Independence Homes Limited

Independence Homes Limited - 33 Russell Hill

Inspection report

33 Russell Hill
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Date of inspection visit: 17 and 18 June 2015
Date of publication: 20/11/2015

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?	Outstanding
Is the service well-led?	Good

Overall summary

We visited Independence Homes Limited – Russell Hill on 17 and 18 June 2015. The inspection was unannounced.

The service provides specialist residential care for up to nine adults with epilepsy and other neurological or physical needs. At the time of our inspection there were eight people using the service.

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

Relatives of people using the service and staff told us people were safe. Staff had completed safeguarding training and knew how to recognise abuse and report

Summary of findings

safeguarding incidents. They were aware of how they could escalate concerns and whistle blowing procedures. The service was a safe place for people, visitors and staff as the building and equipment used was well maintained. People were regularly checked by staff throughout the day and night and there was a range of personal and room alarms that indicated when a person might need assistance. People's needs were assessed and reflected in detailed risk assessments. There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed. People received their medicines as prescribed and at the appropriate time.

Staff had the skills, knowledge and experience to deliver effective care and treatment. Mental capacity assessments were completed to establish each person's capacity to make decisions and consent to care and treatment. We saw evidence of family involvement, consent to care and treatment and where appropriate best interests meetings. Where it was necessary to deprive people of their liberty the service was obtaining appropriate authorisations under the Deprivation of Liberty Safeguards. People had a healthy diet and were supported with their complex healthcare needs.

Relatives and visiting professionals commented positively about relationships between people using the service and staff. We observed and listened to numerous incidences of positive interactions between people and staff. People and their relatives were actively involved in all aspects of care and treatment. People's preferences were taken into account and staff treated people with dignity and respected their privacy.

People received first rate personalised care that was responsive to their needs. Care plans were person centred and focused on people's complex social and healthcare needs. The service was very proactive and responsive in addressing and meeting the needs of individuals. The provider invested in staff and equipment to ensure the care and support provided was of a high standard. People using the service benefited from the wide range of activities that enhanced their lives and reduced the risks social isolation. Although people using the service had complex needs the staff had a 'can do' attitude and found innovative ways to enable people to take part in activities. Relatives were confident that they could raise concerns with staff and those concerns would be addressed.

Staff spoke positively about the management team and were confident they could raise any concerns or issues. Staff meetings were held on a regular basis. The service had a system of audits and performance monitoring to assess the quality of service they provided.

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. Staff understood their responsibilities to protect people from the risk of abuse or harm. There were sufficient staff to support people's needs. The service provided a safe and comfortable environment. Medicines were administered appropriately.

Good

Is the service effective?
The service was effective. Staff received relevant training and management support. Mental capacity assessments were completed to establish each person's capacity to make decisions and consent to care and treatment. Authorities under the Deprivation of Liberty Safeguards were in the process of being obtained. People were supported with their health and well-being.

Good

Is the service caring?
The service was caring. People spoke positively about staff who were aware of people's needs, preferences and planned care and support. Staff respected people's preferences, privacy and dignity.

Good

Is the service responsive?
People received first rate personalised care. Care plans were person centred and addressed a wide range of social and healthcare needs. People and their relatives were involved in the planning of care and treatment. Relatives were confident they could approach staff with any concerns.

Outstanding

Is the service well-led?
The service was well-led. Staff spoke positively about the service and the management team. There were appropriate processes of feedback and audits to assess and monitor service provision.

Good

Independence Homes Limited - 33 Russell Hill

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 June 2015 and was unannounced. The inspection was undertaken by an inspector.

Before the inspection we reviewed information we held about the service which included a review of statutory notifications and safeguarding alerts sent to us by the provider. We spoke with a social care professional. At the inspection we spoke with members of staff and a visiting social care professional. People using the service were able to communicate verbally or in other ways with people they knew and trusted. It was not possible to build that trust in a short period of time to obtain people's experiences so we spent time observing and listening to how care was delivered. We spoke with the manager, deputy and four members of staff and spoke briefly with two other members of staff. We looked at records about people's care and support which included three care and delivery plans. We also reviewed records about staff, policies and procedures, accidents and incidents, minutes of meetings and service audits. We inspected the interior and exterior of the building and equipment used by the service. After the inspection we spoke with five close relatives of people using the service, three healthcare professionals and a specialist epilepsy nurse employed by the provider. We also reviewed information and documentation supplied by the provider in response to our requests.

