

St Judes Residential Home Limited

St Judes Residential Care Home Ltd

Inspection report

20 – 22 Breckon Hill Road
Middlesbrough
TS4 2DR
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Date of inspection visit: 28 July 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on the 28 July 2015. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting

St Judes provides lifelong accommodation for up to 14 people with a mental health condition. It consists of two connected Victorian terraced houses located on the outskirts of Middlesbrough. All bedrooms are single occupancy with en-suite facilities. The service has been extended and there are a number of communal areas

including two lounges with access to Sky Sports and games consoles, a large dining room area and a pool room. At the time of our inspection there were 13 people living at the service. All 13 people were males.

The service had a registered manager in place and they have been registered with the Care Quality Commission since February 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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 also owned the service.

Risks to people’s health or well-being had been assessed and plans put in place to protect people. People had access to medicines and these were stored and administered safely.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. Staff gained consent from people where appropriate. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). No-one living at the service was currently subject to a DoLS, however, the registered manager understood when an application should be made.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose. The provider followed safe processes to help ensure staff were suitable to work with people living in the service.

Staff had completed a range of training which was updated yearly and felt supported by the registered manager. The quality of the care and support provided in the service was monitored by the registered manager

There were sufficient staff to provide the support needed and staff knew people’s needs well. Staff had regular supervisions and appraisals to monitor their performance.

Staff provided individualised care for people. They showed respect to people and spoke with them in a kind and caring manner. The provider supported people to be as independent as they could be, to be in employment, education and to remain a part of the community. People’s privacy was respected and people said they felt safe and cared for.

People felt involved in the way their care was planned and delivered. They were able to provide feedback on the service they received and their concerns were addressed.

People were supported to access healthcare professionals and services.

People who used the service had freedom to come and go as they pleased and all enjoyed their own hobbies such as gardening, photography and listening to music.

People’s care records were person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what’s important to the person. The care plans were found to be detailed outlining the person’s needs and risks. Risk assessments were in place. Care plans provided evidence of access to healthcare professionals and services.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available. All furniture and fittings were of a high standard.

We observed a lunchtime and teatime meal. People were provided with choice and enjoyed the food on offer. Food was prepared and cooked at the service.

Staff were supported by the registered manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and electrical safety.

The registered provider had developed a robust quality assurance system and gathered information about the quality of their service from a variety of sources.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People felt safe and staff knew what to do if they had concerns about abuse.

Risks to people's health, safety and wellbeing were assessed and action taken to reduce the risk.

Medicines were stored securely and administered safely.

There were sufficient numbers of staff to care for people's needs.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager did have an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities.

Staff obtained consent from people before providing support. People had access to a choice of nutritious food and drink and were supported to access health care when necessary.

Good



Is the service caring?

The service was caring.

People received individualised care from staff and the registered manager.

People were supported to be in employment and education, to maintain and improve their independence.

Wherever possible, people were involved in making decisions about their care. Staff supported people with respect for their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and their care planned. Care plans were individualised. Care was provided which reflected people's changing needs ensuring the delivery of personalised care.

People were treated as individuals and were supported to engage in activities that interested them.

People knew how to complain and felt confident the registered manager would sort out any concerns they had.

Good



Is the service well-led?

The service was well-led.

The registered manager promoted a positive philosophy in the home and this was reflected in the support and care people received.

The provider monitored the quality of the service provided to ensure standards were maintained.

Good



Summary of findings

People were involved in the way the home was run and could provide feedback to the registered manager.	
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St Judes Residential Care Home Ltd

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 registered 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 the 28 July 2015 and was unannounced. St Judes provides a male only service.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR in a timely manner.

During the visit we spoke with seven people who used the service, the owner of the home who is also the registered manager, four care staff, the cook and two domestics. We also spoke with a social worker and a Commissioning and Development Officer. We undertook general observations and reviewed relevant records. These included three people's care records, three staff files, audits and other relevant information such as policies and procedures.

Is the service safe?

Our findings

All the people we spoke with said they felt safe within the home and with the staff who supported and cared for them. One person said, “The staff keep me safe. There is no trouble here, the lads are fine, no fights, we joke with each other.” Another person said, “Being here makes me feel safe, I love it here.”

