Cambridgeshire County Council

Larksfield Transitions Unit - Wisbech

Inspection report

9 Larksfield
Wisbech
Cambridgeshire
PE13 2UW

Tel: 01945581510

Date of inspection visit:
16 February 2016

Date of publication:
16 March 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Larksfield Transitions Unit - Wisbech is a supported living unit which is registered to provide personal care for people living in their own home. The service provides rehabilitation and support to people who are aiming to move on to more independent living. At the time of our inspection there were eight people using the service. The service is located in the town of Wisbech close to local shops, amenities and facilities.

This announced inspection took place on 16 February 2016.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service used robust recruitment procedures to make sure that people were supported by staff with the right skills. There were enough staff to support people and to help them access the community. An effective induction process was in place to support new staff in their role.

Staff received regular medicines' administration training and an assessment of their competency to do this safely. Staff had a good knowledge and understanding of the application of safeguarding procedures to protect people from harm.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had a thorough understanding about determining people's mental capacity and what this meant for each person. People's care was provided where it was in their best interests.

Staff regularly sought assurance as to people's wellbeing and were attentive to their needs. Staff knew what was meaningful and important to people. People's privacy and dignity was respected by staff.

People, their relatives and advocates, were involved in planning their care. People's care plans and records were regularly reviewed and updated accordingly. The registered manager provided people with information on accessing independent advocacy if any person required this support.

People were supported with their health needs by healthcare professionals with the right skills, such as occupational therapists, to make a difference to people's lives. Prompt action was taken in response to the people's changing health care needs.

Risk assessments to help safely support people with risks to their health were in place and these were kept under review according to each person's needs.

People were supported with healthy food and lifestyle choices. People had access to sufficient quantities of food, drinks and snacks. Diets according to people's health conditions were available and provided.

Staff responded promptly to the suggestions, comments or concerns people raised about issues which affected their day-to-day life at the service.

A range of effective audit and quality assurance procedures were in place. These were used as a means of identifying areas for improvement and also where good practice had been established. Information was shared through a range of forums including residents', managers' and staff meetings.

Staff were supported with their personal development by managers who kept themselves aware of the day to culture in the service. The registered manager supported staff as well as engaging with people and their relatives on a regular basis. This was to achieve the best possible outcome for each person.

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.

Staff had a thorough understanding about how to protect people from risks of harm. People were supported to be as safe as practicable.

An effective recruitment process was in place and this helped ensure that staff were suitable to work with the people using the service. A sufficient number of suitably qualified and competent staff were in place.

Risk assessments recorded the risk to people and their health and well-being. Staff adhered to safe medicines' administration practice.

Is the service effective?

Good

The service was effective.

People's independence was respected and they were supported with their decision making by staff who knew them well.

Health care professionals visited the service regularly and staff followed their advice.

A selection of menu options and alternatives were offered that were appropriate to people's nutritional needs. People were supported to have sufficient quantities to eat and drink.

Is the service caring?

Outstanding

The service was outstanding in the way it cared for people.

All staff were committed to providing care that was compassionate and dignified.

Staff really valued their relationships with people and fully understood each person's needs.

Staff gave people many opportunities to be cared for in an

individualised manner.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a wide variety of social interests, hobbies and work that was important to them.

People were supported to make meaningful decisions about how they lived their lives.

People's comments, compliments, suggestions and concerns were used as a way to identify what worked well.

Is the service well-led?

Good

The service was well-led.

People and staff were supported by the registered manager to help provide an inclusive service.

The registered manager and provider kept staff's skills up-to-date.

The registered provider and registered manager monitored the service to make sure it met people's needs.

Larksfield Transitions Unit - Wisbech

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 announced inspection took place on 16 February 2016, was undertaken 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. Their area of expertise was in caring for people with a learning disability and people with behaviours which could challenge others.

We gave the provider 24 hours' notice of our inspection because the location provides a supported living service for people who are often out during the day – we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law. In addition, we contacted the local authority who provided financial support for people to use the service. We did this to obtain their views about how well the service was meeting people's needs.

During the inspection we spoke with four people living at the service, five relatives, the registered manager, the operations' manager, one senior staff and two care staff.

We observed other people's care to assist us in understanding the quality of care people received.

We looked at three people's care records; the minutes of residents', managers' and staff meetings; medicine

administration records; and records in relation to the management of the service such as health and safety checks. We also looked at staff recruitment; records related to the supervision and support arrangements in place for staff; the registered manager's staff training plan; and complaint and quality assurance records.