Good

Is the service safe?

Our findings

Relatives and staff told us people were safe. One relative told us, "I am very happy that people are safe." Another relative said, "Generally, I am happy with the service." A member of staff told us, "It's okay here, people are looked after properly." Staff were able to show they understood and would recognise different types of abuse and were aware of the procedures for raising concerns. They were confident that any safeguarding concerns would be dealt with appropriately by colleagues and the management team. Staff said they had attended safeguarding of vulnerable adults training and understood their personal responsibilities to protect people from the risk of abuse or harm. Staff records confirmed they had completed safeguarding training. Policies and procedures for safeguarding vulnerable adults provided clear direction and guidance about safeguarding procedures. Detailed handovers took place between shifts so that staff were aware of what had happened on the previous shift and how individual people were feeling and behaving.

We found that the service was a safe place for people, staff and visitors. The building was well maintained as were the gardens and small driveway. Equipment was modern, well maintained and appropriate for people's needs. Maintenance requirements were recorded and progressed through the provider's 'Fix' programme and 'Fix' champions. Items in need of repair or maintenance were entered on Fix via computer and the response was coordinated at head office using tradespeople familiar with working in a care home environment. This freed up staff because the manager or other members of staff did not have to spend time arranging repairs or maintenance.

People using the service were checked a minimum of every hour and more regularly when required throughout the day and night. At night time waking staff were required to 'sign in' every half hour using a biometric system that identified the individual. This provided reassurance to people, relatives and other staff that waking night staff were awake throughout the night. The service supported staff to keep people safe with various 'epilepsy alarm' systems to monitor seizures and associated healthcare conditions. For example, motion sensors in bedrooms detected abnormal movements when people were sleeping. Moisture sensors detected any increased salivation, perspiration and incontinence that could indicate an impending or actual seizure. Sensors could also pick up respiration and sound. The sensors were set up for each individual. Normal parameters were identified for each person and the alarms were activated when sensors identified anything outside those parameters. During the day time people wore fall alarms. Whenever they left the building each person carried an emergency pack specific to their needs.

Staff were appropriately trained to safely operate equipment required to support people's needs such as hoists. Personal emergency evacuation plans were in place for each person. An evacuation chair had been purchased to enable the evacuation of one particular person using the service should an emergency occur. The service is one of five similar residential home owned by the provider and located within a three mile radius. Any of the services were able to contact the others in case of emergencies for additional staff or assistance. There was also further assistance and guidance available 24 hours a day through contact with a manager or specialist epilepsy nurse via an on call roster.

We found the service had a well thought out admission process that included detailed assessments of people often by more than one member of staff. Visits were arranged for people to spend time at the service and experience how care was delivered. A person centred care plan with risk assessments was created for new people. Staff said the plan and risk assessments formed a living document to which family, staff and professionals regularly contributed whilst taking account of information from the monitoring of seizures and any relevant accidents or incidents. People using the service had complex needs which were reflected in risk assessments. One member of staff said, "One of the things we do well is understanding people's needs." The risk assessments for people were detailed but clear and covered a wide range of social and healthcare needs. In our conversations with staff it was evident they were very aware of the importance of risk assessments and were comfortable talking about them and their use in the care provided. We found risk assessments were positive in that they were developed in a way which enabled people to have active and fulfilling lives. Staff also spoke about dynamic risk assessments when they took people out. One member of staff told us, "We are constantly thinking about risks when we are out and about and what to do if something happens." The risk assessments were reviewed at least once a month or in response to any changes to people's needs.

Good

Is the service safe?

