CareTech Community Services Limited

CareTech Community Services Limited - 7 Russell Hill

Inspection report

Russell Villa
7 Russell Hill
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Tel: 02087634301

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 14 December 2016 and was unannounced.

Russell Villa is a care home that provides accommodation and personal care for up to 10 adults with learning disabilities and autism. Accommodation is divided into three separate units that includes the main house, where up to eight people reside, and two self-contained flats, which are both single occupancy. There were seven men using the service at the time of our inspection.

At the last inspection in January 2015, the service was rated Good. At this inspection we found the service remained Good.

There was 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 and associated Regulations about how the service is run.

Improvements had been made to the effective question and we have revised this rating to good. Russell Villa had undergone refurbishment and redecoration since our last inspection. People lived in a safe environment that was furnished according to their needs and choices. Arrangements for staff supervision had been strengthened in order to monitor their practice and performance more effectively.

The provider's training programme was designed to meet the needs of people using the service. Staff had the knowledge and skills they required to support people with autism. Training included supporting people who presented behaviours that could result in harming themselves or other people. This helped staff to manage situations in a consistent and positive way, and protect people's dignity and rights.

Detailed assessments were carried out before people moved into the service. People had personalised support plans that were accurate and up to date, reflecting the care and support they needed. Plans identified any associated risks to their health and welfare. Where risks were identified, there was comprehensive guidance on the ways to keep people safe in their home and in the community.

People's care records recognised their rights and were person centred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with respect and dignity and staff were knowledgeable about their needs, preferences and interests. Staff knew how to recognise and report any concerns they had about the care and welfare of people and how to protect them from abuse. People were supported by adequate numbers of staff who had been safely recruited. Staffing was managed flexibly so that people received their care and support when they needed it.

People were involved in planning and preparing their meals according to their choices. Healthcare needs were monitored and people had access to the services they needed. Referrals were made to other professionals as necessary to help keep them safe and well. Medicines were managed safely and people had their medicines at the times they needed them.

People took part in activities they liked or had an interest in and maintained relationships with people that mattered to them. People decided how they spent their time and staff supported their choices and independence. Pictorial aids were available for those who needed support with communication.

The manager and provider encouraged feedback from people who used the service, relatives, and staff and this was used to improve their experience at Russell Villa. People knew how to complain and told us they would do so if required. Procedures were in place to monitor, investigate and respond to complaints.

There was a thorough and wide ranging system of checks and audits to monitor and assess the quality of the service. Actions arising from these checks were followed up. The service worked collaboratively with others such as the local authority and safeguarding teams. This helped ensure that lessons were learnt and similar incidents were less likely to happen again.

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 felt safe and staff knew how to protect them from the risk of abuse and harm. Staff understood their responsibilities to report any concerns.

Individual risks to people's health and welfare were assessed and managed appropriately.
The required staff recruitment checks were undertaken. There were sufficient numbers of staff to meet people's needs and keep them safe.

Medicines were managed safely. People received their medicines as prescribed and when needed.

Is the service effective?

Good

The service improved to Good. We found that action had been taken to refurbish the environment. In addition, arrangements for staff supervision had improved.

People received support from staff that were appropriately trained and supported to carry out their roles.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 and staff understood the requirements of this to protect people's rights.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs. They had access to the services they required to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

People were encouraged to express their views and were actively involved, as much as they were able, in making decisions about all aspects of their care. Staff understood people's different communication needs and what was important to them.

Staff treated people with dignity, respect and kindness.

People were supported to maintain meaningful relationships with those close to them.

Is the service responsive?

Good

The service was responsive. People's needs were regularly assessed, monitored and reviewed to ensure they received appropriate care and support. Care plans provided detailed and personalised information about people's needs and preferences.

People took part in a range of structured and meaningful activities that reflected their interests. People had opportunities to maintain and develop their independence.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback.

Is the service well-led?

Good

The service was well-led. The registered manager provided effective leadership and led by example. People, their relatives and staff spoke very positively about the way the home was run.

