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Cherre Villa

Inspection report

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Date of inspection visit:
03 August 2016

Date of publication:
05 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection was carried out on 3 August 2016. The inspection was announced 48 hours before we visited. This was to establish if people living at the service would be available to talk with us and to discuss if our presence may cause anxiety to people and allow the provider time to reassure them.

Cherre Villa provides accommodation with personal care for up to three people with learning disabilities. It does not provide nursing care. At the time of our visit two people were living at the home.

Cherre Villa is a large semi-detached home in a residential area in Leicester. All the bedrooms are situated on the first floor and communal areas are located on the ground floor. There is a sitting room and large kitchen with a dining area. The sitting room is designed so it provides a space where people can sit and watch television or listen to music.

At our last comprehensive inspection of this service January 2014, we found the provider had met all of their legal requirements.

The home had an established registered manager who was also the provider. 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 and associated Regulations about how the service is run. We refer to them as the manager throughout this report.

We found staff were available at the times people needed them to support people safely and at the times they preferred. Recruitment procedures made sure staff were of a suitable character to care for people safely at the home.

People and relatives told us they felt people were safe at Cherre Villa. The manager and staff understood how to protect people they supported from abuse; however correct procedures were not consistently followed to report concerns. The manager addressed this immediately during our visit. Staff followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care.

Medicines were stored and administered safely, and people mostly received their medicines as prescribed. Audits were carried out of medicines to ensure they were managed in line with good practice guidelines, however, some records of administration were not consistently maintained. People were supported to attend health care appointments when they needed to maintain their health and wellbeing.

Staff were kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent as much as possible in assisting with tasks around the home and shopping.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. People received care and support which was tailored to their individual needs. They enjoyed the food provided, and helped with meal planning, preparation and cooking.

The management and staff teams understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence. Where people were not able to make decisions, relatives and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside the home. Activities were arranged according to people's individual preferences, needs and abilities and staff were keen to explore a variety of new activities for people. People who lived at Cherre Villa were encouraged to maintain links with friends and family who visited them at the home.

People and relatives knew how to make a formal complaint and were able to discuss any concerns they had with staff and the manager. Staff supported people living at the home when they identified they were unhappy about something. The provider obtained the views of people by way of regular meetings and customer surveys. Relatives were kept updated about changes to the service by the manager.

Staff felt the management team were supportive and promoted an open culture within the home. Staff were able to discuss their own development and best practice in supervision sessions and during regular team meetings. A programme of training and induction provided staff with the skills and knowledge to meet people's needs.

The staff felt well supported by the provider and management team who visited regularly and their views and ideas were encouraged on how to improve the service.

The provider carried out regular audits to check the quality of care people received. Provider audits by the care coordinator and area operations manager were conducted regularly to continually monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Most staff knew how to safeguard people from harm however procedures for reporting concerns were not consistently followed.
There were sufficient numbers of staff available to keep people safe. People were mostly safe because they received support from staff who understood the risks relating to people's care and supported people safely. Although people received their medicines as prescribed, medicine records were not consistently maintained to confirm how medicines had been managed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively including a comprehensive induction for new staff. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards. People were supported to have a nutritious diet

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring and there was a happy and relaxed atmosphere within the home. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good

The service was responsive.

People were given support to access interests and hobbies that met their preferences and the provider was looking to improve

the range of activities offered. People and their relatives were involved in decisions about their lives and how they wanted to be supported. People and relatives knew how to make a complaint although none had been received. Staff knew people well and were able to identify their concerns and report these to the management team.

Is the service well-led?

Good

The service was well-led

The management team had a good understanding of their roles and responsibilities, and had systems in place to monitor the quality and safety of the service provided. Staff felt supported and able to share their views and opinions about the service. People and relatives had opportunities to put forward their suggestions about the service provided.

Cherre Villa

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.

The inspection visit took place on 3 August 2016 and was carried out by one inspector. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the home. This allowed the provider time to prepare people for our visit and offer reassurance to reduce any potential anxiety.

One person living at Cherre Villa had limited verbal communication and was unable to tell us in any detail about the service they received, however another person could tell us their views about living at the home and the support they received from the service. We spent time talking with staff and observing how they interacted with people. We also spoke with relatives to get their views on the care given to their family members.

