulted in referrals to the GP or review meetings with other professionals. For example, staff worked closely with one person's relatives and healthcare professionals to ensure their prescribed medicines were reviewed. The subsequent change in their prescribed medicines has enabled the person to become more settled and less anxious.

Staff kept records and charts to keep track of changes in behaviour for some people who were susceptible to such changes, which they used to inform their own care of the person and their engagement with health professionals. This enabled, for example, staff to recognise if people became agitated at certain times of the day and how regularly over the course of a month. We saw that review meetings were held between staff, the registered manager, day service staff and Adult Services to discuss the care of people.

Some people suffered from epilepsy. The provider ensured that all staff were trained in epilepsy and all were able to explain how they supported people with this condition. People's files included an 'Epilepsy pen picture' which included what happened to the person during an epileptic seizure and how staff should respond and support the person, what warning signs to look out for if a seizure was imminent, as well as what was not typical during a seizure.

A health professional spoke highly of the care and responsiveness of the service. They thought that staff "definitely understood" people's conditions and needs very well and were quick to initiate contact with health professionals whenever they saw a change in a person which might indicate a problem. They described the home as "A nice small home where staff know the residents well". They also noted that people always knew when they were getting a visit from a health professional and had been provided with information by staff about why they were coming to see them. Relatives told us that they thought that the staff responded well to their loved one's needs and wishes.

The home had a complaints policy and procedure in place. The complaints process was available in an easily accessible format for people to use where they just had to fill in a form to say "I am upset and I want to complain. I am making my complaint about X". The complaints process was also explained on a poster by the front door of the home and detailed how to go about making a complaint and the process for escalation. It gave detailed information about who people, relatives or staff could speak with if they were unhappy about anything, including the registered manager, the operations manager for Mencap, the Care Quality Commission and adult services. Relatives knew how to raise issues or concerns and told us they would be confident in doing this if they needed to.

The home had a system in place for capturing and responding to complaints. We looked at the complaints records and saw that there had only been only two recorded over the last year and these had been raised by people who lived at the home. The records showed, and staff confirmed, that complaints had been investigated and resolved by making adjustments to avoid the situations arising again. For example, by swapping bedrooms around so that someone who used the toilet a lot in the night could be next to the bathroom and was therefore less likely to disturb other people.

Good

Is the service well-led?

Our findings

We found that the registered manager promoted a warm and positive atmosphere at 7 Eggars Close. The service was developed in partnership with people, their relatives and staff. Relatives told us that the home was "like a community" where they felt that they knew the registered manager, the staff and the other people living at the home well, referring to them all by their first names. The registered manager operated an 'open door' policy and we saw that people, their relatives and staff had regular interactions with the registered manager which were relaxed and friendly. Staff told us that the team worked well together, that communication was good, that all the staff were conscientious and that there was trust between them.

Staff were supported to make suggestions to improve the service, with one member of staff describing the home as "a delight to work in". Staff felt listened to and empowered to contribute to the development of the service. One member of staff described how the registered manager had supported them in implementing their ideas for improvements. They gave examples including developing electronic financial spreadsheets to manage people's budgets, putting weight charts on the computer so that it was easier to pick up on trends, and redecorating people's rooms.

Staff told us that they felt able to raise any concerns that they had with the registered manager and that she would respond to these appropriately. The registered manager confirmed to us that she tried to promote an open culture through team meetings, induction, and through the home's whistleblowing procedures as well as through her relationships with staff. She was able to describe instances where staff had raised concerns and described her handling of these. Records confirmed that the registered manager took concerns and incidents seriously. She had sought advice from the Human Resources team, completed investigations and followed the provider's disciplinary policy where appropriate.

The registered manager also managed another local Mencap home and demonstrated that she was able to divide her time effectively between the two locations. Staff told us that they felt well supported, as the registered manager made herself available when needed. One staff member told us "She's good. She's approachable if you need help or have got a problem and is really efficient and caring". Staff meetings were held regularly and included an in-depth discussion around each person including updates on their medicines, activities, goals and holiday plans. Staff meeting minutes also covered reminders around risk assessments, fire evacuation procedures, staff awareness of the provider's complaints procedures and the need to make better use of the communications book and diary. On our inspection, we observed a member of staff showing an agency worker something that they should have noted in the communications book. This showed that staff members listened to and acted on guidance from the registered manager and assumed responsibility for sharing information in order to provide more effective care.

Residents' house meetings took place every four months and covered topics such as menus, redecorating the house, new curtains and health and safety issues. This demonstrated that people were encouraged to be involved in decisions about the home.

The home had good links with the community. People were well known at the local day centres they

attended, the swimming baths and local banks and building societies. The registered manager demonstrated a keenness to continue to develop these links, and ensure that people had opportunities to develop friendships outside of the home. An example of this was arranging a joint garden party with the other home she managed to celebrate the Queen's birthday.

The registered manager and staff were able to cite the provider's values (caring, positive, inclusive, trustworthy and challenging) and staff told us that they felt that the values were embedded in the way that they worked and the care that the home provided. We observed staff demonstrating these values in their interactions with people. Relatives spoke warmly of the registered manager. One described their relationship with the registered manager as a partnership, telling us "She's brilliant. Any concerns I would phone up and she would be on to it straight away". Another told us "We get on well, I know I can ring anytime".

The quality of care provided at 7 Eggars Close was regularly monitored by the provider and registered manager. The registered manager carried out regular checks and reviews, for example on finance, medicines and MARs, support plans, risk assessments, food logs and health and safety, and recorded this information on the provider's electronic Confirmation Compliance Tool (CCT). This system provided an overarching database for the home's records, monitored that checks were completed and provided prompts for when they were next due. Annual quality audits were carried out by the provider, and the last one of these was in October 2015. The findings and recommendations from the quality audits were recorded on the "Continuous Improvement Plan" (CIP) page of the CCT system. The area operations manager visited the registered manager once a month to review progress on actions from the audit. Records showed that the registered manager had taken prompt action to address issues raised from the audit. She had also been proactive in requesting an additional compliance audit following submission of the Provider Information Return, to ensure that she was aware of any current compliance issues and therefore able to take any action she needed to address these in preparation for a CQC inspection.

Other quality audits undertaken by the provider included a medicines audit which was completed by the dispensing pharmacy used by the home. The last audit was undertaken in January 2016. We noted that actions had been taken by the registered manager in response to its recommendations, such as ensuring that all staff who administered medicines had read and signed the medicines policy. An annual stakeholder survey was also conducted by the provider, who collated results for the region. If the provider picked up any specific positive or negative issues these would be fed back to the registered manager to enable action or learning.

The quality of the service provided by the home was also monitored through staff and residents meetings and the observations of staff in their roles by the registered manager. All provider policies and procedures were in place, for example in relation to safeguarding, MCA and DoLS, accident and incident reporting and investigation, the management of behaviour which challenges and diversity and equal opportunities. The provider also required policies to be read and signed by staff, including whenever there were any changes. This helped ensure that staff working at the home were delivering high quality care in accordance with current guidance and practice. The manager also ran 'service reflection events' where staff reflected on people's goals, what staff were good at and what they needed to get better at. All of these quality assurance processes helped to drive service improvements to ensure the delivery of high quality care.