Potensial Limited

Potensial Limited - 3 Sydenham Terrace

Inspection report

3 Sydenham Terrace
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Date of inspection visit:
28 June 2016
29 June 2016

Date of publication:
05 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Potensial Limited – 3 Sydenham Terrace is a residential care home set in a large terraced house in South Shields, South Tyneside. The service provided accommodation, care and support to six vulnerable adults living with a learning disability and other with mental health related conditions.

This inspection took place on the 28 and 29 June 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

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

People told us they felt safe living at the service with the support from the staff. Policies and procedures were in place to protect people from harm and to ensure staff understood their responsibilities with regarding to protecting people from and acting on suspected abuse or improper treatment.

Records were kept regarding accidents and were investigated and reported in a timely manner. These were analysed by the manager and used to review care needs, update risk assessments and implement preventative measures as necessary. There were no records of incidents as the manager told us they had not been any.

The service managed risks associated with the health, safety and wellbeing of people who used the service, including carrying out regular checks of the property and equipment in line with their legal responsibilities as the landlord. Individual care needs had been assessed for all aspect of people's lives and we saw evidence which showed these were reviewed and monitored regularly.

Medicines were safely and hygienically managed and medicine administration records were detailed, thorough and accurate. Medicines were stored safely and securely. The staff followed procedures regarding the receipt, storage and disposal of medicines. All other records relating to the management of the service were well maintained.

There were enough staff employed at the service to manage it safely and to meet people's needs. Although some consideration was needed to improve the provision of individual activities. Staff files showed the recruitment process was robust and staff had been safely recruited. Training was up to date and staff had a mix of qualifications, skills and experience. Staff had the opportunity to work towards qualifications which would develop their career. Competency checks were carried out by the manager to assess the staff's suitability for their role.

Supervision and appraisals were carried out regularly and recorded which showed staff were supported in

their role. Staff and 'House' meetings were held regularly and minutes were recorded. This demonstrated that everyone had regular opportunity to speak to the manager and discuss any issues.

There was evidence to show the manager and staff had an understanding of the Mental Capacity Act 2008 (MCA) and their responsibilities. The staff assessed mental capacity and reviewed it as necessary. Care records showed that whenever possible people had been involved in making some decisions, but more complex decisions that were made in the person's best interests' had been taken appropriately with other professionals and/or a relative involved.

Staff supported people with nutritious, well-balanced meals; individual dietary needs had been assessed and were catered for. We observed people enjoyed their food at mealtimes, which were a positive and interactive experience. People had choice around mealtimes and often chose from the menu plan, however we also saw people could choose alternatives if they preferred.

Staff displayed kind, caring and compassionate attitudes and people told us all of the staff were nice to them. We observed people were treated with dignity and respect and staff were pleasant and friendly.

Individual needs had been initially assessed and reviewed with the involvement of people, relatives and external professionals. Care plans were person-centred and contained in-depth information which included life history, family, interests and hobbies. These were accessible to people and easy to understand as they included photographs and pictures along with written words.

The service encouraged people to get involved with activities in which they showed a keen interest. People were accompanied by staff on day trips and to visit places of interest to them, however these group activities did not always cater to individual needs. The service was working with local authority staff to enable them to fully meet individual requests for activities.

There had been no complaints received by the service. The manager explained to us how the complaints procedure would be followed and we reviewed the guidance documentation in place. People told us they had nothing to complain about but would feel confident to tell the staff if something was wrong. Compliments had been received by the service and were shared with the staff.

Regular quality monitoring took place by the manager. Daily, weekly and monthly checks and audits were used to measure the quality and safety of the service. The provider had oversight of and audited records regularly. The service asked staff, professionals and relatives for feedback and gave them the opportunity to do so through surveys. Surveys were also issued to people to gather their opinions of how the service was managed and how it could be improved. We observed a good response to surveys, which allowed the manager to gauge an overall opinion. We saw action plans had been drafted to improve the service following audits and surveys.