There were enough staff with sufficient training and experience to meet people's needs. The deputy manager told us there were eight members of staff, comprising the shift leader and seven care workers, to care for the eight people using the service. On most days the manager or the deputy was also working. The driver for the service had completed the same training as other members of staff and like them possessed a Level 2 qualification (National Vocational Qualification or Qualifications and Credits Framework) in Health and Social Care. Staff were supported by a domestic member of staff but were expected to take on cooking duties. At night time two waking staff provided care. A floating night staff provided support for all the provider's services in the local area. The staff rota was managed at head office and accommodated planned absences such as staff leave and training. Staff were able to volunteer for additional shifts. Absences without notice were covered by members of staff on duty, staff being called in and occasionally agency staff. The service only used agency staff who had completed the provider's training and were familiar with the service. New members of staff, or staff using newly acquired skills were supervised by a member of staff with the appropriate skills until they had proved their competency. We found the service had robust policies and procedures around the recruitment of new members of staff that included an application with work history, checks with the Disclosure and Barring Service, references and an interview procedure.

We spoke with an experienced member of staff who had been made responsible for the overall management of medicines at the service. We were told staff had to complete medicines' training and have their competency assessed over period of time before being allowed to administer medicines unsupervised. We found medicines were securely and appropriately stored. There were systems in place to record the receipt and return of medicines. There were sufficient medicines available to meet people's needs. We examined three Medicine's Administration Records (MARS) to ensure people were receiving their medicines as prescribed. In front of each person's MARs was a card clearly identifying the person by name and containing a recent photograph. There was a section for "How I take my medication," that described people's preferences. There were also photographs of prescribed medicines, pro re nata medicines (commonly known as PRN or 'as required' medicines), natural remedies and vitamins. These aids supported staff to administer the right medicines to the right people at the right times. We examined the MARs and found medicines administered had been correctly recorded and were up to date. The member of staff responsible for medicines told us they carried out an audit of medicines every month. We found training records and policies for medicines in the medicine's storage room. The medicine's policy provided staff with clear guidance and instructions.

Good

Is the service effective?

Our findings

Relatives, staff and professionals told us the service was effective. One relative said, "They are good, there's no question." Another relative told us, "They listen very carefully. The carers are consistent, well trained, work together and get it right." The same relative also said, "There's a lot of monitoring seizures. He was having a lot of absences before he moved in. Staff are able to deal with seizures." A member of staff said, "The teamwork is good. We all work well together." Other members of staff spoke about the training they received. One said, "I think one of the things the company does well is training." Another said, "They've got brilliant training." One healthcare professional who has regular contact with the service told us, "I've got a lot of praise for the home. I am very impressed with how they work as a team." Another professional said, "It's okay, information is in place all typed up. I'm getting the information required including extras. Haven't had any problems, happy for now." A senior healthcare professional said, "They are one of the best run homes in terms of epilepsy," and, "[They] routinely surprise me with update letters and information."

People were looked after by staff with the knowledge and skills to deliver safe and effective care. When staff joined the service they completed an induction programme that included training and work place practical supervision until they were deemed competent to carry out duties without supervision. The induction training included e-learning modules supported by classroom training and practical work under supervision. Before a new member of staff took up employment they were required to complete e-learning in specific subjects. The e-learning covered safeguarding, health and safety, first aid, manual handling, infection control, fire safety and food hygiene (Level 2). The classroom training included a first aid practical, epilepsy training, medication, person centred support, communication and behavioural support. We saw the provider had adapted staff induction to ensure it met the requirements of the Care Certificate.

Whenever a member of staff completed training that required periodic refreshers there was a system of reminders from head office to ensure staff were kept up to date. All staff were required to complete the provider's mandatory training and refreshers. These included subject areas such as epilepsy, fire safety, first aid, food hygiene, health and safety, food hygiene, manual handling, hoist, medicines and behavioural support. Staff told us they were happy with the training programme. One member of staff told us, "I am training next week on alarms." The training reflected the special needs of people using the service and supported staff to deliver safe and appropriate care. For example, members of staff had completed training to care for people with autism. Staff were supported with supervision meetings and an annual appraisal. Staff told us that supervisions took place every two months for established staff and once a month for new staff. One member of staff told us they found supervisions were, "…worthwhile and supportive."