Staff we spoke with said, “The lads [people who used the service] are all safe here, they are well looked after.” Another staff member said, “They are all safe, if they don’t feel comfortable going out alone we will always accompany them.” And “The location is very safe.” One member of staff said, “They are comfortable with us. They tell us if they feel frightened, we are always here for them.”

From observation staff knew the people who used the service well. Staff had completed training in the safeguarding of adults. The staff members we spoke with were knowledgeable about abuse and the signs they would look for if they suspected someone was being abused. They knew the people living in the service really well and knew how to look for a change in mood or behaviour. They encouraged people to talk about any concerns they might have and they knew to approach the registered manager if they believed that someone was being abused. They were familiar with local procedures for reporting concerns and said they would contact CQC and the local authority if necessary.

Staff did tell us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager and also knew that they could contact the CQC or the Local Authority if they felt that appropriate action had not been taken. One staff member said, “Whistleblowing is very important and has to be done.”

Each person’s care plan had a risk assessment that was personalised to them. Risk assessments were completed by the registered manager or staff and included the person concerned. The assessments briefly outlined the risks and described how support could be provided to minimise the risk. For example one person was at risk of gaining weight. The risk assessment looked at consequences of the risk, warning signs, factors that could trigger the risk, intervention and protective factors that would reduce the risk. The person had added what could trigger and what

support they would need to prevent or reduce the risk. Risk assessments were regularly reviewed and evaluated, which meant that risks were identified and minimised to keep people safe.

The registered manager provided examples of how they promoted positive risk taking. For example people were enabled to travel alone, they had not been able to do this previously due to personal circumstances. This positive risk taking had built trust and independence as well as a sense of responsibility for the person.

The service had an up to date business continuity plan. This meant if an emergency was to happen the service was prepared.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. Audits took place monthly and covered areas such as medicine, housekeeping and personal allowances.

There were plans in place if an emergency, such as a fire, happened. The provider and staff were clear about what action to take and people living in the home also knew how to get to a safe place. We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. One staff member said, “We do a full evacuation fire drill every month, at different times of the day, we check everyone is able to get out.”

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection there had only been three accidents and incidents this year, therefore too few to identify any trends. Each accident and incident was fully assessed with an action plan and a risk assessment put in place when required.

There were sufficient numbers of staff to care for people’s needs. The registered manager said that six staff, plus themselves were always available on weekdays, three at the weekend and two on a night shift. If people required staff to accompany them anywhere there were staff available to do this. One person said, “There are always enough staff, we like to have plenty so we can take them

Is the service safe?

[people who used the service] out to do whatever they want.” An external healthcare professional we spoke with said, “It is generally a well run and well staffed care home and has received good service reviews.”

The provider followed safe recruitment processes to help ensure staff were suitable to work with people living in the service. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We checked the management of medicines and saw people received their medicines at the time they needed them. We saw photographs were attached to people’s medicines administration records (MAR), so staff were able to identify the person before they administered their medicines.

Staff who administered medicines had completed training to do so. Medicine administration took place with two members of staff. One staff member did the full administration and the second staff member witnessed that this was done correctly.

We checked the stocks of one person’s medicines and found these to be correct. MAR charts showed that on the day of the inspection staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. We saw all medicines were appropriately stored and secured within the medicines trolley. We saw that temperatures of the fridge for medicines was documented daily. Medicines training was up to date. We saw records to show that each person had received a self medication assessment and provided signed consent for staff to administer their medicines, where needed. People who used the service were provided with easy read information with pictures on each medicine they were prescribed. This ensured that people knew why it was important to take their medicines and what the outcome could be if they did not. People who used the service said, “I always get my medicines on time.” They went on to explain the services administration procedure such as where they take their medicines and how staff administer them. Another person said, “I know what I am taking and why I take it [medicines].” Medication was always discussed in people’s monthly reviews. The registered manager said, “We have managed to get a few peoples medications reduced which has had a positive impact on their wellbeing and personal life.”

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

Is the service effective?

Our findings

We asked people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, “The staff are brilliant, they look after me, they look after all of us.” And “The staff know what they are doing.”

Staff we spoke with said, “Yes we get a lot of training, we update it every year.” The registered manager said, “We have annual staff training which all staff are required to attend. This is made up of our compulsory courses we have set and also any other training that is required to meet the needs of the person who used the service.” And “We ensure that all staff are trained to a level that will provide the best care for the people before they move into St Judes.”