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 told us they felt safe and safeguarding procedures were followed to ensure people were protected from harm.

The premises were safe and regular checks on the safety of the property were carried out.

Suitable staff were recruited and they had the skills and experience to meet people's needs.

Medicines were managed safely and securely.

Is the service effective?

Good

The service was effective.

People were cared for by well trained and supported staff.

The manager and staff had a thorough understanding of the Mental Capacity Act 2008 and its principles.

People were supported to eat and drink well. Individual needs and preferences were catered for.

People had access to a wide variety of external professionals to support their general health and well-being.

Is the service caring?

Good

The service was caring.

Staff displayed genuinely kind and caring attitudes and they were friendly towards everybody.

Relevant advice and guidance was on display and available in easy read formats to ensure people had access to information when they needed it.

Staff maintained confidentiality. People told us and we saw staff promoted independence, respected privacy and maintained

dignity.

Is the service responsive?

Good

The service was responsive.

Care records were person centred and contained in-depth information about individual needs.

Assessments and care plans were reviewed regularly and updated if necessary.

People were encouraged to take part in activities, group outings were arranged. However there wasn't always enough staff to fulfil individual requests.

There had been no complaints about the service. People told us they knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post.

There was a culture of openness and honesty and staff were aware of their responsibilities and felt supported in their role.

The manager sought feedback from people, relatives, staff and professionals about the service in order to improve and develop it.

A number of audits were carried out by the manager and the provider to ensure the quality and safety of the service.

Potensial Limited - 3 Sydenham Terrace

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 28 and 29 June 2016 and was unannounced. This meant the provider and staff did not know we would be attending. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about Potensial Limited – 3 Sydenham Terrace including any statutory notifications that the provider had sent us. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service, or other matters that the provider is legally obliged to inform us of. In addition, we contacted South Tyneside Council's commissioning and safeguarding adult's teams to obtain their feedback about the service. We also spoke with the Tyne and Wear Fire Service.

We had asked the provider to complete a Provider Information Return (PIR) prior to the inspection, which they submitted in a timely manner. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed the planning of our inspection.

During our inspection we spoke with four people who lived at the service. We also spoke with three members of staff including the registered manager, who were all on duty during the two day inspection.

We pathway-tracked three people. This meant we reviewed all elements of their care, including inspecting their electronic and paper care records, risk assessments, medicine records and finance records. We also

observed them as they interacted with staff and other people.

We looked at three staff recruitment and training files and we examined a range of management records which related to the safety and quality of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at the service. When we asked them, "Do you like living here"? They made comments such as, "I love it", "It's amazing" and "Yes, I love living here." One person told us, "I am really happy here, I didn't feel safe at the last place."

Safeguarding policies and procedures were in place and the manager worked alongside the local authority to ensure people remained safe from harm or improper treatment. There had been no incidents of a safeguarding nature reported to the Care Quality Commission or the local authority. The local authority did not have any safeguarding concerns to share with us about the service. Staff understood their responsibilities towards protecting people and they had undertaken regular training to keep abreast of best practice and local guidance. Safeguarding scenarios were discussed at staff and 'house' meetings and we saw that the manager had asked people if they knew who to tell if they were scared or upset. It was documented in the minutes that everybody said they'd tell staff or their family. Safeguarding information and advice was available for people in an easy to read format and displayed around the service. This showed that people were supported to understand what 'keeping safe' meant and how to raise any concerns they may have.

Risk assessments were in place. They measured the likelihood of an incident, the impact and the risk to the person or staff. The manager ensured that care needs had been risk assessed and people were encouraged by staff to take positive risks where possible, such as going to the local shops by themselves. Individual risks to people were documented and were monitored such as choking, finances, hot drinks and road safety. There were instructions for staff to follow and preventative measures in place to reduce the likelihood of a person coming to any harm. These had been recently reviewed and updated as necessary.