The atmosphere in the service was open and inclusive. Staff were clear about their roles and responsibilities and worked as a team.

The provider used a range of audits and checks to monitor and assess the quality and safety of the service. Where issues were identified, action was taken to improve the care and support people received.

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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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, information from the local authority and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. Due to technical problems a Provider Information Return (PIR) had not been requested before the inspection. We took this into account when we inspected the service and made the judgements in this report.

The inspection took place on the 14 December 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with three people, the registered manager and five members of staff. Due to their communication needs, other people living at Russell Villa were unable to share their direct views and experiences. We observed the interactions between staff and people and reviewed care records for three people. During our visit we also spoke on the telephone with five people's relatives.

We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including audit reports, action plans

and health and safety records. We also checked how medicines were managed and the records relating to this.

Following our inspection the locality manager sent us information we had requested about quality assurance which included the most recent audit report, service development plan and maintenance plan.

Good

Is the service safe?

Our findings

People who could comment told us they felt safe living at Russell Villa. One person said, "Can talk to staff. Like it, yes. Safe and sound." Another person smiled and nodded when asked if he felt safe and happy. Relatives shared similar views about their family members' safety. One relative told us, "Yes, he's safe and he's happy. He needs his routine, and he needs to be busy. I know that the council are pleased with the progress. (Name of manager) has really shaped it up." Another relative commented, "We would talk to the manager and staff if we had any concerns, but we don't. He's definitely safe, and we always find him happy when we visit him and take him out."

Staff told us they received regular training around safeguarding, spotting the signs of abuse, and whistleblowing, and that they would have no hesitation in raising any concerns, both to their manager, and if necessary to social services. Policies and posters about safeguarding people from abuse and whistleblowing were displayed around the home. These provided clear guidance on how to report and manage suspected abuse or raise concerns about poor practice.

Records held by CQC showed the service had responded appropriately to any allegation of abuse. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again. Where safeguarding concerns had been raised, we found that the service had worked effectively with the local authority safeguarding team and commissioners to protect people and improve standards. A relative told us, "It's important to put it into context, I mean there have been some significant cases of safeguarding last year, and so now the outcome is one of significant change and improvement."

Staff spoke knowledgeably about the risks associated with people's care, such as their behaviours and accessing the community. Risks people may experience had been fully assessed and recorded. People had individual risk assessments that were personalised and kept under review. These covered risks such as using public transport, managing money, taking prescribed medicines, eating and drinking and safety in the home.

Russell Villa provides a service to people who may behave in a way that present risks to themselves or others. Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was detailed information to explain what may trigger behaviour and the strategies and interventions needed to minimise any future occurrence. Staff had completed relevant training on how to respond to challenging behaviour and this was repeated every year.

Records of accidents and incidents we checked were fully completed. Staff recorded what had been happening before, during and after an incident to give a full account of what had happened. The registered manager reviewed each report and people's risk assessments and support plans had been updated in response to any incidents which had involved them. For example, risk plans for travelling in a vehicle had been reviewed for one person.

People lived in a safe environment that was clean and well maintained. Staff completed health and safety checks to ensure the building and the equipment were safe for people to use. These included making sure that hot water temperatures were safe and electrical and gas appliances were checked. Fire alarms and other fire equipment were routinely tested and fire evacuation drills were held regularly involving both people using the service and staff.

The provider had policies and procedures for unforeseen events such as utility failures or in the event of a fire. People had personal emergency evacuation plans (PEEPs). These included details about the support individuals would need to safely leave the building in the event of a fire or other emergency. Appropriate numbers of staff were trained in first aid and there was an on-call system in the event of emergencies or if staff needed advice and support.

People were protected from those who may be unsuitable to care for them. There were robust policies and procedures for staff recruitment and for when concerns were raised about the conduct or performance of staff. Staff files contained a checklist of all the recruitment checks undertaken by the provider. Written references were obtained and checks were carried out to make sure staff were of good character and suitable to work with people. These included a check with the disclosure and barring service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record.

