

HF Trust Limited

HF Trust - 1 & 2 Clementi Court Houses

Inspection report

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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

The inspection took place on 12 April 2016 and was unannounced. HF Trust - 1 & 2 Clementi Court Houses provides accommodation for up to eight people with learning disabilities or autistic spectrum disorder care needs. There were eight people living at the two homes at the time of our inspection.

The accommodation comprises of two houses. People had their own rooms and the use of a number of comfortable communal areas including a large reception area in each houses, with sensory equipment for people to enjoy using. Other facilities at each houses included a lounge, kitchen and dining room areas, conservatory and gardens.

We had the opportunity to spend time with people who lived at the homes on the day of the inspection. People were not able to communicate with us directly, so we contacted their relatives after the inspections to find out what they thought about the care their family members received.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff team had developed ways of working with people so their safety needs were taken into account. Risks to people's safety were understood by staff. Staff took action so people were able to do things they enjoyed and go to places they liked in ways which promoted their safety as their needs changed. There were enough staff available to support people so their care needs would be met. Staff understood what actions to take if they had any concerns for people's safety or wellbeing. People were supported to take their medicines so they would remain well.

Staff used their knowledge and skills when caring for people so people would enjoy a good quality of life. Staff worked with other organisations and relatives so people's right to make decisions and their freedom was protected. People were supported by staff to enjoy a range of food and drinks so they would remain well. People were supported to attend specialist health appointments. Staff followed the advice of specialist health services so people would receive the care they needed.

People's need for independence and privacy was understood and acted upon by staff. People were given encouragement and reassurance when they needed it and we saw caring relationships had been built with the staff and registered manager. Staff supported people so they were able to make their own choices about what daily care they wanted.

Staff understood people's individual care and support needs and their preferences. People benefited from living in a home where staff took action when people's needs changed. Relatives had not needed to raise any complaints about the service, but were confident staff would take action if complaints were raised.

There was open communication between the registered manager, relatives and staff. Relatives and staff were comfortable to make suggestions for improving people's individual care and were listened to. Staff understood what was expected of them and were supported through training and discussions with their managers. Regular checks were undertaken on the quality of the care by the provider and registered manager and actions were taken to develop the home further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to raise any concerns they had for people's wellbeing and safety. People's individual risks were understood by staff. Staff took people's risks into account in the way they cared for people. There was enough staff to meet people's care and safety needs. Checks were in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills to look after them. People received care they had agreed to. Where people needed support to make decisions this was done in ways which promoted people's rights. People were supported to have enough to eat and drink so they remained well. People were supported by staff to access to specialist health services so their well-being was maintained, as their needs changed.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and people's dignity and independence was promoted by staff. People had built caring relationships with staff, who provided people with reassurance when they needed it. People were encouraged to make choices about their daily care.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were responded to by staff who knew them well. People's relatives and external professionals were encouraged to develop and review their care plans with staff as their needs changed. Staff supported people to do things they enjoyed doing and maintain links with their friends and families. Relatives were confident action would be taken if they raised any

concerns or complaints about the care their family members received.

Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff were encouraged by the registered manager to make suggestions for improving the care offered. Checks were made on the quality of care by the registered manager and provider so they could be assured people were receiving the care they needed. Where action had been identified this was undertaken so people would enjoy care which developed further.

HF Trust - 1 & 2 Clementi Court Houses

Detailed findings

Background to this inspection

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

This inspection took place on 12 April 2016 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the services at the homes. This included notifications which are reportable events which happened at the homes which the provider is required to tell us about. The provider had completed a Provider Information Return (PIR) ahead of the date requested, so this was available during the inspection. 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. We also checked information which had been sent to us by other agencies. We requested information about the homes from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

People living at the home were not able to communicate with us directly, so we spent time with people in the communal areas of the houses to see how they enjoyed spending time with staff. No relatives were visiting the home on the day of our inspection so we spoke with four relatives by telephone. We spoke with the registered manager, two senior staff members, six care staff and a member of the administrative staff.

We looked at a range of documents and written records including three people's care records, records about the administration of medicines, and how staff cared for people so they stayed well. We looked at three staff

member's recruitment files. We talked to staff about their induction and saw staff training records. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took.

Is the service safe?

Our findings

We saw people were relaxed when staff supported them and staff took action to promote people's safety. All of the relatives we spoke with told us they did not have any concerns for their family members' safety and well-being. Three relatives we spoke with told us they saw their family members frequently, and would recognise if they were anxious or their safety needs were not being met.