We found the mental capacity of people was assessed to identify their abilities to make decisions in a number of areas. Staff understood the need for these assessments and the importance for people to make their own decisions. Where people lacked the ability to make decisions appropriate procedures were in place. Staff told us that they had completed mental capacity training which was confirmed in training records.

Where the manager and staff thought it appropriate they had applied to the relevant local authority for Deprivation of Liberty Safeguards (DoLS) authorisations. DoLS authorisations provided a legal framework to protect people who lacked the capacity to consent to care and support that required restriction of their liberty. Authorisations ensured people were protected from being cared for in a way that would inappropriately restrict their freedom. The service was waiting for responses to their applications at the time of the inspection. There were policies in relation to assessing mental capacity and the DoLS. We saw evidence of mental capacity assessments, family involvement, consent to care and treatment, best interests meetings and DoLS applications in people's care records.

People had sufficient food to eat and liquids to drink. We were in the kitchen when there was a large food delivery. A member of staff in the kitchen told us, "We don't use packaged or frozen food, everything is fresh. We saw fresh fruit and vegetables amongst the items. Another member of staff told us people using the service were assessed by a dietician. The provider employed two dieticians and there was also input from the local health authority dietician. We saw evidence of dietary assessments. Staff supported one person with a dairy free diet. People's relatives often had

Good

Is the service effective?

involvement with menus and diets. In one care file we saw staff were carefully monitoring one person's weight and were supporting them to lose weight through diet and exercise. Members of staff took turns to cook for people. People were given choices. Menus were flexible to accommodate short notice trips out and people returning late. People chose where they wanted to eat. We heard a member of staff ask one person, "Where would you like lunch today."

We found the service supported people with their healthcare needs. People with epilepsy saw the neurologist at hospital at least once a year. Seizures were monitored and recorded and this formed part of the information regularly provided to the neurologist through the specialist epilepsy nurses. People were registered with a local GP. Keyworkers provided support with general healthcare needs including appointments with the GP, dentist, chiropodist, physiotherapist and optician. They also ensured people were available or attended therapy appointments such as hydrotherapy, music, massage, art, speech and language.

Good

Is the service caring?

Our findings

People were unable to tell us about their experiences of the service and their relationships with staff. Instead, we spoke with close family members who regularly visited. One person told us, "We have been involved with care planning and treatment." Another person said, "The staff are very good with privacy and dignity, day to day requirements are handled very well." One person said, "They support [my relative's] independence. They are taken to buy clothes and have a haircut." Another commented, "I have no concerns about the staff. There's not a high turnover of staff. Staff have been there a long time." One relative told us there had been some new staff in the last year. Another said, "I'm always advised of any appointments and they include me in his care planning." One relative commented, "They are very good around dignity with personal care. I have no concerns regarding his personal hygiene and care." One person said, "They dropped [my relative] off at my place for Father's Day. They are supported to maintain contact with the family. The location is hilly. They drop [my relative] off in Purley so we can get on a bus." This person also said, "I have asked to be involved in care planning. Whenever I have had concerns about medicines they have been reviewed and I have been kept updated." Members of staff told us, "We are very passionate here." "The guys come first and that's it." A visiting professional said, "There is a lot of compassion and lots of fun with the clients. They [the staff] are compassionate, kind and understanding."

We observed and listened to interactions between people and staff throughout the inspection. We did not encounter any negative interactions during the inspection and on a number of occasions staff were unaware they were being observed. In conversations with staff we were found they were enthusiastic about the care they provided and felt a strong bond with people using the service. People were provided with a lot of one to one interaction and care throughout the day. We observed staff talking with people, helping and encouraging people to eat and drink, playing games, laughing and joking, holding hands and dancing. It was evident from people's reactions, facial expressions and other responses that they enjoyed the company of members of staff. Staff were either engaged with people or were performing required tasks. We did not observe any staff standing around talking to each other or taking time out. They were always doing something that involved or contributed to the care of people using the service.