At the time of our inspection, there were enough staff on duty to keep people safe and meet their needs. During our visit, people were busy with activities and staff were available for them when needed. Some staff had worked in the home for several years and knew people well. This stability helped ensure people experienced consistent care and support.

Staff allocation was flexible and enabled people to access the activities they wanted, with the right staff support. Two people had been assessed as requiring one to one support when at home and in the community. Allocation records showed that staffing was planned according to their needs. There were another four staff on duty throughout the day with three staff available at night. If staff were unavailable, because of sickness or other reasons, regular agency or bank staff were used to support continuity of care. The registered manager worked as part of the staff team and was available to provide support if required.

Due to the layout of the house and the location of the main office, staff said they felt well supported, in that they could ask for back up if any situation became challenging. In the main they felt there were enough staff. Their comments included, "Yes, there's enough of us. Of course if someone is sick or that, then it can be tricky, but (the manager) very much looks at the right staffing levels" and "It's good, if someone is sick, they ring around. We sometimes have agency, but always try to have the same ones, so they know them."

People's medicines were stored securely in individual cabinets in their bedrooms. Care records had detailed information regarding their medicines and how they needed and preferred these to be administered. Risk assessments were in place to show whether people were able to manage their medicines. Where people needed medicines as required or only at certain times, there was clear guidance for staff about when people might need these medicines and how they should be given. Examples related to medicines used for anxiety, pain relief, managing epilepsy and behaviours that challenged. The records we checked showed that people were receiving their medicines as prescribed.

Staff were trained in how to manage medicines safely and their competency to administer medicines was assessed every six months. Staff carried out weekly checks to make sure medicines had been given and recorded correctly. Clear, accurate and up to date records were kept on the receipt, administration and

disposal of medicines. The supplying pharmacist had completed a full medicines audit in April 2016 and the few recommendations had been addressed.

Good

Is the service effective?

Our findings

At our last inspection we found that people using the service did not always benefit from a comfortable living environment that met their needs. We found the provider had taken steps to address this and we have revised the rating to good. There had been a number of home improvements at Russell Villa. This included redecoration throughout, new furniture purchased and a refurbished kitchen. People had chosen new furnishings for their bedrooms and helped personalise the communal areas with pictures and artwork they had created.

Relatives and staff felt that the general décor of the home had improved. Their comments included, "The refurbishment has made such a difference, the house is beautiful, lovely windows", "It's more homely now, not so institutionalised" and "It's a much nicer environment to work in now, we had a whole new kitchen."

On the day of our visit, there was planned maintenance taking place to update the bathrooms. Some relatives felt that the provider's maintenance programme took too long to deliver. The registered manager told us there had been delays with some of the work and had raised this with the relevant department. After the inspection we were provided with a written plan for completion of the outstanding repairs.

People were supported by staff who knew them well and had the skills and training to meet their needs. Records showed that training was frequent for staff and included a structured induction that included the Care Certificate. This is a nationally recognised framework for good practice in the induction of staff. A new staff member told us, "I only started about 6 months ago, but already I've been doing the training. My induction was very good, they gave me time to really look at their care plans, I was rostered with experienced staff, and the manager." Staff undertook a programme of mandatory learning organised by the provider. Training covered key aspects of care such as safe handling of medicines, infection control, safeguarding adults, fire safety, food hygiene and first aid. Staff told us they were expected to refresh key areas of training regularly. Examples included safeguarding and the management of challenging behaviour every year. One member of staff commented, "Even if you have already done the training, it's good to have a recap." Staff had the opportunity to further their development. A staff member told us, "I was given the chance to do the Autism Level 2 course through (name of college), it's really interesting, and makes you think."

Staff had also received training on meeting people's specific needs such as positive behaviour support and autism. One staff member said, "We have to do the training that is relevant for our people living here, so we do the managing behaviour; safeguarding and positive support and so on." Staff demonstrated understanding of people's needs. They explained how structure and routine were important for people with autism and how best to support individuals if they experienced changes. Staff knew about the communication challenges people faced and could describe their different means of expression.