Good

Is the service safe?

Our findings

One person said, "I feel very safe and secure here because of where Larksfield is located and the staff [who work] here." Another person told us, "I have been here for [number of months] and the staff are always nice to me. If I was ever worried [about my safety] I would go straight to see [registered manager], but I never have been." A relative told us, "Yes, [family member] is safe. They have been there since last [month] and I think the place is absolutely excellent." A social worker told us, "There is always staff available to support people with everything." A relative told us, "Yes. I do feel it [is safe] generally. Family member] had an occasion about three weeks ago, because somebody wanted money from [them]. The registered [manager] sorted it out, and was on top of things straightaway." One person said, "I feel safe even when we go to the seaside as staff offer me [reassurance] and make sure that I am alright

Staff told us that they had received training and regular updates in relation to safeguarding people from harm. Their knowledge and understanding of the different types of abuse that could occur was comprehensive. All staff said that they would be confident about reporting abuse or poor care practices within the service. They knew how to report concerns to external organisations such as the police or local safeguarding authority if necessary. One member of staff said, "I recently completed safeguarding training that included hoarding and self-neglect. It is good to be up-to-date." Staff knew how to escalate any unresolved concerns should this ever be required. Staff described situations if they became aware that a person was not their usual selves and how they would investigate this. This showed us that that there were systems in place to help ensure that people were cared for in the safest and most practicable way.

Information was available to people, staff and visitors to the service about how to report any concerns to management, the local authority or the CQC. This was in a format that supported people to be safe. Examples included information cards which people carried with them when out in the community. One person told us, "When I go out staff don't need to come with me, but if I need help I can call them." Records viewed confirmed that where these situations had occurred, staff had responded quickly. This meant that the provider and staff had the appropriate measures in place to help ensure people were kept as safe as possible.

People living at the service were mostly independent. They received emotional and practical support and had risk assessments in place. Risks to people, including people at an increased risk such as from falls, being out in the community and administration of medicines, were identified and managed effectively. Where people had several risks all of these were considered. This was to help ensure that there were measures in place so that the risks to people were minimised or eliminated. For example, safe procedures when people who used a wheelchair were transported in the service's vehicle. We observed that where people made requests for assistance either verbally or by their call bell that staff responded straight away or made sure another member of staff responded.

Accidents and incidents, such as where people had been concerned they may have taken too many of their prescribed medicines had been investigated. Where analysis of the situation had proved this not to be the case, measures were put in place such as reassuring the person and also reminding staff of their

responsibilities. Other examples included actions being taken where people had experienced more falls than expected. This included a review of the person's medicines by their GP.

The provider and registered manager based the number of staff on people's assessed needs. They also made changes to staffing when people were able to undertake tasks more independently, or when someone new started to use the service. We saw that there were sufficient staff on duty and that they had the right skills to meet people's care, social and independent living needs. We observed that where people made requests for assistance either verbally or by their call bell that staff responded straight away or made sure another member of staff responded. We also saw that the registered manager and all staff had the time to spend interacting and engaging in meaningful conversation with people. The registered manager and all staff spoken with told us that there was always enough staff to meet people's needs. One care staff said, "It's nice working here as I get time to take people out. There is never a time when we can't cope or meet people's needs safely." The registered manager had arrangements in place to ensure that there were sufficient staff when there were unplanned staff absences. For example, by staff working extra shifts and those who were prepared to undertake shifts as overtime.

Staff told us and records we looked at demonstrated the registered provider had a safe staff recruitment process in place. A senior care staff explained the recruitment process to us and how suitable staff were selected and appointed. This showed us that the provider only employed those staff who were deemed suitable to work with people living at the service. The registered manager explained the induction process for new staff and the standards they had to achieve before being offered a permanent position.

People were supported with their prescribed medicines by staff who had been trained to administer medicines safely. This included when people were out in the community. One person showed us how they took their medicines that staff had helped them to access. They said, "It's 12 o'clock so I can have my tablets." Staff had their competency to administer medicines regularly assessed. Records of the administration of medicines had been accurately completed. The quantities of people's medicines held tallied with people's medicines administration records. However, we found that some information had been completed in people's care notes. Good practice is that the quantity of medicines held should be recorded on the person's medicines administration record. We saw that people were able to take their prescribed medicines in a way they preferred such as with water. A relative said, "Over Christmas when [family member] came to stay, he knew the set times and took juice with his medication. He knows he has an hour's window three times a day."