When people were admitted to the service they were assigned members of staff as a key worker. This immediately provided new people and relatives with recognised staff to approach with concerns or problems. Keyworkers developed a closer care relationship and provided additional support with day to day issues such as goals, budgeting, activities and cards and presents for family birthdays. Keyworkers were responsible for ensuring all documentation relating to a person was relevant and up-to-date. They also contributed to people's care plans and risk assessments and completed a monthly report of achievements and outcomes with the involvement of the person concerned. To do this they were required to meet with the person at least once a month to specifically support them in the areas outlined in the report. These reports included review dates for key documents such as care plans, risk assessments and seizure protocols. They also identified progress made against short and long term goals; healthcare information such as medical appointments, changes to medicines and health concerns; activities attended and planned; education where applicable; communication; finances; and, family relationships. We compared one of these reports with care and delivery plans and found each reflected the other and there were no contradictions. One member of staff said, "I love the one-to-one contact with [name of person]. We plan activities together that we both enjoy." They spoke about a trip to the dog track for the person's birthday and a planned trip to Brands Hatch.

We found people, their relatives or representatives, were supported to express their views and were actively involved in their care and treatment. When we looked at care plans we found evidence of people and their representatives being consulted and involved in a range of areas relating to people's care. One person told us they had been involved in a review of care planning and risk assessments for their relative. They told us they were kept informed or consulted about any changes. People were also proactively supported by staff to maintain contact with family and friends. For some people this equated to speaking to family each night on the telephone. For another it involved regular, lengthy car journeys with staff to drop them off and pick-up so they could spend weekends with close family. In this particular case the person would be severely restricted

Good

Is the service caring?

in the time they could spend with family if staff did not support these arrangements. Similar examples of support for other people ensured they did not become isolated from family members.

It was evident in records and in conversations with relatives, representatives and staff that consideration was given to people's choices and preferences. For example, care records showed how people liked to wake up, their bathing preferences, where people preferred to eat, likes and dislikes and so forth. We found through our observations and in our conversations with relatives that staff respected people's privacy and dignity. We saw people were clean and appropriately dressed. People were supported and encouraged to maintain as much independence as they could. For example, people were encouraged to carry out daily living tasks such as keeping their rooms tidy and personal care to the extent to which they were capable. People were also supported to access the local community to complete day to day activities such as shopping, visiting the hairdresser and having coffee. People using the service were a familiar sight to local residents in the town and in the superstore.

Outstanding ☆

Is the service responsive?

Our findings

We found people received first-rate personalised care that was responsive to their needs. One relative told us, "Independence is quite good, there's college, therapies and we can pay for further activities."" A relative told us, "They are very, very good, they have had a hoist put in. I have asked for two members of staff to help [name of relative] shower." This person also said, "They are very responsive. I asked them to change the way the bedroom door hangs so that it opened outwards." One relative said, "They are very proactive."

Care planning was person centred and people received care that focussed on their individual needs. People's needs were assessed before they came to live at the home. People were invited to visit the service. An initial assessment was completed that helped staff to discuss with the person and their representatives how they preferred to be supported. Staff were meticulous when they carried out people's assessments paying particular attention to how the service could meet their needs. We saw examples where staff had taken the time to visit people, sometimes over long distance and on several occasions to ensure the service was properly prepared for that person's admission.

Wherever possible advanced preparations were made to have all the appropriate facilities in place when the person came into the service. A personal profile was created and a detailed person centred care plan designed to meet the person's needs and preferences. There was also a detailed clinical and medical assessment. The care plan addressed people's nutrition and hydration, medical needs, medicines, therapy support, self-care, daily living skills, leisure activities, education, aspirations and financial support. In the planning of care people's preferences about how that care was delivered were recorded and people and their relatives were clearly involved in the process. On a daily basis, staff used a delivery plan that reflected the care plan and provided clear guidance and direction to provide effective care in line with people's preferences. For example, how people preferred to wake up was outlined. We spoke with staff who told us they found the delivery plans very helpful.