Since our last inspection the registered manager had taken action to improve the staff supervision arrangements. A planner record showed that staff were provided with ongoing support and yearly appraisal meetings to discuss their practice and performance. One staff member told us, "I have supervision every 6 –

8 weeks. I was promoted within from a support worker to a senior, so they will help you develop if you're keen. Then I have an appraisal every year as well." Staff confirmed they fully supported by the registered manager. Supervision records were detailed and included discussions about people using the service and feedback from staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff worked in an inclusive way with people and always sought their permission before carrying out any support. They used questions such as, "How about we try this?", "What do you think about....?" and "Are you ok with that, or would you like any help?" One member of staff described how they promoted choice and decision making, and pointed out the pictorial tools they used to help the person. The staff member said, "It's all about knowing him very well, I know what works for him with the pictures and also his version of Makaton (a form of sign language)."

Staff knew the importance of gaining consent and to assume that a person has capacity. They had completed MCA and DoLS training to support their understanding. One staff member told us, "We learn about best interests' decisions, and people lacking capacity as well." Support plans included information about people's capacity in relation to different areas of care and lifestyle. They highlighted when people were able to make decisions for themselves or if best interests' discussions would be needed to support them. For example, meetings were arranged for one person who needed support to attend healthcare appointments.

The registered manager had assessed whether any people were deprived of their liberty. Records demonstrated the correct process had been followed and appropriate documentation was in place. For example, the front door was locked and could only be opened by a keypad entry system operated by staff. Appropriate DoLS authorisations were in place for some people as it was unsafe for them to access the community unaccompanied. A tracker record was maintained to account for applications that had been made to deprive people of their liberty. The tracker enabled the service to monitor when authorisations expired and assess whether they should be reviewed.

People could access the kitchen whenever they wanted. We observed individuals being supported to choose their lunch and prepare drinks or snacks as they wished. People met each week to discuss and plan their meals. Each person took it in turns to choose the main meal of the day. There were pictures for people to use when deciding and communicating what they wanted to eat, enabling everyone to take part. The menu was displayed in the kitchen with pictures and writing. Healthy snacks were available and the fridges were well stocked.

Health action plans included personalised details about people's past and current health needs. They included pictures to help people understand their plan. People also had hospital passports which they could take with them if they were admitted to hospital. This document included important information

which healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

People saw other external professionals when necessary, to make sure their needs were met. This included psychology and psychiatry services, speech and language therapy, chiropody, dieticians, and hospital consultants. Staff maintained accurate records about people's healthcare appointments, the outcomes and actions required. Relatives felt involved and informed when their family member had medical appointments. They said that staff prepared people well for these, so they were able to attend in the least stressful way. One relative told us, "I know they do a social story as this can sometimes help his anxiety levels."

Good

Is the service caring?

Our findings

There was a friendly and welcoming atmosphere at Russell Villa. Interactions between staff and people living there were inclusive, and we saw from how people approached the staff, that they were happy and confident in their company. One person told us, "Yes, staff nice." Another person who was unable to verbalise how he was feeling, nodded and gave the thumbs up to indicate staff were caring. We observed that staff were respectful and caring at all times. People and staff chatted and laughed together. During our inspection people were supported with their preferred activities and routines. Staff were attentive and offered people reassurance if they were anxious or unsettled by our presence.

Relatives said the staff were kind and patient, and that they felt staff put their family member first and foremost. Two relatives told us they found this reassuring, as in the past they felt not all staff had done this. Their comments included, "He's very well looked after now, I think the staff are wonderful. They care about him, you can see that when we visit", "It's a lovely home, and they are lovely people", "The staff are so much more understanding now, he has a wonderful key worker in (staff). We feel very fortunate for him" and "It's getting back to the way it was and that's a comfort to know. He has struck up a good bond with (staff), who is quite new, but he has a lovely way with him."