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who lacked mental capacity to take particular decisions were protected. The registered manager understood when an application should be made, and how to submit one; they understood that people, their relatives, an advocate or an independent mental capacity advisor would need to be involved in any decision making. At the time of our visit no one was subject to a DoLS authorisation or had needed best interests decisions to take place. Staff we spoke with could easily explain their understanding of MCA and DoLS. Staff we spoke with said, “We don’t stop them from doing anything, if it is something we are unsure about we can only give advice.”

We saw evidence of signed consent in people’s care files. For example consent to administer medication, hold personal money and keep personal information.

We asked to see the training chart and matching certificates and were provided with these. Training was planned in advance and we saw evidence of this. All training took place yearly. The registered manager said, “We don’t do computer based training, we have someone

who comes in and really gets the staff involved. They do a group session then they all go off into smaller groups and come back to feedback, they do role play and make sure staff have a firm understanding.” Staff we spoke with said, “X who does our training is brilliant, she brings it alive.”

Staff also completed a 12 week distance learning in mental health as well as a full day mental health awareness training. The training looked at understanding mental health, stress, depression, bipolar disorder, schizophrenia and phobias. The staff also did training in relapse prevention using the slippery slope method. The slippery slope method shows how to look for signs of sliding emotional help, such as erratic behaviour and mood swings. We were told that training was also booked in for A Life Worth Living training in October. This training focuses on reducing emotional pain and increasing positive coping strategies and places an emphasis on thoughts and how talking in itself is a first step to coping and reducing suicides.

New staff completed an induction. One relatively new staff member said, “My induction was very interesting, I was shown everything and read all the policies. I shadowed other members of staff who showed me the routines.” The registered manager said, “We carry out a comprehensive induction and in house training, which each individual must complete before being able to carry out any duties unsupervised. This is then backed up and continuously assessed by staff supervisions which are carried out every three to four months or more often if required.” People who used the service were also involved in staff supervision and their feedback was sought on the quality of the person’s performance and their relationship with them. We saw one comment on a person’s supervision record which said, “I was blessed when X came to St Judes, they have many qualities which enhance the clients wellbeing.” The registered manager said, “We aim to provide development for our staff in the form of the care certificate which will ensure our induction is in depth and relevant. Which in turn will provide a better home for the people who live here, if all staff are qualified to the highest standard with the correct attitudes to carry our duties and care with people [who used the service] best interests at heart.”

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager. One staff member said, “Supervisions

Is the service effective?

are okay, I never have a problem with them, I feel supported.” Another staff member said, “Supervisions are brilliant, they [the registered manager] understands me and fully supports me.”

We observed a lunchtime meal. The times were flexible to suit people’s needs. Some people had sandwiches and some people had beans and cheese on toast. We saw people were provided with choice. No one living at the service had any special dietary needs. The registered manager and staff encouraged people to have a healthy lifestyle.

People said they were provided with choice, one person who used the service said, “If we don’t like what is on the menu we can have something else.” We asked people what they thought of the food that was on offer. People said, “We are all well fed, you don’t go hungry in here, the food is brilliant my favourite is gammon egg and chips.” Another person said, “Its shepherd’s pie tonight, we get cheese on top, its lovely.” And “My favourites are Sunday dinners. We have chicken lamb or pork, sometimes beef as well.” Staff we spoke with said “They have a good choice of food that they prefer, we have takeaway once a month and they all choose what they want which is usually all different so we have lots of deliveries coming to the door, one month they all came together which was really funny.”

People had access to tea, coffee, drinks and snacks throughout the day and had their own kitchen where they

could make drinks. People could eat their meals where they wanted but all congregated around a large dining room table. Staff also sat with them. This brought a family atmosphere to lunchtimes. People were talking about their morning and there was lots of laughter and friendly banter. One person who used the service said, “My friends come for tea twice a week, it’s great, we all have a chat.” One staff member said, “All conversations happen in the dining room, everyone meets here.”

Health monitoring was in place such as weight recording, and action was taken if this was necessary. The registered manager said that they liked to keep an eye on people’s weights due to some medicines people were taking could result in weight gain.

People were supported to appointments with external healthcare professionals such as the GP and optician, evidence of visits were documented in their care files.