We spoke with the registered manager who is also the provider, the care co-ordinator, two members of support care staff and one relative. We looked at the care records of both people who used the service and two staff records. We also reviewed quality monitoring records, staff duty rotas, menus, customer feedback surveys and activity records.

We reviewed information we held about the service, for example, statutory notifications the provider sent to inform us of events which affected the service. A statutory notification is information about important events which the provider is required to send to us by law.

We did ask the provider to complete a Provider Information Return (PIR) however due to technical difficulties this was not submitted. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we discussed this with the manager during our inspection.

We spoke with commissioners of the service about the service provided. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had identified similar findings to ours about the service.

Requires Improvement

Is the service safe?

Our findings

Staff told us they understood their responsibilities to keep people safe and protect them from avoidable harm. However, when we looked at incidents that had been recorded we found information of concern had not consistently been reported to the management team.

Records described two incidents involving people living at the home, one regarding a person's safety and well-being had not been shared with the managers. We also saw the incident had not been shared with the healthcare professionals who supported the person and risk assessments to keep the person safe in the future had not been updated. This meant the person may have been at risk of harm because information had not been correctly shared with all relevant people supporting them. We observed another incident recorded and found that the information documented was not consistent with what staff had reported.

We discussed this with the manager who told us, "I am extremely disappointed that staff have not followed the correct procedures." They went on to tell us this would be addressed immediately both with individual staff and also staff meetings. During our visit the manger updated the risk assessments in place for this person to reflect the concerns. In addition they told us they would contact the person's doctor to request an appointment for support.

People we spoke with said they felt safe at Cherre Villa, one person told us, "I am safe here and my family are happy I am here." Relatives and staff told us they thought people were safe living at the home. One relative told us, "I know [person] is safe, I see how staff react to things and I have no worries at all."

There was a calm relaxed atmosphere in the home and the relationship between people and the staff was friendly. People willingly approached staff for assistance when they wanted support, which indicated they felt safe around staff members. They were also confident to speak with us and one person happily showed us around the home by themselves.

The care coordinator told us safeguarding was discussed with people living at the home, they told us, "They, [people] need the tools to know how to report concerns." We saw easy read formats about how to report any concerns displayed in the kitchen. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people. We had been informed of an incident at the home last year where a person had reported concerns to staff that they did not feel safe. Records showed this was acted on immediately and correct procedures followed to report this to the relevant agencies. This meant people felt confident reporting concerns to staff.

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. Staff we spoke with had an understanding of abuse and how to keep people safe. They knew the process to follow to report any safeguarding concerns and there were policies to give guidance to staff. We gave staff a scenario regarding inappropriate support by staff and asked how they would report concerns if they observed abuse. One told us, "I would speak to the person and write word for word what they said, I would tell my managers. It must then be followed up and investigated by

safeguarding teams or the police."

Staff knew the risks associated with people's care and how to manage and minimise risks. For example, some people had behaviours that could place themselves or others at risk if they became anxious or upset. One staff member told us; "If someone is upset I will ask what is wrong to try and calm them, or I may leave them to give them time. I then go back and may try to use diversion to distract the person and reduce the behaviour." Some staff told us they had been trained in NAPPI (Non abusive psychological and physical intervention) and found this useful in 'de-escalating challenging situations and behaviour. There was clear information in people's support plans for staff to follow to manage behaviours to keep people safe.

Staff understood how to communicate with people and were vigilant looking for signs that people with limited communication were unhappy or upset. One staff member said, "We know people well and we learn from other staff on how best to manage behaviours."

People and relatives told us there were enough staff to support them. One person told us, "Staff are always here when I need them." We asked the manager how they filled any staff vacancies and they told us agency staff were never used as there were enough staff available to cover any gaps in the staff rota. This meant people received support from staff that knew them well. One relative we spoke with told us, "I think there are enough staff, it's never been a problem."

During our inspection we saw there were sufficient numbers of staff to support people living in the home. One member of staff was allocated to support the two people living at the home and at night time a member of staff slept at the home. We asked staff what they would do if they required assistance in an emergency situation. They told us they could contact senior staff at the providers nearby residential home. Assistance was also available to staff 24 hours a day from an on call manager.

People were protected by the provider's recruitment practices. Staff told us the registered manager checked they were of good character before they started working at the home. The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. It was previously known as the Criminal Records Bureau (CRB). The registered manager, and staff we spoke to, confirmed staff were not able to work alone until the recruitment checks had been completed.