Accidents were recorded on an electronic recording system. They were monitored by the manager to identify trends and used to update the risk assessments. We reviewed three minor accidents where people had not come to serious harm or injury. We saw these were thoroughly documented by staff in the daily notes with details and actions taken.

We observed people moved safely around the home and the provider had considered risks to people's safety when adapting and furnishing the property. For example double handrails were fitted on the stair case and locks were fitted to the medicine and laundry cupboards. The provider had undertaken checks which they are required to do by law, which included safety tests of gas, electricity and water. We saw evidence these were routinely carried out by a professional contractor. Fire alarms had been serviced and fire-fighting equipment was in place. One member of staff was responsible for ensuring fire safety records were maintained. The records showed practice evacuations took place and regular checks were carried out on the fire escapes and equipment. The Tyne and Wear Fire Service confirmed they had carried out an inspection of the property in October 2015 and found the service to be compliant. The manager ensured people had a personal emergency evacuation plan in place and had drafted a fire risk assessment. The provider had a business continuity plan to ensure people would be properly cared for in the event of a major emergency and staff had prepared a 'box' of emergency supplies such as emergency contact information, a

torch, snacks and bottled water.

The property was well maintained and nicely decorated. It was clean and tidy throughout. The manager told us they were about to start redecorating people's bedrooms and had encouraged people to choose the wallpaper and paint. Staff reported any minor repairs to the manager and recorded them in a book. We saw general repairs were attended to immediately by the provider. For example, the day before the inspection staff had noted that the tumble dryer was noisy. During the inspection we saw a maintenance worker arrived to assess the machine. Bedrooms were clean and free from clutter. People had brought some of their own furniture and also had furniture supplied by the provider, which they told us they were happy with.

People told us they thought there was enough staff to meet their needs and expectations. However, everyone at the service needed to be escorted by staff if they wished to access the community further than the local shop. Staff told us there was not enough of them to always be able to meet individual requests, however they did what they could to meet people's requests some of the time. We reviewed the staff rota and saw the shifts were consistently covered with the same staff. Staff told us they worked similar shifts each week and the team covered for each other when required. A member of staff stayed at the service overnight to ensure people were supported through the night if they needed it.

The manager recruited suitable staff to meet the needs of the people who lived at the service. Staff recruitment files showed there had been an application process, interview, two references were received from past employers and/or a character referee and an enhanced certificate from the disclosure and barring service (DBS) was also obtained. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed. The staff we spoke with confirmed the manager had carried out these appropriate checks prior to their employment. Records showed staff had a good mix of experience, qualifications, knowledge and competence to support the people who used the service.

We checked how the service managed people's medicines needs. The keys to the medicine cupboard were 'handed over' to a member of the support staff when their shift started. We saw the medicines were kept in a secured cupboard. Inside the cupboard, medicines were locked in a metal box which was attached to an inside wall. Each person's medicine was kept in an individual labelled box. We carried out a random check of the medicine stock and the records. We found these to be accurate, up to date and well maintained.

A member of support staff talked us through the procedure related to the administration of medicines and showed us records of how the medicines were handled by the service. Receipt of medicines into the service was recorded. Medicines which required disposal were recorded and returned safely to the pharmacy. The staff member told us only staff who had achieved the safe handling of medicine accreditation would administer medicines. We observed a member of staff supporting a person to apply topical medicine. Topical medicines are creams, foams, gels, lotions, and ointments which are applied to the body to treat ailments. The staff member ensured both their own hands and the person's hands were clean. They checked the Medicine Administration Record (MAR), and dispensed the correct amount of cream from the tube into the person's finger. They directed the person to apply the cream in the correct place and to rub it in. Afterwards the staff member encouraged the person to wash their hands again whilst washing their own and updated the MAR accordingly. This evidence demonstrated the service managed medicines well and people were supported to receive it safely.

Good

Is the service effective?