The premises were in excellent condition and maintained to a high standard. The registered manager said, “I just get things done when they need doing, with it being an old building cracks often appear and we are forever filling them and decorating.” On the day of our inspection they had someone in fixing and painting the walls. One staff member said, “The home is very well cared for, we are forever decorating it.”

Is the service caring?

Our findings

People who used the service spoke positively and warmly about their relationships with the registered manager and staff in the service. People said, “The staff know me very well, we know each other very well.” Another person said, “Staff have respect for us, they do a lot for us and help us.” And another person said, “They listen to me, I sometimes get stressed out and they talk to me and calm me, the staff are brilliant.”

The healthcare professional we spoke with said, “I find the registered manager, staff and the environment extremely positive.”

The registered manager and staff we spoke with, knew people well and spoke fondly of people living in the home. We observed the registered manager and staff engaging with people in a kind and encouraging manner. There was lots of laughter and the atmosphere was very family orientated. The registered manager talked about the changes in people since they came to the service. For example one person would not join in conversation and did not understand if someone was joking. We had spoken to this person and they had chatting and joked with us. They also discussed how far they had come and how they were looking forward to moving into their own flat. The registered manager said that this person had come on so well.

Staff clearly cared for people and prompted people to carry out tasks for themselves to maintain and increase their independence. One person we spoke with said, “I feel independent and well, they [the staff] encourage me to keep up to date with things like my laundry and keeping my room tidy, they support me.” A staff member said, “They all have their own little jobs around the home, such as washing up, clearing the pots and one will help with making tea.” Another staff member said, “We promote their independence, we are there to support and encourage goals, for example X was a heavy drinker, we got them into sport, swimming and working on the allotment, they can now see different outcomes, for example they enjoy more what is available and feel a lot more healthier.”

We saw how staff went the extra mile to support people who used the service and their relatives. For example, one person who used the service had a close family member who was going through a health problem. This family

member lived on their own. The registered manager and a member of staff were supporting the family member through the health problem and involving the person who used the service as much as possible or where they thought they could cope. The staff member said, “We have set up a plan to support X [the person who used the service] through this, I can read X very well, they confide and open up to me and have put their trust in me. There are some appointments I think will be too upsetting for X, so I go along with the family member then have a discussion with the registered manager on how best way to approach things, with X”

Everyone using the service were fully independent and could come and go as they pleased. They understood that they needed to inform staff when they were leaving the home for emergency reasons. We found the service had a strong, visible positive culture and promoted independence, they supported people to express their views and involved them in all aspects of their care.

The registered manager said, “We have a number of achievements we are proud of. We have a number of people who used the service that have shown incredible progression and some in a short space of time. A number of people have been discharged from their community treatment order.” And “They [the people who used the service] have gained self worth through building independence for themselves by applying for positions at a local charity shop, which we are extremely grateful to have. This has provided a confidence boost and played a huge part in their development. We also have an allotment which has allowed people to learn and understand useful skills which will benefit their independence when they come to move on and gain a place of their own.” One person who used the service said, “I am buying things for my new flat, I have bought plates, cups and bowls. X [registered manager] is supporting me.”

One person we spoke with said, “I work at a charity shop, I love it, since starting there I have started a national vocational qualification (NVQ) in retail, hopefully this will help me get a full time job, it is something to aim for.” And “I am so proud of my NVQ. I am really well it is cushty here”

People said they were involved in planning their care and the level of support they required. Each person decided how they would spend their days and if required, the registered manager, or staff

Is the service caring?

member would assist the person to access the activity they had chosen, such as bowling, swimming or the cinema. One staff member explained how one person enjoyed doing new things and exploring different places. They said, "I try to do things differently, we have been all over, Durham, York, the beach. X had never been to many places before and is really enjoying the interaction and values it."

People we spoke with said, "I went to Darlington yesterday and bought the Katy Perry CD, they [staff] took me to see her she is brilliant." Another person said, "I am off to town to have lunch, I like buying CD's and DVD's for my room."

The people who used the service were discussing upcoming holidays. Many had not been abroad before and were in the process of applying for their first passport. One person said, "We are going on a plane to Spain at the end of September, we are stopping in a villa with its own pool, it will be great." Another person said, "I don't like the idea of getting on a plane, so I am going to Liverpool and London, it will be a good laugh."