Overall, medicine administration records showed people received their medicines as prescribed. The provider also had systems in place which ensured medicines were stored and disposed of correctly. Administration records showed people received their medicines as prescribed, however we observed two medicines had not been given. The MAR chart had the correct code entered to record there was a reason for this but staff had not documented why it had not been given. We asked a member of staff about this and they told us the person had been out of the home at the time. This had been identified during an internal audit.
Staff had undertaken training to administer medicines and had their competency checked to ensure they continued to do this safely. Medication audits were conducted regularly in order to check that people received their medicines as prescribed.

Some people were prescribed medicines on an 'as required' basis. There were protocols for the administration of these medicines to make sure they were given safely and consistently. We asked staff how they identified when this type of medicine would be required, for example if a person became agitated or was in pain. A staff member told us, "[Person] can indicate if they are in pain." We saw in this persons support plan information on how to recognise signs that they may be unwell such as withdrawing from

contact with people or refusing meals. Staff told us if they identified this they would contact the person's doctor. One person we spoke with told us, "I don't normally have medicines but staff give me pain medicine when I ask for it."

We saw that there were up to date emergency folders containing all relevant information that would be required in an emergency situation such as a fire or hospital attendance. These documented people's care and support needs so they could be assisted safely. Information was also available to give to hospital staff so they could communicate effectively with the person

The provider had systems to minimise risks in the environment, such as regular safety checks. These included checks on water and food temperatures, fire safety checks and checks on electrical equipment to make sure it remained safe to use. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. One person living at Cherre Villa showed us where the fire exit was located. Staff knew what action they needed to take in the event of an emergency to keep people safe.

Good

Is the service effective?

Our findings

People and relatives we spoke with thought staff had the skills and knowledge required to support them and their family members. One person told us, "They know what they are doing." One relative told us, "From what I see they are well trained."

Staff new to the home completed an induction programme and worked alongside an experienced member of staff before they supported people independently. The manager told us new staff were enrolled on the 'Care Certificate' course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people.

Staff received training suitable to support people with their health and social care needs. Staff told us they felt confident and suitably trained to effectively support people. Their training included epilepsy and learning disability awareness. All staff we spoke with told us they felt the training provided was good. One staff member commented, "I had a good induction.., I had plenty of training for me to carry out my job."

The manager told us that, as part of induction before they started working at Cherre Villa, new staff spent time 'shadowing' (working alongside) an experienced member of staff and gradually met the people living at the home in different settings. The manager told us this was important as it gave people and staff time to get to know each other. One member of staff told us, "When I started I spent time with all the staff and people, this meant I was able to get to know their routines but also they knew who I was and felt comfortable with me."

People living at the home were also involved in the interviewing of new staff. One person told us they were part of a working party which included people living at some of the providers other homes. Together they had suggested some questions that staff should be asked at the interview process.

Staff felt supported by the management team with regular one to one supervision meetings. This provided them with the opportunity to discuss their work performance and learning and development needs. One staff member told us, "I have supervision every month, I find it really useful to talk about things." Another said, "The supervision is good, I can discuss what I want and it's a two way street conversation."

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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.

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. Staff understood issues around

people's capacity to make certain decisions. . No one using the service required a DoLS authorisation; however staff were aware of when this may be applicable for people. Staff told us they had received training around the MCA. They told us, "We always have to think someone has capacity and give people information in a way they understand to help them make a decision. We would involve family or social workers for bigger decisions if the person could not make them." We asked staff what they would do if a person did not consent to support and they told us, "If someone refuses that is their choice, I would document that but if there were concerns we would discuss with the persons family or healthcare professional." Care plans contained information as to whether people had capacity to make certain decisions, and if not, what decisions they needed support with or should be made on their behalf in their 'best interests'.

People who lived at Cherre Villa were involved in choosing their own meals with support from staff. Menus were discussed at resident meetings and staff offered choices to people and had built up a good knowledge of their preferences. One person could not eat certain foods for religious reasons and we saw this was clearly recorded. One person told us, "I like the food, we are having lamb tonight but I can have what I want." Staff told us one person enjoyed helping to prepare meals with support and assistance from staff and they went on to tell us, "We encourage healthy menu options and always make sure fruit is available." The manager told us, and we observed, people's weights were recorded regularly to ensure their health and well-being was being maintained.