Our findings

Staff told us they had completed training in key topics such as safeguarding, medicine management, food hygiene and first aid. New staff worked towards the Care Certificate. The care certificate is a benchmark for the induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care. As well as an induction process, staff had completed other training in topics specific to people's needs such as learning disability awareness and challenging behaviour. A member of staff said, "I've recently done some training, I'm doing diabetes awareness on Friday and I have autism awareness training coming up too." Staff training files showed the manager used internal and external training providers to train and develop staff, as well as professionals from other health and social care services. We reviewed a training plan which the manager used to ensure staff were kept up to date and refreshed.

We reviewed staff supervision and annual appraisal records. Staff told us these one to one sessions worked well and they felt supported by the manager. They said, "They are worthwhile" and "They're an opportunity to request further training." We saw supervision sessions covered work related actions and outcomes, concerns and issues and training and development. The manager carried out competency checks on staff as they performed certain tasks such as medicine administration. This demonstrated people were receiving support from staff who had the skills and knowledge to carry out their role effectively.

We observed staff speaking clearly and directly to people in order to convey the message they were trying to get across. We saw people responded well to this method of communication. This showed the service made people feel included and valued by communicating with them in a way they could understand.

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 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. The staff told us an application had been made to the local authority with regards to each individual living at the service as they had all been assessed as lacking capacity to make major decisions and so far the majority had been granted. Staff told us and training records confirmed that staff had completed an awareness course about the MCA and DoLS and they told us this had enabled them to understand best interests' decision making. Care records showed best interest decisions were being made in line with the MCA principles and in some cases, assessments had shown a person had been able to make a particular decision themselves.

We saw in care records that people who used the service had consented to receive the care and support they required. Records had been signed by a person or someone acting on their behalf. Other consent records were in place, for example, the service had gained people's consent to take part in a yearly review, share their information with other relevant parties and to have photographs taken.

During the inspection we were able to see and hear interactions between people and staff at mealtimes. Staff encouraged people to join in and help to prepare meals. They made comments such as, "Do you want to crack the eggs for the omelettes?", "Would you like to make the cups of tea?" and "Excellent job done there." There was a menu plan in place for the evening meal, which included spaghetti bolognese, curries, chillies and roast dinners. People likes and dislikes were catered for and alternatives were always available. We saw in 'house' meeting minutes that staff asked people for their suggestions at mealtimes. Breakfast and lunchtimes were unplanned and people chose whatever they wanted. A member of staff told us, "For breakfast they could have cereal and toast or a cooked one if they wanted and for lunch they usually choose sandwiches or omelette – they can have whatever they want really." We saw staff giving a person the choice of ham or cheese savoury sandwiches – the person had both! Afterwards we asked them if they enjoyed their lunch, to which they replied, "Very nice indeed! I had ham AND cheese, then yoghurt and some ginger cake." Another person said, "Nice dinner that was." We saw people could help themselves or ask staff for assistance with snacks and hot drinks whenever they liked.

We looked at the kitchen facilities and saw there were modern appliances and plenty of space for people to prepare food. There was a large dining area for people to socialise together and a separate table in the lounge if people preferred that. There was a large fridge-freezer and dry storage cupboards which were well stocked with a variety of healthy food and snacks. We saw a noticeboard in the kitchen which displayed information about nutrition and hydration in an easy read format. The service had been awarded a 4* hygiene rating from the local authority. Staff were aware of people's individual dietary requirements and managed these well. They told us, "(Person) is a diabetic so we have to be careful with what they eat." We heard staff talking to the person about desserts. They said, "Bananas and grapes are high in natural sugars, we could buy some lovely melon if you fancy fruit for pudding one day - that will be low in sugar. I've got you some sugar free jelly if you want to make that." One person had recent involvement with a dietician and the staff had been asked to monitor their food and fluid intake. We reviewed these records and saw the person was being supported to eat and drink enough to maintain a healthy balanced diet.