Staff understood the types of abuse people were at risk from and explained how they would support people and what actions they would take if they thought anyone was at risk of harm or abuse. Staff gave us examples of the types of actions they would take depending on the concerns they had. These included if they felt people's safety may be affected by faulty equipment, or if people had unexplained marks or bruising. Staff told us they were confident if they raised any concerns actions would be taken by the registered manager so people's safety and well-being needs would be met. All the staff we spoke with understood how to raise safety concerns with the registered manager, provider or external agencies, so plans would be put in place to help to keep people safe.

Staff knew the types of risks individual people at the homes had to their well-being and safety. These included risks to people because of their health, such as risk of choking, risks to people's well-being if they became anxious, and their financial safety. Two staff members we spoke with explained how they supported one person when they became anxious. The staff members told us they checked the person was in a location they liked, with low noise levels, as they knew this helped to reduce the person's anxiety. The staff members told us they also offered reassurance to the person, so they would feel less anxious. We saw during our inspection staff provided support to the person in this way, so the person's anxiety was reduced as quickly as possible. Another staff member told us how they provided support to one person when they were travelling, by making sure they had the correct equipment so they would be able to travel in comfort and safety and still enjoy doing things which were important to them.

Staff members we spoke with told us they knew about the risks to individual people's safety as these were recorded in their care files. Staff also told us they discussed people's well-being and safety needs and regular meetings, which happened at the end of each shift. Staff explained this was done so all staff would be aware of the best way to support people living in the homes, as their day to day safety needs changed. We saw staff had been given clear information on how to support the individual people living at the homes so their safety needs would be taken into account in the way staff cared for them.

Staff told us the registered manager undertook checks on their suitability to work with people before they started their employment. We saw the registered manager had checked with the Disclosure and Barring Service, (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for potential staff, to obtain additional assurance about potential staff.

All of the relatives and staff told us there was enough staff to meet people's care needs in a safe way and staffing levels were sufficient to enable people to do the things they enjoyed doing, taking into account

people's safety needs. Two relatives told us staffing was organised so staff were available to support their family members when they visited their family homes and during family holidays. Staff told us on occasions where additional staff were needed, for example, to provide support to people when staff were on holiday, additional staffing was arranged. Staff told us in such cases the registered manager made arrangements for extra staff who knew people well to support them. The registered manager told us the number of staff employed was based on the individual needs of the people living at the homes, plus an extra staffing allowance. The extra staffing allowance was put in place so staff who knew people's needs well would be available during planned staff absence. For example, during staff training and annual leave.

People living at the home needed support from staff to take their medicines in a safe way. Two relatives explained staff provided support to their family members by making sure their family members had the medicines they needed when their family member visited them at their family homes. Staff told us how they checked people's known signs of pain when people were not able to directly ask for pain relief medicines. Staff confirmed they were not allowed to administer medicines until they had received the right training, and their skills had been checked. One staff member told us about the training they had received so they would be able to issue emergency medicines to some people living at the homes. The staff member explained how they had the opportunity to work with more experienced members of staff when they first started to do this, so they could be sure they were providing support for people in the best way for them. Another staff member we spoke with told us how they supported one person who was not able to take medicines orally, so they would be able to recover quickly when they became ill.

Staff knew what needed to be done in the event of an error being made with a person's medicines. This included contacting the person's GP or emergency services, where appropriate, so people would receive the right care immediately. Staff told us regular checks on medicines were made by senior staff, so they could be sure people were receiving their medicines in the right way. We saw how staff worked with other health professionals so staff could be sure people were getting the right medicines. We also saw staff kept clear records of the medicines administered to people and people's medicines were kept securely in their rooms.

Is the service effective?

Our findings

People received care from staff which had the skills and knowledge to support them. One relative we spoke with told us how staff had attended a specialist course so staff would develop the skills needed to care for them as their family member's needs changed. The relative told us how successful this had been and the skills staff had gained had helped to keep their family member well. Another relative we spoke with told us their family member had very complex health needs. The relative told us staff had developed the skills their family member needed, and told us, "They are so good at it, and so professional. I can't fault them."