We asked people and relatives if their family members had access to healthcare when they needed it. One person told us, "Staff organise for me to see the doctor and dentist." A relative we spoke with told us, "I am always updated if [person] needs to see a doctor and staff try to arrange so I can be there as well."

Records showed people were supported to attend health appointments and received care and treatment from health care professionals when required. Each person had a support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure people had access to the relevant health and social care professionals. Staff told us, "We will organise healthcare appointments and take people to see the doctor or optician. People also have yearly health check-ups." This had been recorded in peoples' support plans.

Good

Is the service caring?

Our findings

We asked people what they thought about the staff that supported them, one told us, "I love living here, the staff treat me really well." We spent time observing the interactions between staff and people. There was a calm relaxed atmosphere at the home and we observed people were comfortable approaching and engaging with staff. A relative we spoke with told us, They [staff] are just fantastic, they tell me 'we are here to help', they are 100% caring."

People appeared accepting of us in their home and one person had stayed at home in the morning so they could be involved in our inspection. They took us on a tour of the home and told us they had known the provider for many years and how supportive they had been to them. They commented, "[Staff member] is really good, they have got me to cross the road on my own, I didn't do that in the past." Another person later in the day came to ask us to join them in the kitchen so we could listen to music with them and asked us would we be going back to visit them again.

We heard staff speaking kindly to people and there was laughter in the home. Staff and people clearly had positive relationships with each other. Staff we spoke with were highly motivated to provide good care and support to people. They told us, "I love helping people and really enjoy it here. We support people with their day to day life, we talk a lot and I find interesting things out about them. They put a smile on my face." Another said, "I really enjoy the job, I like making people laugh and we get to go out a lot." The staff member went on to say how much they enjoyed the evening time when they were able to sit and spend time talking with people. They told us, "We are like a family really." The manager told us they saw the Cherre Villa as, "A home from home, for us it's always about what people want, we do all we can to support them."

People received care from staff that knew and understood their likes, dislikes and personal support needs and people were able to spend their time as they chose. Staff understood people's communication skills and engaged effectively with people who had limited verbal communication. Staff spoke with people at eye level and used calming tones. They constantly checked with people to see if they were happy and there was good natured banter which people clearly enjoyed.

Staff were knowledgeable about people and could identify moods through watching their body language and listening to them. One relative told us how impressed they were with how staff worked with people to get an understanding of their needs. They told us, "They spend time talking with [person] and treat them like they are a relative. Everything they do is geared up towards meeting [persons] needs."

Staff supported people to maintain their independence by encouraging them to do small chores around the home. One person who showed us their room told us, "I do clean and tidy my room but staff will do my laundry." A staff member told us, "[Person] likes to wash up after meals and does some hoovering with support." Another member of staff told us, "When we assist [person] with personal care I wait until they show that they need some assistance." The manager told us, "We work to develop people's skills to be independent, it's always about what the person wants to do and achieve."

Staff had a good understanding of the importance of respecting people's privacy and dignity. One person we spoke with told us, "I like my privacy, staff knock on my door before they come in, that's good, I need my privacy."

We asked relatives if they felt staff treated their family members with respect and dignity. One told us, "They are very respectful of [person]. I can't fault them." We asked staff how they respected people's privacy and ensured their dignity. One member of staff told us, "I make sure [person] has everything they need before having a bath. I stand in the doorway to make sure they are safe but I do this discreetly. I then wait until they ask me to help."

People's rooms provided them with their own private space, and where possible, they had been supported to choose how their rooms were decorated and furnished. One person who showed us their room told us, "I have my new TV and I buy things from the shop to go in my room." We saw models of army vehicles and the person told us they liked to collect these and went shopping at second hand shops to buy them. There were family photographs and the person showed us who all the people in the photos were. Furniture in the room had been provided by the person's family. They told us how important their room was to them, they commented, "It's my room and when I come home I like to chill out and listen to music or watch TV, it's important to me."

There was a communal lounge that people could use and during our inspection we saw people coming and going as they wished around the home. The lounge contained pictures and memorabilia of London, one person told us, "I like London, that's why we have these."