Staff told us they made referrals as required to other health and social care professionals on behalf of people who used the service. During the inspection we saw a social work assistant and a nurse visit the service to meet with people. Care records showed the service had involved a wide range of professionals to ensure people received support with their general health and well-being which included speech and language therapists, opticians, dentists and chiropodists.

Good

Is the service caring?

Our findings

One person said, "The staff are great here. They look after you, cook your meals and do your laundry, its brilliant here." Another said, "I love living here, I've been here 10 years and I'm really happy. You can get up when you want, go to bed when you want, choose your food and they [staff] take you out."

Throughout the inspection, staff displayed caring and kind attitudes. We saw people were treated with compassion and respect. It was obvious from the interactions that the staff knew people well and people treated the staff like friends. Staff were able to tell us about people's health conditions, their life histories, likes, dislikes and preferences. Staff told us people were individuals and they were aware of people's differing needs, for example in relation to diet and medical intervention. Training records showed staff had covered equality and diversity, privacy and dignity during their induction. Staff told us they applied this knowledge whenever they could in respect of delivering care that was specific to people's age, disability and beliefs, for example, during personal care and activities.

We saw plenty of good examples of how independence was promoted. For example, we heard staff encouraged people to visit the shop by themselves for milk and a newspaper. We also heard a staff member encouraging someone to run their own bath. They said, "Would you like a bath now – it will do your (sore) back good?" When the person agreed that they did want a bath the staff member said, "Well if you go and run the water, I'll come up and check the temperature." This was also a good example of staff showing concern for a person and taking proactive action to relieve their discomfort. We frequently heard the staff on duty asking this person how their back was.

People were involved with all aspects of their own life; people told us they had been involved in decisions about the decorating, soft furnishing, meals and activities. We saw in meeting minutes that people had suggested meals to try and group activities to get involved with and staff had arranged these. People had been involved with care planning. In the care files we examined, people had signed their own name against the plans and agreements made. People told us their relatives and friends could visit at any time. One person told us, "My brother comes once every three weeks for tea." We saw an entry in one person's daily notes which read, "Friend visited for the afternoon". This demonstrated staff supported people to maintain relationships with those who were close to them.

Information, advice and guidance was on display on various noticeboards around the service to ensure people had access to relevant information when they needed it. People had been given a 'Service User Guide' when they moved in and copies were also on display. This booklet included information on the aims of the service, an explanation of who owned the service, an explanation of how care is planned and key policies and procedures such as safety, confidentiality and rules. The document contained words and pictures to help people understand the information. Leaflets on local services, amenities and community events were also on display.

Information about advocacy services was made available to people. A member of staff told us, the service had made a referral for an Independent Mental Capacity Advocate (IMCA) for one person. The role of the

IMCA is to support and represent people at times when critical decisions are being made about their health or social care. They are involved when the person lacks capacity to make these decisions themselves and mainly when they do not have family or friends who can represent them. Staff also told us the local authority held responsibility for all except one person's finances through the Court of Protection. The Court of Protection was created under the Mental Capacity Act 2005. It has authority over the property, financial affairs and personal welfare of people who lack the mental capacity to make their own decisions. One person had their own bank account and staff supported them to manage the account. Robust recording of any financial assistance was in place. Having this formal support in place showed the service had made arrangements to ensure people were involved in making some decisions and had their views listened to and acted upon.

People's personal information was kept locked away. Only the manager had access to some information such as staff records. Staff demonstrated they were aware of the importance of maintaining confidentiality and privacy within the home for example, doors were closed and curtains were drawn during assistance with personal care. Staff talked to us discreetly when necessary. The manager also demonstrated an understanding of confidentiality during our discussions.

Good

Is the service responsive?