Staff told us they had undertaken the training they needed so they could care for people in the way they needed. One staff member told us, "They're very committed to training, here." Another staff member said, "We are always on training, it's very thorough." The staff member explained, "(Training) makes you understand about people's lives, and you have understanding and empathy." Staff gave us examples of the specialist training they had done and how this helped them to care for people in the best way for them as individuals. This included training to make sure people were supported to have the right diet and medicines, and training so people's rights would be recognised and respected. Two members of staff told us some staff had received additional, higher level training in administering people's medicines. Staff told us there was always someone with the higher level of training available to support people in each of the homes.

Staff had the opportunity to discuss their training needs and any concerns they had for the people living at the homes during their regular one to one meetings with their managers. All the staff we spoke with told us they were encouraged to identify any additional training they required at their one to one meetings with the line manager and through discussion at staff meetings.

We saw the registered manager checked staff had received the training they needed to make sure staff had the skills needed to care for people and maintain their well-being. Staff told us about the training and support they received when they first came to work at the homes. Staff told us they had been supported well by their colleagues, line managers and the registered manager. Staff told us they worked with staff who knew people well as part of their induction. One staff member told us, "This means you develop your skills and learning and people get the care they need." All the staff we spoke with told us they received good levels of support from their line managers and the registered manager.

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.

We checked whether the service was working within the principles of the MCA. 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 provider was following the requirements in the DoLS. Prior to our inspection the provider had

submitted applications to a 'Supervisory Body'. Eight applications had been sent to the supervisory bodies. The registered manager was awaiting decisions on five applications at the time of our inspection. Processes to review DoLS in the event of people's needs changing were in place.

Staff had received support to understand their responsibilities under MCA and had a clear understanding of how MCA and DoLS affected the way they supported people. Staff told us how they supported people to make their own day to day decisions about their care, where this was possible. One staff member explained how staff tailored the support they gave to people, so they would have the best chance to make their own decisions. This included showing people the options they had. We saw staff supported people in this way during our inspection. Staff also told us, and we saw, they checked people's physical reactions to the choices offered, so staff could be sure people were making their own choices and decisions. Staff told us about the "Decision making pathways" they used to make sure people's rights were respected when complex decisions were made.

We saw there were occasions where people were not able to make some decisions themselves. When this happened decisions were made in a person's best interest. Staff told us they were encouraged to help make such decisions based on the known preferences of people they helped to care for. We saw people's relatives and other agencies had been involved in best interest decisions made for people. For example, if people needed a decision to be made about the medical care they needed to remain well, or decisions about equipment, communication aids and finances.

People's needs and preferences in relation to food and drink were taken into account by staff in the way they cared for them. One relative we spoke with told us, "(Staff) understand the link between [person's name] diet and health, and take this into account in the meals prepared for [person's name]." Another relative we spoke with told us, "[Person's name] has always got a cup of tea in their hand." Staff gave us examples of how they supported people to have enough to eat and drink in ways which were safe for them and promoted their well-being. Staff told us how they used their training and skills to care for people who were at risk of choking, or who were not able to eat themselves. For example, by making sure people were able to eat at the pace which was comfortable and safe for them. One staff member told us how important it was for one person to have their preferred plate when they ate. The staff member explained this assisted the person and the familiarity encouraged them to eat, as their vision was limited. We saw people were encouraged to make their own choices from a health range of meals and drinks. We also saw people were encouraged to eat and drink enough to remain well.

People were supported by staff so they had access to health professionals and their physical health and well-being was promoted. Relatives told us how staff attended key meetings with health professionals so they would be able to provide the best care to people as their needs changed. Two relatives we spoke with told us how well staff had supported their family members and the actions staff took meant their family members enjoyed significantly better health than they expected. Staff told us about the care they provided to people so they would be able to benefit from seeing a range of health professionals. This included supporting people to see their GPs, specialists and consultants, physiotherapists and speech and language therapists. Staff we spoke with explained how they worked with people's GPs to agree specific ways of working with people when they needed emergency assistance. Staff also explained how they regularly shared information on people's health needs at the end of each shift, so colleagues would be aware of any extra support people need to remain well. We saw there were written instructions for staff to follow in the event of people needing staff support in emergencies, so people would have the best opportunity to regain their health as soon as possible.

People's health action plans explained people's care and support needs. The health action plans also

provided information on what care and treatment people had received. Staff we spoke with explained how the health action plans were the key document staff used so they could be sure people were getting the care they needed. We saw people's health needs had been regularly reviewed and reflected people's current health needs.

Is the service caring?