People were able were supported to make choices about how they spent their day. For example, staff told us people got up and had their breakfast when they wanted. However, one person was assisted with a wakeup call so they did not miss the opportunity of visiting the day resource centre. Staff explained the person would be very disappointed to miss this and that is why they woke them. At weekends people chose what time they got up and took the opportunity to have a lie in. One person told us, "I choose my day and what time I get up, I go anywhere I want. Sometimes I will have a sleep over at [another of the providers nearby homes]…I live independently now." A relative we spoke with told us, "[Person] used to refuse to go on a bus, now they go out and about. Staff managed this in stages and encouraged them. [Person] now choses what they want to do and where they want to go."

Staff told us they would support people in what they wanted to wear and how they wanted to spend their day. We asked how staff gained people's opinions about choice and they told us, "We always offer choices to people, that could be for what clothes they want to wear or how they like to spend their time. For example last night they decided we would play Monopoly." They went on to say that families provided background information about people and their preferences which staff found useful. The manager told us, "We all evolve together with the families to support people and what they want."

People were supported to maintain relationships with those who were important to them. Relatives told us they could visit when they wanted to and were always made to feel welcome. One relative told us, "[Person] comes home sometimes at weekends and tells me they want to go back. That says it all."

Good

Is the service responsive?

Our findings

People living at Cherre Villa had a consistent staff member known as a 'link worker', who got to know their likes, dislikes and with whom they could build a relationship. Link workers had monthly meetings with people. One staff member told us, "I am [person's] link worker, we sit together and discuss what plans they have for the future and what they want to do. We can then decide how we can support them to achieve things."

Plans we looked at showed people had been asked what had gone well for them the previous month, for example one person told staff they had enjoyed their birthday meal and a trip to the fair. Plans for the upcoming month showed the person wanted to buy birthday gifts and plan a party. We saw time scales were put in place for when these would be completed and who would help the person achieve their wishes.

One person we spoke with told us, "My dreams come true." The manager told us this person had told staff they wanted to fly to the moon. Staff organised for the person to visit a nearby space centre attraction. The manager commented, "We always need to be thinking outside the box." They went on to say that the person had also wanted to visit family abroad but this was not possible. Staff organised for the person to access Skype so they could maintain regular contact with their family.

Staff were knowledgeable about the people they supported. There was a staff handover at each shift change with relevant communication regarding each person shared and any areas of concern discussed.

Staff we spoke with had a good understanding of everyone in the home and their needs. Each person had a support plan so staff could read and understand each person's individual preferences. One staff member told us, "We get time to read the care plans, and they are useful, they tell you about people's likes and dislikes and things about medication etc."

We looked at two people's care plan records. Most care plans contained up to date information for staff to provide appropriate levels of care and support to people including activities outside the home. Plans were individualised and informed staff what people liked and how people wanted their support delivered. We noted one had not been updated to reflect recent concerns about a person, and we discussed this with the manager who acknowledged this and told us this would be addressed immediately.

Care plans were person centred which meant they were based on each person's individual needs and the support they required. One person told us they and the manager had provided training to healthcare professionals about 'person centred planning'. They told us, "I have given talks to the local council about it." The manager told us "We explain to people how they can support a person to achieve their dreams and aspirations, this includes the families. Plans are centred on what the person wants."

Relatives we spoke with told us staff would discuss their family member's care with them. One relative told us, "I can sit down anytime and discuss [persons] care; whenever I want a meeting they respond either by phone or invite to meet me in person." Support plans were reviewed regularly by the manager and care

coordinator.

Care plans contained a section called 'living skills' that informed staff how to support people to be as independent as possible. For example, one stated a person enjoyed helping with cleaning and shopping for their clothes. There were also sections on food that people liked and disliked and how they wanted their food to be presented. For example, one person enjoyed their desert in a bowl rather than the pot it came in and there was information about how people wanted to be supported with their care. For example one person enjoyed a bath every day.

People had communication or 'hospital passports'. This information advised hospital staff how to communicate effectively with people and help them to support people's needs.

People were supported to pursue their individual hobbies and interests. On the day we visited both people attended the resource centre (owned by the provider) during the day, on their return one person told us they had prepared burritos for lunch. The manger told us the resource centre encouraged people to develop life skills such as menu planning and budgeting. People also had the opportunity to learn about promoting good health and well-being and independence.

One person told us, "I have been to Disneyland and Las Vegas and Spain twice." A relative we spoke with told us, "They [staff] encourage [person] to do lots of different types of activities." Staff told us how much they enjoyed supporting people with their hobbies and interests. One told us, "Sometimes we will play games in the evening; it's nice without other people there because we can all spend quality time together."