We found the service carefully considered people's needs and proactively strived to address and meet those needs in a flexible way. We found numerous examples where the service was exceptional in the way it had adapted care and facilities to specifically meet the needs of an individual and to improve their lives. A person's relative knew their relative liked to move about on the floor in their bedroom and identified that the bedroom door opened into the room and presented a risk. The service reversed the hinges so that the door could open out into the corridor. The service installed fixed hoists and tracking in specific areas to enable one person to have access to more areas of the building which would have otherwise been restricted as a result of their limited mobility. Although the service had a sensory room they installed sensory equipment into one person's bedroom because they liked to relax with those sensory experiences particularly after seizures. Whilst one person who was an avid football fan was away on holiday the service painted their room in the colours of their football team and obtained a mural of the team and put it on the wall above the bedhead. The service fitted special lights in one person's bedroom to help them with seasonal affective disorder (SAD). The lights simulated sunshine to improve the person's moods and behaviours. A karaoke machine was purchased that one person loved to use in their bedroom. Regular karaoke nights were arranged for everybody at the service. The service purchased a ripple mattress for one person prone to moisture lesions. The mattress spread body pressure and increased airflow to reduce the risk of lesions. The service worked closely with the district nurse to prevent any break down of skin integrity. We found the service was in the process of buying a specialised bath to meet the needs of one person using the service. This required the total refurbishment of an already well-equipped bathroom to provide the necessary flooring and fittings to accommodate the specifications required for the new bath. The service had two vehicles to transport people to activities, therapies, appointments which also enabled people to maintain contact with relatives who would otherwise struggle to see them. A third vehicle had been purchased and was in the process of being adapted to carry two people in wheelchairs.

The service provided specialist care and support for people with epilepsy and the provider invested in staff, training, expertise and equipment to ensure that care and support was of a high standard. This ensured care provided to meet people's complex epilepsy and other neurological and physical needs was delivered by experienced staff with specialist training. The provider employed two specialist epilepsy nurses who ensured the service, and other

Is the service responsive?

services operated by the provider, not only remained up to date with any advances or research in epilepsy care but were actively involved in them. Both nurses regularly attended conferences on epilepsy and research. One of the nurses delivered a presentation about trigeminal nerve stimulation (TNS) at a recent conference where other speakers were consultant neurologists.

The nurses regularly liaised with GPs and consultants to provide them with information about the numbers and types of seizures for each person from information provided by staff, relatives and the alarms installed and used by the service. The nurses regularly reviewed medicines for people and brought any concerns to the relevant clinician. The nurses also provided 24 hour on call advice for members of staff. The nurses have developed a network of contacts with a wide range of professionals within the area of epilepsy care and treatment.

Two people, put forward by the nurses, were taking part in a trial of TNS being carried out by Kings College Hospital (KCH) that had resulted in improved sleeping patterns, a reduction in seizures and an overall improvement in their well-being. A number of people received vagus nerve stimulation as part of their epilepsy treatment. To reduce the stress of travelling to a central London hospital and being treated in a hospital environment the nurses had asked KCH to have the clinics at one of the services. This would mean less travelling for people and treatment would be somewhere familiar where they felt comfortable.

We found that people benefited positively from involvement in a wide range of activities which greatly reduced the risk of people becoming isolated, frustrated, bored and unhappy. Staff found creative ways of to enable people to live as full a life as possible. Activities ranged from people undertaking activities on their own; one to one activities with staff; trips out within the local community and trips out further afield. We saw evidence of and were told by relatives and staff about activities that not only reflected the needs of people but were often activities for which people had asked to do. For example, one person arrived at the service who had really wanted to go to a theme park for some time. The service took him to two theme parks within the first two weeks of their stay at the service. They have since had a holiday at a theme park and regularly visit with staff and family support. We were told about day trips by relatives and staff to the beaches at West Wittering and Minnis Bay; Richmond Park; and Thames Valley Adventure Park. This park had facilities for people with learning difficulties such as a large sensory room, swings and roundabouts that accommodated wheelchairs, a soft play area and a music room. We were also told about one person's visits to the dog track and motor circuit. People visited a theme park abroad and there was an annual holiday for people using the service. Planning was underway for a holiday in Paris in September 2015.