Our findings

Relatives we spoke with told us the staff were kind and staff worked in ways so trust had been developed between the staff and their family members. One relative told us, "Staff really care about the residents. They are really, really lovely. I can't fault them, they are brilliant." The relative told us how kind staff had been when their family member had been recently been unwell, and how they continued to support them when they were in hospital. Another relative told us staff regularly supported their family member to do things they enjoyed, locally. The relative told us how one family friend had commented, "It's extraordinary to see the real love in carers' eyes when they look at [person's name]." Staff spoke respectfully and warmly about the people they supported. One member of staff told us, "You develop bonds with people." Another staff member told us, "You've got to care to be a good carer and listen to people."

Relatives told us staff had got to know their family members well. One relative told us, "This means [person's name] is always relaxed when they are round staff. [Person's name] reactions around staff are always good, and they never mind going home after visits to us." Another relative told us most of the staff had cared for their family member for a long time, so staff had developed good relationships with their family members. The relative told us staff knew the ways their family member liked their care to be given and took action to make sure their relatives received the care in the way they wanted.

One staff member told us, "You get to know people personally by working with them." The staff member explained how working with more experienced staff who knew people well when they first started to work at the homes helped, as "It gives you time to find out about people." Other staff we spoke with gave us examples of how they got to know people. These included talking with relatives about their family member's preferences and needs, reading people's health action plans and guidelines, and by talking to other staff, who knew people well. One staff member told us people's health action plans and guidelines let them know which people liked reassurance through touch when they became anxious, and which people preferred to be reassured in other ways. We saw staff took time to acknowledge people and to provide reassurance to them when they needed this, so people care needs were met in the best way for them.

Staff encouraged people to make decisions about their day to day care. For example, we saw staff offered people choices about what they would like to eat and drink, where they would like to go and what interesting things they would like to do. Staff understood the importance of supporting people in ways which encouraged them to feel valued and we saw staff used the types of communication people preferred, so it was easier for people to make their own decisions. One staff member we spoke with told us staff, "Make time for people to make their own decisions." We saw this happen throughout our inspection. Two staff members told us how people were supported to make day to day decisions, such as how they wanted their personal care to be given, how people wanted to spend their day and how they were supported to choose their own clothes. One staff member told us, "People have lots of choices, but we can also see some days people just prefer a quiet day in. It's perfectly fine if they choose to do this." Another staff member told us people had been involved in decisions about how their rooms were decorated. We saw people had rooms which reflected their unique personalities and interests.

All the staff we spoke with understood people's need for privacy. One member of staff we spoke with told us it was important for some people to have opportunities to spend time on their own, so they were less anxious and enjoyed a greater sense of well-being. One relative we spoke with explained staff had let them know how staff had noticed their family member became less anxious when they were able to choose to spend some time on their own. Staff members explained how they made sure people's dignity needs were taken into account when they received their personal care. One staff member explained this included people being able to choose which staff supported them with their personal care. The staff member explained how much it had meant to them when one person's level of trust had been built with them, and they were chosen by the person to support them. We saw people's dignity needs were recorded in their health action plans and guidelines, so staff had clear instructions in the best ways to support individuals so their dignity needs would be met.

Staff encouraged people to maintain and develop their independence. We saw staff took time to involve people in their care and the daily running of the home. For example, by inviting people to make some parts of their meals, so people were in control of the amount they had to eat. We saw staff also encouraged and supported people to put their washing away so people had a sense of involvement in the day to day running of the homes.

Is the service responsive?

Our findings

Relatives told us they were encouraged by staff to make suggestions about their family members' care so their family members would receive the care they needed in the best way for them. One relative told us, "It has given [people's names] the best care they have ever had."

Relatives told us they had the opportunity to meet with staff at regular reviews of their family member's care, and they would be comfortable to make any suggestions for changes if this was needed. All the relatives we spoke with told us they would not have to wait for people's care reviews if they had any suggestions to make. One relative told us they had made suggestions about the care their family members needed so they would be able to enjoy family holidays with support from staff. The relative told us their suggestions had been listened to and acted upon, so their family member was able to enjoy a break with their family. Another relative we spoke with said they had made suggestions about the type of support their family members needed when they visited their family home, and their suggestions had been acted upon. We saw people's health action plans and guidelines and decision making pathways showed the views of relatives and professionals had been taken into account when individual people's care was planned.