Good

Is the service effective?

Our findings

We found that staff were matched, as far as possible, to the people they cared for. For example, where staff shared people's interests with their general fitness and health. A relative told us, "[Family member] is into dogs. [Their] motivation to get back to walking was one of the staff to take [their] dog in a couple of times. It's motivated [them] even more. There is a very nice man he is a volunteer and he's got seven dogs and their conversations gave [family member] a bit of an outlook." Another relative said, "What is outstanding [name of service], and I don't know how they do it, is their [staff] body language and tone - they're so upbeat! You think how are they recruiting? They seem to have the knack of creating an ambience." A third relative told us, "Family member loves to do colouring in, playing dominoes in the unit next door, going to the pub and a club. The staff play dominoes with [them], and [they] say to me, 'I had a really good game' or '… a really bad game'."

New staff were supported with a formal induction. This was planned and delivered to ensure that staff had the skills and knowledge necessary based upon people's individualised care needs. There was a programme of ongoing staff training to help staff develop the skills that they needed to support people effectively. Recent training undertaken by staff included epilepsy, dementia and autism awareness. One person said, "Yes, they [staff] know how to look after me. If they didn't I would soon let [registered manager] know but I haven't [had to do this]." A member of staff told us, "[Registered manager] and senior care staff are always reminding us when our training is and when we are expected to complete this by." Another member of staff said, "We get regular training from the local authority's in-house' trainer as well as supervision that is effective in helping us to do our job." A relative told us, when asked if staff had the right training, "Yes, because they are very, very competent and efficient and I'm not just saying that. They ring me to check things and say 'Is that alright?' so they work with us."

One staff member said, "I have a formal supervision every few months. I can raise any matters that affect my work as well as discussing training and future development." The provider and registered manager were keen to develop all staff's knowledge and provide for any additional training needs. The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and a number of newly recruited staff had completed this programme.

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. We found that applications had been appropriately made to, and authorised by, the Court of Protection. Where people had been deemed to lack mental capacity for some decisions, restrictions on people's liberty were being adhered to. A relative told us, "They've [staff] got [family member's] interests at heart and I can rest at night because I know [family member's] in a good place."

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found that staff's understanding of these subjects was thorough and had enabled people to be cared for where it was in their best interests. One member of staff said, "We have been through this [MCA and DoLS] during staff meetings. There are five key principles." The staff were able to tell us what these were and how to apply them in practice. This showed us that staff knowledge and application of the MCA enabled people to be supported in a lawful way. One person told us, "I decide when I go out and I can do this when I want."

People were able to shop for their own food with guidance or support from staff when needed. We saw that people, including those with food allergies or those on a weight reducing diet were supported and encouraged to make healthy food choices. We saw that meal times were an occasion for people to support each other as well as being independent. We saw people had salads which they made themselves, something on toast or a sandwich. One person told us, "I make my own meals. If I don't want what I had planned I can always get something else. I am having spaghetti bolognaise for my tea." Another person said, "I have a 'Chinese' on a weekend. We had roast on Sunday which was lovely." The staff told us and we saw that each person ate in the place of their choosing. A relative told us, "[Family member] has a fridge of [their] own, they [staff] sit and create a menu with [family member] and assist them with the preparation of the food and they make sure there are healthy snacks in [their] room, and they monitor that [name] drinks enough."