There were high levels of engagement with people throughout our visit. From conversations we heard it was clear staff understood people's needs, knew how to approach each person and also recognised if they wanted to be on their own. Staff we spoke with knew people very well, and described their preferences in detail, and how they wished to be supported.

People were encouraged to maintain relationships with people who were important to them and these details were recorded in their care plans. Staff kept relatives informed about people's welfare and families were involved in reviews and other meetings as appropriate. Families told us they felt able to visit unannounced and at any time. They were free to go to their relative's room if they wished. Equally, there was enough space and free communal rooms, so that they could visit in private. Relatives said they were invited to the house for social events, such as birthday parties and at Christmas. This gave them the opportunity to meet other families. One relative expressed their appreciation for an occasion when staff posted a craft item that their family member had made, telling us, "That meant a lot."

Care plans were written in a way which valued the person and gave them ownership. Each person had a profile called "All about me." This provided information about whom and what was important or meaningful to the person. People's communication needs were fully documented. There was lots of detail about how to communicate with people, in ways they preferred. One example included, "Only give me a couple of options, any more, I may become anxious and confused."

Visual communication aids were displayed throughout the home to help people to communicate. This included picture cards and symbols, Makaton signs and photographs. These represented activities, food and drink as well as emotions such as feeling happy or angry. We saw staff using these to help people to make decisions about their meals and activities. Information about the home had been produced in accessible

formats, including easy read leaflets about making complaints and reporting abuse. Pictorial versions of people's care records promoted their involvement and understanding.

People's religious, cultural and personal diversity was recognised, with their care plans outlining their backgrounds and beliefs. Care plans reflected people's needs in relation to age, disability, gender, race, religion and belief and sexual orientation. Staff spoke about how they met these needs such as respecting people's faith and supporting people with their cultural food preferences. People were involved in activities and events which celebrated different cultures.

Staff respected and upheld people's privacy, dignity and independence. During our inspection, people chose where they wished to spend their time. Some people preferred their own personal space and staff recognised when people needed time alone. Staff gave us examples of how they maintained people's privacy and dignity such as knocking on doors and making sure the person received personal care in private.

Two members of staff had been assigned as champions in dignity in care. Their role was to reinforce staff's understanding of key issues around respecting people's dignity and how to do this. Staff recognised the importance of people's individuality and one told us, "You treat people as you would want to be treated; no one's the same, you must be person centred in this job."

People's All About Me profiles were displayed on the outside of their bedroom doors. The registered manager explained that these were to help agency staff know key details about the people they were supporting. We discussed moving these to a more appropriate place as the profiles contained personal information about people. The manager agreed to review this. Other records about people were stored appropriately in the service and staff maintained confidentiality when they spoke with us about individuals' care needs.

Good

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. Care records showed people's needs were assessed and determined before the service was provided. One person was due to move into Russell Villa and came for a short visit on the day of our inspection. We reviewed how the service was preparing for their admission. The registered manager had visited the person in their current placement and met with other health and social care professionals to plan and discuss an organised transition. There was evidence of discussion with those who knew the person well including family and staff. The person had been encouraged to bring in some of their possessions to personalise their room and help them settle in.

Information from the assessments were used to develop care plans based on the person's needs. 'My Plan' records included person centred information about people's needs and explained the support people required for their physical, emotional and social well-being. People's plans were personal to them and reflected what was important to the person now, and in the future. Staff had step by step instructions on what people's preferred routines were. For example, there were comprehensive details and pictures about how they liked their breakfast and how they wished to be supported when getting washed and dressed. This extended to specific toiletries and coloured plates and utensils people wanted. The care plans had been reviewed on a consistent basis to make sure they remained accurate and up to date.

People needed support with their communication and some, for managing their emotions. Detailed guidance was in place to enable staff to support people consistently. Each person had up to date information about this in their care plan. Triggers or events which may cause people anxiety and ways to help people overcome this were clearly recorded. Staff spoke knowledgeably about the different ways people expressed that they were unhappy or upset and how to support them. This included using distraction techniques such as one to one discussion or engaging a person in an activity. Information in the individual behaviour support plans supported what they told us.