People were encouraged to be open about concerns or complaints. They were invited to share concerns at link meetings and in resident meetings. There was also information on the notice board in the home's kitchen to inform people of how they could complain. One person told us, "I tell staff if there is anything on my mind." One relative we spoke with told us, "I would go to the manager if I had a complaint but I haven't made one. Any queries I have they respond to it."

Good

Is the service well-led?

Our findings

People and relatives we spoke with felt the home was well led. One person told us, "[Person] is a brilliant manager, we laugh together." A relative told us, "Its very well led, [person] will look into any concerns. [Person] inspires people, staff and families."

The manager was supported by a care co-ordinator who was also a registered manager at one of the providers nearby services, and by an 'area operations' manager. Staff said they felt well supported by the management. They told us, "I really like the managers; the provider is really nice and approachable. There is an open door for people and staff." Another said, "I like the manager and care co-ordinator, you can always go and talk to them. We can contact them 24 hours a day."

All staff we spoke with felt able to share their views and thoughts about the service and felt that the manager listened to them. Staff told us there was an open culture and they could approach the management team if they had any issues or concerns. The care coordinator and manager carried out observations of staff working, to identify any areas of good practice or the need for additional training and support. One member of staff told us, "The care coordinator will do spot checks on us, for example when we give medicines."

The care coordinator told us they felt supported by the provider and the manager said of the staff, "Staff can approach me at any time; you have to maintain a good rapport. Just because we are managers we are no different, I will assist with personal care. I show that this is a team effort."
They went on to say, "I tell staff, 'I don't employ you, I advocate on peoples behalf."

Staff told us they had a good understanding of their role and responsibilities. Staff said they enjoyed their work and valued the service they provided. They also told us they were happy and motivated to provide high quality care. Staff meetings were held regularly and staff said these were useful. One told us, "We get to know what is going on and have updates and we get the chance to raise any issues. "The manager told us meetings were used as an opportunity to discuss any lessons learnt and ways to continually improve the service for people.

We looked at team meeting minutes and saw various topics discussed. For example, at one meeting staff were reminded how to recognise safeguarding issues and what to do; at another the mental capacity act and DoLS was discussed to refresh staff knowledge.

Staff had a good understanding of the provider's whistle blowing policy and told us that although they had not needed to use this, they would be confident to should the need arise

Staff said they enjoyed working at the home. One staff member told us, "It's great here, it's not a 9-5 job, it's different every day and I love it. We work well as a team." Another said, "It's a good team, we help each other out." We asked staff if they thought the service was well managed and they commented that it was. We asked staff what worked well in the home. All staff said there was good communication and team work.

The provider had a number of checks in place to ensure the quality of service and safety of people who lived at the home. These included regular checks of people's finances, staff training, medication, maintenance, and fire safety.

There were regular visits from the local authority contracts department to monitor the care and support provided. Their last visit was late 2015 when no major concerns had been identified.

The manager told us how important it was for relatives to be involved in communication about their family member and the home. They told us, "I constantly involve families in events and we invite them to parties. It's a good opportunity also for families to network with each other for support and to share experiences." A relative we spoke with confirmed this and told us that meeting with other families was important to them. They told us, "I feel part of the 'family', I go to parties and see others and it feels like a family get together."

The provider carried out a customer satisfaction survey in May 2016 with people and the overall satisfaction result was positive. This was displayed in easy read format in the kitchen. Questions asked were if peoples care needs were met, did they have choice of meals and activities and were regular resident meetings held.

Regular audits and spot checks were carried out to identify areas for improvement but we found processes and systems did not always identify issues with records such as the incident records we identified. The care coordinator and manager monitored accidents and incidents in the home to identify and patterns or themes and how improvements could be made to reduce any reoccurrence. The manager acknowledged audits of incident records had not been robust enough and this would be addressed with staff.

The manager showed us the pictorial statement of purpose that people living at the home had created. A statement of purpose is a document that tells people what a service does, where it provides the service and who the service is for. One person told us before we left, "I feel really safe here, I never want to leave this place, it is my home."

We asked the manager what they thought the home did well, they told us, "Ensuring that this is peoples home and they have a voice…staff genuinely care and put people's needs first." We asked them what their biggest challenge was and they told us, "Time! I want to do so much for people living here, I am passionate about that."