There were a number of 'Focus' activities arranged by the provider for all of their services in the area. Focus was a programme of person centred activities for people using the provider's services and meant people from different services met up with each other. These activities included bingo, knitting, wheelchair and limited mobility sports, social groups, swimming, general sports, pub nights, bowling, sensory sessions and horse riding. It was evident that people using the service were encouraged to take part in lots of activities and actually did so. Although people using the service had complex needs the staff had a 'can do' attitude and found innovative ways to enable people to take part in activities rather than assuming they could not. The efforts of staff in relation to activities ensured that people enjoyed a full and active life. In addition to activities, there were a wide range of therapies available either at the home, for example art therapy, or in external sessions such as hydrotherapy.

One relative told us, "[Name of relative] does not like crowds or noise. The activities have helped [their] confidence and they are not afraid of people and situations." Another relative commented, "He loves to be taken out and they try to accommodate him and others. That's quite high in a parent's priorities." One relative said, "They look at how they can accommodate things and if they can they will." Another relative told us, "He is a lot more relaxed in public due to the amount of times he is taken out. He was able to cope; he was alert so there has been an improvement." A professional told us the service was, "Clearly interested in keeping clients active and involved in community."

The provider had systems to obtain feedback about the quality of the service they provided. Relatives were sent a survey every year and one of the relatives carried out a telephone survey each year and fed back to the provider. We saw the responses to the 2014 survey which provided positive feedback. We also found there was regular contact between staff at the location and relatives during visits and

Outstanding ☆

Is the service responsive?

regular telephone calls. The relatives we spoke with were very involved with the care and treatment provided by the service and told us they would approach the manager or any member of staff if they had any complaint or concerns. The service had a complaints system for people or their relatives and details were provided in the service user guide. Staff were able to tell us how they would respond to a complaint. The service had policies and procedures for dealing with complaints. There were no complaints recorded since the previous inspection.

Good

Is the service well-led?

Our findings

We found that the service was well-led. The manager was appropriately qualified and was registered with the Care Quality Commission. The manager was supported by an experienced deputy manager and team leaders. One relative said, "I am very comfortable approaching them. I mentioned issues re moving and handling and they listened." Another relative told us, "Whenever I have raised issues they have been dealt with." Staff told us they were confident they could raise issues with the manager and deputy or within the organisation as a whole. One member of staff said, "The management are okay. I'd have no concerns going to them."

A wide range of audits, visits and checks to assess and monitor the quality of service provided were undertaken. Those undertaking audits included staff, the manager, managers from other services, relatives, and head office based staff such as the specialist epilepsy nurses. For example, staff carried out a number of weekly checks in areas such as the contents of the first aid box, alarms and fire equipment. The service had an identified 'Facilities Champion' who was responsible for ensuring that a structured audit of people's bedrooms took place once a month and communal areas every other month. The bedroom audits checked cleanliness and tidiness; the safety and condition of the bedroom including electrics, décor, windows, flooring and fittings; equipment; and fire safety. The audits of communal areas included the same topic areas as the bedrooms but with the additional checks of lifts; stock levels of essential items, internal storage; external areas; risk management; control of substances hazardous to health (COSSH); reporting of injuries, diseases and dangerous occurrences (RIDDOR); and an audit of the weekly checks. Any areas that were identified as a concern were recorded and remedial actions identified. The completed records of the audits were countersigned by the manager.

Managers were required to quality assure another of the provider's services once a month. This was a pass or fail audit which recorded any corrective actions required or recommendations in relation to minor issues. The service was expected to pass this audit every time and anything requiring corrective action was notified to the operations manager. Other audits in specific areas were carried out by people outside of the service. The specialist nurse carried out periodical checks of medicines. Senior staff periodically observed staff administering medicines to ensure high standards were maintained. We were shown records of audits and were satisfied that the provider had a robust system to audit all aspects of service provision. Records kept by the service were accessible, fit for purpose, legible and up to date. Where appropriate they were stored securely. We reviewed CQC records and were satisfied that statutory notifications were submitted when required and in a timely manner.

We found the provider was funding the specialist epilepsy nurses to attend an international conference on epilepsy in Istanbul that was taking place shortly after our inspection. This was one of a number of conferences attended by or planned for the nurses that ensured they were up to date and aware of any advances in epilepsy care and research. This knowledge and expertise was passed on to staff and to improve the quality of care delivered.