We asked staff how they promote privacy and dignity. One staff member said, "We do not enter their room if they are

still in bed, we will wait till they get up to clean it." Another staff member said, "We always know and wait for permission to enter rooms." Staff had an in-depth appreciation of people's needs around privacy and understood and respected when people needed some alone time. People confirmed that no one entered their rooms without their permission.

One staff member discussed confidentiality, "X and I have a bond of trust and they can tell me anything. If they tell me something I feel I need help with I will speak in private to X [the registered manager] and work out what to do. I would never discuss confidential conversations in front of anyone."

We saw that all people who used the service had access to three advocates, who were based at Roseberry Park hospital. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. At the time of inspection no one living at the service had felt the need to use an advocate. The registered manager was aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan and in partnership with them. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

One staff member we spoke with said, "We are there to support and look after them as an individual, I feel I have achieved something with X [a person who used the service] I am so happy with how they have come on." And "We are always trying to come up with different ideas of what to do or where to go and ask them if they would be interested, such as ice skating, we are trying that next."

The care files included a wish list that people had completed, which included complete an NVQ, go on holiday abroad. We could see evidence of these goals being achieved for example people being enrolled on a NVQ, started employment, obtained a passport and being on the way to starting independent living in their own flat. The care files also included a 'my person centred plan' this was completed with the person and talked about what I desire, what is on going and what I have achieved. Comments from people included, "I am making more decisions" and "I have good self esteem."

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating their life history which started from birth till today. They included information on their birth and if any difficulties, early family and school years, to teenage years then adult years. This provided staff with a full understanding of the person, they would know of any traumatic events in their life and how to support people if they are reminded of these. The care files also included a full forensic history. 'Forensic' means offending behaviours. This type of information enables staff to assess any risks, look at triggers and take steps to support people to put plans in place to prevent reoccurrence of this behaviour.

The registered manager said, "X [a person who used the service] came to us with initial information which was really negative and upsetting. We initially found it difficult to provide care for X with this information when they first

came to St Judes. We agreed that we would start with a blank canvas for X. X's care plan is now favourable, with achievements and activities that previous to coming to St Judes had been non existent." This showed they had made a difference to someone's and meant the service had a culture that would re think things and be positive rather than accepting what they were given.

Daily records were kept separately in a book for each person to discuss at handover, these included information on what the person had done that day, any visits by healthcare professionals, what is coming up and their mental health. All daily records were signed by the person who used the service. One person said, "I read my care plan and daily records, I sign to say I understand." This showed people were fully involved and consulted in all aspects of their care and support.

Care files provided information completed by the person stating what to look for when 'I become unwell' and 'I want you to do to help me'. We also saw evidence of the outcome recovery star being used. The Mental Health Recovery Star is designed for adults managing their mental health and recovering from mental illness. The Outcomes Star was developed and is supported by Triangle Consulting Social Enterprise. Triangle was founded in 2003 to enable value-driven organisations to "count what really counts" in their work. The Outcomes Star both measures and supports progress for people towards self-reliance or other goals. The Stars are designed to be completed collaboratively as an integral part of key work. The outcome recovery star was reviewed regularly with an action plan. We saw evidence that the person who used the service was completely involved in completing this.

People who used the service were in and out of the home continuously throughout the day. Some were going to work in the shop and others were going out for lunch or shopping.

People who used the service said, "We often go out for meals or to the local pub." Another person said, "I work on our allotment, we have grown from seed, cabbages, tomatoes, lettuces, carrots and potatoes, they taste so much nicer." And another person said, "I have lived here nearly 14 years and it is brilliant, they have taken me to concerts, I have seen Take That and Bette Midler, whatever I want to go and see, staff are great."

Is the service responsive?

Staff said, “We have movie night and buy snacks in or have a pub night, we have a bar under the stairs which we open up and people can enjoy a can or a bottle of beer.”

One person who used the service loved photography and had recently obtained a camera. We were told they now took photographs of everything including the coffee table in the living room. On staff member said, “We go out for the day to where they want to go so they can take photographs. X is at their happiest when they find something they really want to take photos of and fully focuses on it, its great to watch.”

We saw the complaints policy. The service had received two complaints from neighbours about the noise and cigarette ends in the back yard. The registered manager had developed an action plan and held a meeting with the people who used the service to address this. The meeting notes showed that the people had come up with solutions rather than were told what to do. One person who used the service said, “I have never had to make a complaint, I know how to though.”