Our findings

We reviewed three people's care records in depth. Up to date electronic records had been printed off the system by the manager and stored in paper files to ensure staff and people could access the records whenever they wanted to. We found the records to be person-centred and thorough. They contained a 'pen picture' and a 'hospital passport' which included information about the person's life history, medical condition, individual care needs, personalised risk assessments, likes, dislikes and preferences. The 'hospital passport' was a document which could be transferred with a person in the event of an emergency hospital admission. This ensured the service effectively communicated the person's needs with others, whilst ensuring the security of the more in depth records. People had contributed to their assessments and plans by informing the staff of their likes, dislikes and preferences regarding their care and support.

A care needs summary detailed the individual support people were assessed as needing. This included people's needs in relation to behaviour, communication, community access, participation, continence, daily living, education and employment, finances, health and well-being, mobility, nutrition and hydration, personal hygiene, personal safety, relationships and sexuality. There was an informative care plan drafted for each need which covered the person's situation, expected outcomes, actions and reviews. We saw these were updated every six months or if changes occurred. For example, we read one plan which explained how a person would present themselves if they were anxious. There was an explanation of the triggers to such behaviour and strategies to support the staff to manage a situation. Preventative measures such as being vigilant for the triggers were also recorded.

We saw in care records that when people had found something particularly difficult to manage, the service had responded quickly and effectively by involving other services. For example, one care record contained information from a speech and language therapist with regards to certain foods to avoid, which would reduce the risk of the person choking. This information had been transferred into an easy to read format so the person could also understand their care records. Another person's record had information about managing diabetes. Actions were recorded such as ensuring medicine was taken, encouraging a healthy diet and having blood checked at regular intervals.

Staff told us that recently a lot of funding for one-to-one activity time and funding for day centre placements had been cut and this had impacted on the people who lived at the service. A local authority worker confirmed this had happened. Staff told us and we saw that most people were now at home during the day, although some people had limited access to a day centre and some people made occasional visits to their families. We observed people watched their favourite programmes on TV, read newspapers, played dominoes, helped staff with chores and went out to the local shop. There was no specific activities plan in place and the staff told us they facilitated whatever activity a person showed interest in, for example, playing dominoes or gardening. During the inspection, one person showed particular interest in the European Football Cup finals. We heard a member of staff say, "The Wales match is on Friday, I checked at home for you last night." The person was excited about the game and asked the staff and other people if they could watch it together.

We saw 'house' meeting minutes that showed the staff had encouraged people to be involved and make suggestions about activities. We also saw in further meeting minutes and from photographs displayed around the home that some of these activities had taken place, such as a trip to the theatre, a trip to the Coronation Street set, a trip to Blackpool, bowling, fishing and birthday/Christmas celebrations.

Staff told us it was sometimes difficult to find something that everyone could enjoy together due to people's age, gender or health condition. They said, "We have accompanied people on trips out, and we have group outings, we sometimes go to the beach on a Saturday and the amusements and this weekend we are going to try and see the (Catherine) Cookson parade." One person who lived at the service was reluctant to go out at all; therefore a member of staff always had to remain at home with them. This meant the options for those who wanted to go out were limited due to the number of staff on duty. A local authority worker told us, "I have been working with the staff to put some structured activities in place so that all residents are able to access a number of social inclusion activities in the community and within the home… I am reassured that we will continue to see improvements over time."

The people we spoke with all said they were happy with the service and they had no complaints. There was an easy to read complaints leaflet produced for people to ensure they could understand how to complain and we saw this on display. People told us they knew how to complain and would not hesitate to tell staff or the manager if something wasn't right.

We looked at the records which related to complaints and saw the service had not received any complaints. There was a corporate process in place and we reviewed guidance documents which supported the manager to respond to complaints if necessary. These included a complaints form to document verbal and written complaints, a standard resolution letter for the manager to use when responding to a complainant and a review process to ensure people remained satisfied with the service after their complaint was resolved. The information we gathered prior to the inspection did not contain any complaints about the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. This meant she has accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. Prior to our inspection we checked whether statutory notifications were being submitted and we found that they were. The manager had also ensured the PIR documentation which we ask for was returned to the Commission on time.