People were involved in reviewing their care along with their families and other professionals as necessary. All aspects of the person's health and social care needs were reviewed at yearly meetings and enabled the service to monitor what was working well for the person and what wasn't. Expected outcomes for the person and personal goals were discussed in the review meetings and agreements made as to how these would be achieved. Keyworkers were responsible for co-ordinating people's care and support and wrote a monthly report on whether goals had been achieved as well as other significant events or issues. Staff wrote daily reports about each person's daily experiences, activities, health and well-being This ongoing review process helped the registered manager and staff evaluate how people's needs were being met and whether changes were needed.

The staff had good knowledge about people's individual needs, preferences and interests. They were able to tell us what they would do if people were unwell, unhappy or if there was a change in a person's behaviour. People's plans had been updated with relevant information where care needs changed. For example, specialist professionals had provided training and advice on behaviour management for one person after

staff identified an increased period of unsettled behaviour. This had resulted in reduced incidents and a positive impact for the person in managing their anxieties and helping them to relax.

People were supported to develop their independence and staff empowered them to do so. Support plans provided guidance about how staff should support the person as well as what they wanted to do unaided. Information on the person's progress was also monitored and recorded. Staff shared examples where people had achieved personal goals such as increased social interaction and developing independent living skills. A relative told us, "He goes to (name of centre) which is a lifeline to him and staff I'm sure; they've helped him a lot to do more, and he's much more independent. There's still room for improvement though."

Care plans recorded what was meaningful to people and how staff should support them with their activities in the home and local community. One person told us, "I go for a walk, I like that, and I go to the cinema." Another person said, "I did Christmas decorations, they're good." Pictorial timetables displayed in the hall helped people identify what day their activities took place. These reflected a range of activities based upon personal preferences and interests. At the time of our visit people were engaged in their chosen activities and there was flexibility around what happened on the day too. For example, one person didn't want to do what was on the timetable, so was given alternatives to choose from.

Relatives and staff spoke positively about the activities provided and said there was lots more activities since the registered manager had joined. Staff told us an interaction therapist had recently visited to do art and craft sessions with people and a new trampolining session had been introduced. One relative complimented the staff for finding a more local venue for their family member to do a pottery activity. They told us, "It's good that they were pro-active, and realised that as he gets older, his needs are going to change." Another relative said, "Without doubt, he is happy, and there are a whole range of activities. Of course, sometimes he won't want to do anything, but that's fair enough." Two relatives raised queries about individual activities their family members used to do. We discussed this with the registered manager who confirmed they would look into this.

Group meetings were held with the people using the service to discuss plans for the home and to find out their views. Records of these meetings showed that staff took action in response to people's feedback by considering activities, menu ideas and any other issues. People also met with their keyworkers every month. During these meetings staff asked people what they thought about the service and documented their responses, including any non-verbal indications of their thoughts, so people were able to feedback on their care.

People who could comment told us they would speak to their keyworker staff or the manager if they felt unhappy about something. There was a complaints procedure printed in easy read format and displayed where people using the service could see it. Relatives shared similar views that they would be comfortable to raise any concerns or complaints. One relative said, "Oh yes, I'd have no qualms whatsoever – I'd speak to staff straightaway about anything." Another commented, "I am sure they would listen, I have no reason to think otherwise."

The manager kept a record of complaints and concerns and these were checked every month as part of the provider's audit systems. Where concerns had been raised these were discussed with staff to improve the quality of the service. There had been one complaint about the service in the last twelve months. Records confirmed that this was dealt with in line with the provider's policy.

Good

Is the service well-led?