Staff we spoke with knew individual people's preferences well and took action so people received their care in the best way for them. One relative we spoke with highlighted how well staff communicated with their family member. A staff member we spoke with told us how important it was to tailor how they communicated with people so they had the best chance of understanding what care was available and so they did not become isolated. The staff member told us some people at the homes preferred way of communicating was Makaton. Makaton is a language programme using signs and symbols to help people to communicate. The staff member explained most people used their own versions of this. Staff learnt the ways individual people at the houses used Makaton, so staff could communicate with people in the ways they preferred. Another staff member we spoke with told us how one person living at the homes was supported to do things they enjoyed outside of the houses. The staff member explained how plans had been put in place so the person had the chance to do this, so they would experience good health and a sense of well-being. One staff member we spoke with explained how they encouraged people to take the advice given by health professionals. The staff member explained one person enjoyed doing their physiotherapy exercises more if they had the opportunity to do these to music. The staff member explained how staff had supported the person in this way so their exercises would be enjoyed more, and their health needs met.

One relative we spoke with told us how staff had provided extra support to their family member because their health needs had changed. The relative explained how staff had researched their family member's health needs and done additional training. The relative told us because of this, "(Staff) are viewed as other members of the medical team and think things through." The relative explained staff supported their family member and their relatives during meetings with their consultants. By doing this, staff knew the best way to care for their family member. The relative told us because of the care the staff had given, their family member continued to enjoy the best possible care and quality of life. Another relative we spoke with told us, "Staff understand that the people living in the home are all individuals, with their own complex needs." The

relative gave us an example of how staff had identified ways to support their family member as they had noticed the person had become anxious during personal care. The relative told us, "I found it really reassuring, as the staff had realised [person's name] was anxious when they tried to weight bear. Staff then used a hoist instead. [Person's name] was much happier with this."

Staff members told us how their knowledge of people's changing needs was used to update people's health action plans and guidelines so people would receive the individual care they needed. One staff member we spoke with explained how information on people's changing needs was shared at regular meetings, and people's health plans and guidelines were updated as a result. We saw people's health action plans and decision making pathway documents were in "easy read" formats, so people's understanding of the choices and care available would be promoted. We also saw people's health action plans and guidelines had been regularly updated so they reflected people's current needs.

Relatives told us their family members had the opportunity to do things they enjoyed doing. One relative told us, "(Staff) are proactive and will suggest and find things for [people's names] to try." The relative explained how staff had suggested their family members may like to go camping. The relatives told us, "[People's names] absolutely enjoyed this, and have now been a few times." Staff told us they had made this suggestion as they knew from the people's life histories they used to enjoy camping with their family when they were growing up. Staff also told us about other opportunities people had to do things they enjoyed. These included going bowling and to discos, enjoying meals out, and going for walks. Two staff members we spoke with told us how much some people enjoyed going out to "Jolly Teapots", which was a club where they could meet with friends. One staff member we spoke with told us how much one person at the home looked forward to going to the club, and how they liked staff to talk about the times they spent there.

Relatives confirmed they were able to visit their family members when they wanted and they and their family member's friends were made welcome at the houses. We spoke with one relative who lived some distance away from the houses. The relative told us staff had provided good support so their family member was able to keep in touch with them. The relative told us staff had arranged for 'skype' to be used, so they could keep in touch. The relative told us, "It's lovely, because I can see and hear [person's name] giggling when they see me." Staff we spoke with understood the value of helping people to keep in touch with relatives and friends who were important to them.

Staff supported people to express their spirituality. One relative told us "Because of the staff they can participate in church life." A staff member we asked about this told us how extra staff were arranged to support people to go to church when needed, so they would be able to participate in church life and maintain their friendships.

People's preference for the gender of staff member to support them with specific areas of their care was acted upon. One relative told us staff understood their family member's preference for some elements of their care to be given by a male member of staff. The relative told us staffing had been organised so this preference was met. The relative said, "The staff are brilliant, and having a male carer makes all the difference. [Person's name] really enjoys their company." Staff we spoke with explained how they supported people so their preferences for the gender of the staff member to deliver their care were met. One staff member gave us an example of how the staff team worked together to make sure people received the care they wanted from the staff members with the gender they preferred.

All of the relatives we spoke with told us they had not needed to make any complaints about the care their family members received since the appointment of the current registered manager. All of the relatives and

staff we spoke with said they were confident if any concerns or complaints were raised these would be dealt with in a positive way. Staff told us they had received training so they knew how to support people or their representatives if they wanted to make a complaint. We found there had not been any complaints raised about the care people received for a number of years. We also saw the registered manager had processes in place if a complaint was received, which included actions to take so any lessons would be learnt.