We spoke to staff about the service. Staff told us they enjoyed working at the service. Comments were made such as, "I love working here" and "There's good team morale." Staff told us they felt valued and appreciated by the manager who they described as "Easy going" and "Approachable."

Corporate policies and procedures were in place and we reviewed evidence kept on staff files that information about the safe running of the service, staff conduct and expectations of employment had been made available to staff. Supervision and appraisal records showed that the manager ensured staff knew and understood what was expected of them. Staff performance was measured and staff were supported to learn and develop their careers.

Regular 'House' meetings and staff meetings were held to discuss the service and any improvements the manager and provider planned to make. We saw evidence in the meeting minutes that the manager had included people and staff when making decisions about the service and the property, for example with decoration and activity planning.

The provider carried out audits of the service to monitor quality and safety and to ensure they had oversight of the service. We reviewed a 'Monthly Quality Audit' which was completed by the regional manager and contained evidence to show that people's care records had been audited at a higher level for quality and safety purposes. The director of operations had also conducted a 'Service Performance Inspection' recently. This covered aspects such as performance areas, environment, involvement and observations. The director had suggested ideas for good practice and reviewed the service's reporting statistics in relation to health and safety, medicines and premises.

The manager carried out checks and audits of the service too. We reviewed a property audit carried out in October 2015 which related to the checks carried out around the premises. The manager had recorded decorating priorities which included internal and external maintenance and decoration, flooring, furniture, white goods and soft furnishings. We could see good progress had been made with the actions documented. A monthly audit of medicines had been carried out; this included reviewing medicine administration records (MARs), checking medicine stocks for discrepancies, ordering and disposal. The audit form prompted staff to check each task, record an outcome and note any action taken. We saw the regional manager had suggested the service increased these checks to weekly to reduce the risk of discrepancies. Staff told us they had recently implemented the weekly checks and the records confirmed this.

The manager had drafted a 'Service Development Plan' which measured the development of each individual

who used the service. It monitored appropriate service provision and customer satisfaction. There was an action plan with minor issues recorded which the manager and staff had addressed.

There had been a recent introduction of 'cross organisation auditing'. This meant that managers from different services from the same organisation conducted audits of each other's services. This was to ensure effective quality measures were in place, best practice ideas were shared to drive improvements and continuous development took place.

All of the records we examined whether electronic or paper where found to be up to date, accurate and relevant. The records were well maintained and reviewed regularly which enabled staff to have a good understanding of people's needs and their responsibilities towards providing a safe, caring and homely environment.

We reviewed a questionnaire which had been given to people who used the service in 2015. The manager told us this year's questionnaire (2016) had just been distributed. We noted that a pictorial version of the survey with 'happy and sad faces' had been created to make it easier for people to understand and complete. Overall the responses were positive with people commenting on the facilities, activities, staff and food. People were asked if they felt safe, which they did. People were asked if they had any concerns or thoughts about the service. We saw responses to this question related to the decoration and modernisation of the property. The service had responded to these comments promptly as we observed during the inspection that the décor has been recently modernised, there were new carpets laid and there was a plan in place to commence decoration of each individual bedroom.

A second questionnaire had been distributed amongst staff, relatives and other supporters of people who used the service. These results had been analysed by the provider and shared with the manager. The overall satisfaction with the service was 67%. Respondents had agreed 100% that security, diet, participation and external support was good and 90% of respondents thought the staff support was good. However only 67% believed the activities provision was good. The manager had drafted an action plan and was working towards the improvements needed to enhance satisfaction.

The provider had accreditations with 'Investors in People' and 'The Social Care Commitment' amongst others. The Investors in People award is given to organisations who adhere to best practice in people [staff] management. The Social Care Commitment is a promise which staff make to give people who need care and support with high quality services. The manager and staff demonstrated they worked positively towards the providers values by creating an open and honest culture, respecting individuals, empowering people to make their own decisions, treating people equally and sharing their knowledge and experiences with each other and the wider organisation for the benefit of the people who used the service.