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since February 2012.

People who used the service were complimentary about the registered manager and staff at the home.

One person we spoke with said, “She [the registered manager] is wicked.” And “She is brilliant to us and kind and considerate.” Another person said, “If I have any problems she sorts them out.”

And another person said, “The manager is brilliant, she supports us, takes us on holiday and looks after us, I can honestly say she saved my life. “And “All the staff are brilliant. We always have a good laugh with them.”

Staff we spoke with said, “The registered manager is absolutely lovely, so supportive.” Another staff member said, “I feel supported, if I have any concerns she [the registered manager] is always there.” And another staff member said, “She [the registered manager] talks and asks what we think, she consults us on everything, she is always there and supports us 100%.”

One healthcare professional said, “All staff are extremely good, very open and transparent when communicating, they promote independence, the longevity [length of time staff have worked there] of staff is positive and sharing information is very good. The quality of the home and the development of skills for people who live there is excellent. They work closely with the forensic services at all levels and attend all meetings, I find them extremely positive.” Another healthcare professional said, “It is generally a well run and well staffed care home and has received good service reviews.”

The registered manager explained that although this is a lifelong home for people, if they see potential for someone to move to independent living they support, encourage and enable this.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. They said, “Views and opinions are gathered using questionnaires that are completed annually or more often if required. For example, if a new person

moves in we encourage family members and the person to provide feedback or if we have a new procedure in place we ask for feedback. These are then discussed at meetings and a plan to move forward will be discussed.”

We saw that surveys that had been returned from people who used the service. We found that they were very complimentary and had all ticked either good or very good.

Staff had completed a questionnaire and it was positive, stating “The best thing about my job is seeing them [people who used the service] well and happy, when they are poorly it is heart breaking.” And “I love to see them moving on when they are ready.”

Family members had also completed a questionnaire, again complimentary with comments such as “Very well presented home and staff have a caring attitude.” And “Very relaxed and welcoming.”

The registered manager said, “We have continuously had positive feedback which is a distinct pattern throughout but we are always conscious that improvements are important in order to provide an effective and progressive service.”

We saw evidence of meetings taking place for both staff and people who used the service. People were at the heart of the service. Topics discussed at the people who used the service were holidays, cleaning rotas, noise in the backyard, health and safety, such as removing coats from the bannister, turning off lights and televisions and an upcoming event such as take away night.

Topics discussed at staff meetings were, the people who used the service, policies, training, a new book to help and support skills and holidays. Staff we spoke with said that every staff member attends the meetings.

We asked the registered manager what links they have with the community. They said, “We currently have three people that help out in the charity shop, this encourages them to get involved with the local community and gain independence about the area in which they live and get to know local people. A number of the people who used the service attend a weekly community hub which is a social coffee evening, here they meet new people, interact and gain new friends in a safe and friendly atmosphere. There is also a social club which some people attend together once a week; they meet friends, play pool, watch sport on TV etc. Some people go to Lothian Road which holds meetings

Is the service well-led?

such as hearing voices groups and a lunch club where people can chat and get advice." We asked people about these meetings and they were positive. One person said, "It is nice to meet your friends and other people."

We asked the registered manager how they promote the services visions and values, they said, "We promote these through our meetings with both staff and people who used the service. People can express any concerns, changes or visions they have for the future that they think will provide the best care and the most beneficial opportunities."

Staff we spoke with were well aware of the services visions and values, stating as well as care we are open and honest.

We asked staff about the culture of the service and they said, "The service has a very open and honest culture, we have nothing to hide anyone can come in." Another staff member said, "The culture is open and honest, it is like being in your own home."

We asked the registered manager if they consult nationally recognised guidance about delivering safe care and

treatment, they said, "We have a membership with the Social Care Institute for Excellence and we also link to the CQC website which provides updates and information on new standards and we get monthly newsletters from Care Quality Matters which we subscribe to and have gained a lot of information about the care certificate which we are about to roll out into our induction system."

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents, weights, wellbeing and infection control. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care.

We saw that many of the actions in the provider information return (PIR) had already been completed. For example, the introduction of a new page in the life story book about what to look for when I am unwell and the introduction of booklets for staff that helps improve their skills, on new legislation, writing care plans and reviews etc.