Is the service well-led?

Our findings

All the relatives we spoke with told us they thought the home was managed well and the registered manager was approachable. We saw throughout our inspection the registered manager spent time with people and staff, and people and staff were relaxed when this happened. Staff told us they were able to obtain advice from the registered manager and senior staff when they needed to. We saw this happen throughout our inspection. Every staff member we spoke with told us they thought the home was managed well. One staff member we spoke with told us, "Senior staff and the registered manager will always help if we need their assistance." Another staff member told us the way the home was run meant, "People here are all individuals, but it's also family, too."

Relatives highlighted how the registered manager had guided staff so communication between relatives and the staff team benefited the people living at the homes. One relative told us because they and the staff team shared information about their family member's changing needs they could be confident their family member was getting the care they needed. The relative told us, "It's excellent care. The (registered) manager sets the culture; you can see staff are caring. I can't fault HFT, they are brilliant." Another relative we spoke with told us, "We are being listened to and I have confidence in the manager and [person's name] has good keyworkers, is looking good and staff are on top of things." One relative we spoke with told us, "It's very well managed. Staff are happy, encouraged by (registered manager's name), and are well trained and pro-active." Staff we spoke with told us they enjoyed working in the home and were supported by the registered manager to try new ways of caring for people so people's health and well-being needs would be met.

The registered manager told us they used staff meetings to ask staff for their suggestions on how the houses should develop. One staff member we spoke with told us about plans to develop a sensory room for people to enjoy using. Staff told us they were comfortable to raise any suggestions about how the home was run and the care people received. Four staff members gave us examples of suggestions they had made so people would have more chances to do things they enjoyed doing. This included people being supported to go on days out and holidays and improvement to the houses and garden so people would be able to enjoy improved facilities. One of these staff members told us how suggestions they had made to improve people's choices on waking had been implemented. The staff member said, "(Registered manager's name) will address issues and take action". The staff member explained as a result of the changes people now had more time to do the things they enjoyed, and experience a greater sense of well-being. Another member of staff told us their suggestions for obtaining new equipment for one person had been listened to and action had been taken so risks to the person were reduced.

Staff told us the registered manager had developed effective communication with external specialists so people's health and well-being would be promoted. This included working with hospice nursing staff and developing ways of working with advocates and consultants. The registered manager told us how staff had attended specialist health conferences so their knowledge of people's health conditions would be widened. By doing this, the registered manager could be sure individual people were receiving the best care possible.

People were supported by staff to complete regular "Thoughts and Feelings" questionnaires. Staff told us people's views on the care they received were also checked at house meetings. One member of staff told us these were used, "So people have the chance to look at suggestions for activities and make their own choices." The registered manager explained they reviewed people's feedback so they knew how people felt about the care they received and so they could plan to develop the care people received further. One staff member also told us people were supported by the provider's "Voices to be Heard Group". As a result of the work done by this group, people had been able to help to improve the garden and make their own choices about the garden layout and planting. The staff member told us people had great fun doing this. Relatives told us they were also asked for their views about the quality of the care their family members received. Relatives told us they completed questionnaires about the quality of the service. We saw the relatives responses to the questions asked had been positive.

The registered manager told us about some of the regular checks they made so they could be sure people were receiving the right care in a safe way. These included checks to see if people's goals were planned, and staff availability and training. In addition, checks were made on complaints received, people's financial safety and what opportunities people had to do fun and interesting things. We also saw people's medicines were regularly checked so the registered manager could be sure people were receiving these in a safe way. The registered manager explained the results of their checks were sent to the provider, and action plans were agreed so people would benefit from living in homes where the quality of the care developed further over time. We saw action plans had been developed, and where actions were identified these were carried out. The registered manager and staff told us the provider's quality team also visited to do spot checks so they could be assured people were receiving the care they needed.

The registered manager told us in addition to the regular contact they had with the provider they were also able to obtain support from other registered managers at regular meetings, so their knowledge and skills were developed further. The registered manager told us the provider assisted the homes to develop further. The registered manager told us about some of the plans for developing the homes over the next 12 months. Plans included exploring if "eye gaze" technology would enable people to make more choices independently and additional resources so people would benefit from living in an improved home environment.