People, where required, were referred to the most appropriate health care professional. Where people were at an increased risk, such as with their chosen lifestyles, regular checks were in place to help ensure people were supported to make lifestyle choices. Records viewed and people we spoke with confirmed that health care advice was sought promptly. One person who reported to the registered manager that they felt unwell and asked if they could see their GP was supported with this. We saw later how the GP had rung back to make sure that they were feeling better. A relative told us, "There was extra help when [family member] needed it. When it (an emergency) happened, one of the support workers went into [family member's] room and found them on the floor. They rang an ambulance." Staff said that they had good support from occupational therapists and had exercise programmes based on people's abilities. Relatives confirmed and people told us that they saw the GP when they needed to and that they had eye sight and dental check-ups. A social worker told us, "[Registered manager] is very good at communicating with healthcare professionals and recognising if people are unwell. They put different strategies in place depending on what works best. They always let me know the outcome for the person." People could be assured that the staff would take action to reduce and prevent any risks associated with their health.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care that was provided. One relative said, "Oh my God, yes they're just so nice. They're very, very, very caring and they have [family member's] best interests at heart. The whole place is lovely, it's very clean and there's a nice atmosphere when you walk in." One person told us, "The staff are all very kind to me. I am more than happy here and this is where I want to stay for now." A social worker told us, "They [registered manager] have gone above and beyond what I would call good care. When [name of person] first arrived at Larksfield they had little or no possessions. The [registered] manager got lots of clothing and other furniture for them from local charity shops just to get the basics in place quickly and make [name of person] feel much more at home." Another person said, "The staff are good. We have a laugh but they know when to take me seriously." A relative told us, "[Family member] hasn't been happier in many years. It's the total attitude of the staff that is upbeat. [Family member] can have company or [they] can go back to their room. It is an exemplary service and I can't praise it enough." Our observations throughout the day confirmed the above findings.

We observed that people were supported by staff in a compassionate way. Staff's knowledge of each person and what made a difference to that person's life was extremely detailed. For example, by staff knowing when a person wanted to go to the library or out shopping and how to respond in a respectful way. A relative spoke positively about their family member's care. They said, "[Family member] does his own personal care in the wet room and has a chair. He'd be mortified if anybody helped him - that's how he likes it."

We saw that staff gave people time to consider what they were saying and also if the person's response meant they were happy with their care. Where people liked to be referred to using a term of endearment this was respected and recorded, including how staff had to respond using similar terms.
One person said, "All of the staff are equally good at looking after me." A relative told us, "I think the deputy [Senior Support Worker]is nice and we could talk to them. She keeps looking for a place for [family member]. She's more in [family member's] court. She is more hands-on, she seems to run about after most of them [people]. If I do the shopping and I say to her I've got more meat, she'll take the bags and sort it out straightaway."

People's care plans were detailed and contained personalised information based upon those aspects of each person's life that were important to them. As a result of this care plan and staff's knowledge of people's preferences we saw that people were supported with aspects of their lives such as going to a library, shopping, doing jobs in the service or watching TV. People were consistently offered choices based on what was important to them. For example, accessing the community safely. We saw that staff reminded people to wear appropriate clothing and footwear without causing the person any unwanted anxieties. One person who was going out was reminded politely that they would be going out soon. Another person asked, "Can I come with you?" The staff immediately provided a positive response, and with the other person's agreement then proceeded to help both people get ready. We saw that they went out together, saying good-bye to the registered manager. This showed us that staff considered and acted with an understanding of people's preferences.

People were offered choice in a way they could understand including easy read care plans where this was appropriate and with as much or as little information that the person preferred. A relative told us "They [staff] just keep [family member] occupied, talk to him a lot, discuss things and in general look after him very, very well. They're always there for him - we couldn't be happier we've no quibbles with them. It really is lovely and the staff are excellent."

Care staff gave us examples of how they respected people's privacy and dignity. They told us that they allowed people privacy to complete their personal hygiene and that they assisted people appropriately when out they were out in the community. A relative said, when asked if staff ever discussed other people's care, "There is a person with quite challenging behaviours and they [staff] explain tactfully what [person] has to do because of this, but they don't betray confidences. It's done with respect in a sensitive way." Another relative said, "No they're very good like that." Care was provided based on each person's individual needs. We observed care staff being caring and attentive with a person who said that they were in pain. They said, "Do you feel hot or do you have a head ache?" The registered manager made sure they were well and checked on them throughout the day.

People valued their relationships with staff and felt that staff exceeded their expectations. A relative told us, "[Family member] has had support at Larksfield following a recent loss of a [relative]. They [staff] all listened to [family member] and buoyed [them] up. One person said, "We have really nice chats as well as a coffee which I love as well as biscuits." A member of staff said, "It's all about making people feel relaxed about where they live, what they do and how they do it." We saw and people confirmed that staff were always polite and spoke to them in a respectful way. Examples included ensuring people's private conversations were respected and also staff acknowledging when people wanted to be on their own. Staff gave people time to consider their decisions as well as allowing people to do things at their own pace. All staff were passionate about making a difference to people's lives. One staff said, "I worked in [name of industry] before but I now love coming to work, seeing people smile. If we are happy it rubs off on them and that makes a difference." A person told us, "Staff make me feel special, as I can help other people as well [with their independence]." Our observations of people's care confirmed these examples provided.