Our findings

There had been a change in leadership since the last inspection. Relatives and staff spoke positively about the registered manager and the improvements he had made since joining. One told us, "There has been real improvement under (manager). He leads but quite naturally I think, with the previous manager, we didn't get asked for feedback, we do now, his communications are good. It's returning now to the way it was a long, long time ago, and that's good." A member of staff said, "He's the best manager we've had here for a very long time. He is really the best thing that could have happened for the people living here, and for the staff."

The registered manager had developed and sustained a positive culture in the service. Throughout our visit, the manager was supportive, friendly and led by example. He had good knowledge of all the people who used the service and offered support and guidance to staff. People who were able to talk with us said they liked the manager. We observed that people often approached him for advice or assistance during our visit. Comments from relatives included, "We like him very much, he knows what he's doing, and he keeps us well informed" and "I've been very impressed with his style of management. I like him, and he's approachable."

Staff felt fully supported by the registered manager and we observed they worked closely together as a team. Staff comments included, "I feel able to say anything to (the manager), and I know he would listen and take it on", "Since (the manager) came everything has just been the best. He's very nice, he gets involved" and "It's great, the manager is very good; things have improved so much since he came here. He listens to us, and is very open." One member of staff praised the manager's attitude and told us, "He doesn't tell you to do something, he asks you to do something. He treats all the staff and service users with respect."

Although staff felt valued and appreciated by their immediate manager, they felt that the organisation itself could improve in some ways. There had been no pay increase for a number of years and staff felt this would encourage staff to stay and reduce staff turnover. Following our inspection the locality manager confirmed that the organisation was taking action to address this and pay had been highlighted as a theme in the recent staff survey.

Staff meetings were held every month and included discussions around the care provided and any matters that affected the service, including issues staff wanted to raise. Meetings were also used to share learning and best practice. One staff member told us, "At staff meetings, we're given the opportunity to share best working practices, more positive ways of dealing with behaviour." Minutes of staff meetings were shared and staff used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events. Training attendance and learning was monitored through supervision meetings and assessments were carried out with staff to check and confirm their practical competency and knowledge. This included awareness of safeguarding and observations of medicines administration.

There were clear vision and values for the service, staff were aware of these and applied them in their practice. The provider had oversight of how the home was performing and was aware of its strengths and weaknesses. Quality assurance systems were used to formally assess and monitor the quality and safety of

the service. Action plans were in place and steps were taken to implement change. A regional manager visited the service every three months to ensure that people were provided with good standards of care and support. They wrote a summary report based on the five key questions used in CQC's inspection approach. We reviewed the latest report for November 2016 which reflected positive experiences for people and very few recommendations.

The manager was supported by a locality manager who also visited between one and three months to check how the service was performing. Their report identified where improvements were needed with a red, amber or green rating for compliance. We saw the current action plan was detailed, progress was kept under review and actions were monitored until completion. Priority actions with a red rating had been addressed and other actions were underway. For example, the manager had followed up DoLS applications for people and refresher training in managing challenging behaviour had been booked for staff where needed.

Other in-house audits were regularly carried out by the staff team who each had designated responsibilities. There were checks on people's care records, risk assessments, finances, medicines, the premises and health and safety practice. The registered manager completed a monthly audit which included data about accidents and incidents, safeguarding and DoLS events, medicines errors, staff supervision, complaints and compliments. The provider had recently introduced an additional assessment for home managers to check how the service met the fundamental standards and score themselves with a rating against the key lines of enquiry (KLOEs).

People were provided with a pictorial survey every year. The provider also used questionnaires to gain feedback from people's relatives or representatives. They used the information to see if any improvements or changes were needed at the service. Recent results were not available at the time of our inspection as they were still being reviewed. Findings from the previous survey showed that people were happy with the care and support they received.

The service worked in partnership with other professionals to help ensure people received the most appropriate support to meet their needs. Records showed how the service engaged with other agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. We found that safeguarding concerns, incidents and accidents were managed effectively. The provider used learning from events and incidents involving people to make changes and improvements to the service.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Before our inspection we checked the records we held about the service. We found that the registered manager had notified us appropriately of any reportable events.