Each person had a member of staff as their key worker. A key worker is a member of staff who had specific responsibilities for the individual aspects of the person's care which really mattered to the person. We found that as well as undertaking this role, these staff kept relatives informed about the progress people had made. This was only with the person's agreement. A social worker told us, "They [staff] are very good at keeping me up-to-date especially where people have achieved a goal I thought impossible. For example, one person now no longer [name of behaviour]." Staff used innovative ways to include people in their care planning. For example, with a social meeting [Daffodil club] where people could relax with their favourite drink. People discussed with staff what was important to them, such as keeping in contact with family members, going to a library or doing some gardening. We saw from records viewed and people's comments that this was the case.

People had relatives, friends and representatives who acted as an advocate for them if required. For those people who lacked mental capacity for some decisions an independent mental capacity advocate was in place. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. The registered manager and staff were aware of the organisations which offered this service if required. This showed us that people's wishes, needs and preferences were respected where people were not able to speak up for themselves. A relative said, "[Family member] does that himself [self advocates]. He doesn't hold back any more. He says what he thinks. People [staff] there understand him."

People told us and staff confirmed that visitors could call in at any time people were in their home if the

person wanted them to. One person said, "My [family member] visits me most weeks. It's great to see them as we go out." A relative said, "If family member wants to go to the zoo, we take him." Another relative said, "There are barbecues, Christmas and Halloween parties as well." This demonstrated that the provider had considered people's right to a family life.

Good

Is the service responsive?

Our findings

The registered manager had spent time with people, their relatives and other significant people in order to obtain relevant information about people's life histories. Where people chose not to share this information, their decision was recorded and respected. Staff we spoke with said this helped them gain an individual understanding of what was really important to each person. One relative said, "There was a little bit of a blip, so it was reviewed with the psychiatric nurse. It's person-centric, they [staff] were very flexible in their approach."

The registered manager, or senior staff, encouraged people to have a trial visit to help them decide if the service was the right place for them. Information gained about people's experience of their visits was used in the assessment and planning of their care and also helped staff identify people's interests and hobbies and how these could be maintained. For example, going out to places of interest and places which people had very fond memories of, meeting families and friends or watching their favourite films. We saw how one person was supported with their care plan to prevent any anxieties they may have had. They said, "I asked staff to read me my care plan as I don't like doing it and they do this for me." We also saw and staff told us that they supported people to maintain links with the local community such as going out for a meal, for a coffee or to the seaside.

People and staff told us about the social activities, hobbies and interests they had taken part in. These included working in the community, accessing a local library, helping with washing and cleaning as well as preparing meals. Other hobbies and interests that people were supported to take part in included baking, going to the gym, completing puzzles or helping the registered manager with office based tasks. Staff responded to people's requests, whatever these were, with enthusiasm. People, relatives and a social worker spoke highly of the staff and their attitudes towards people's care provision. A relative said, "I ask [family member]. I say how are things and [family member] says 'Oh yes mum, I'm fine. They're [staff] lovely'. He is very appreciative about what they're doing for him - they think the world of him and he does of them."

We saw that people's care plans included a record of people's achievements. This information was used to inform the planning and involvement of people in the development of their care plans. For example, as a result of the setting up of the 'Daffodil Club' [this is a club set up for people to make suggestions in a way they preferred] people were able to make suggestions about subjects they liked such as a steak night or quiz night and these had been implemented. People confirmed how much they had enjoyed the events and "the popcorn". One relative told us, "[Family member] likes computers. He does gardening three times a week at the [name of place] and they love him there and he gets on really well with the staff there. He goes from 10am till 2pm and staff from Larksfield leave him there [due to their independence], and he can walk there and back - it's not far it's about a 10 or 15 minute walk."

Measures were in place to support people including access to their medicines if a person needed to be admitted to hospital in an emergency. This was to help ensure responses to people's needs were acted upon swiftly. A social worker had told the registered manager that staff had worked with resilience and imagination to manage [name's] behaviours. Staff had succeeded in increasing [name's] independence in

all activities of daily living. A relative said; "[Family member] loves doing the gardening which he does in the better weather."

Staff told us, and we saw, that people's care plans were updated at least every month or more frequently if the need arose. For example, if a person's needs had changed, such as the dosage of medicines or a person had achieved any of their goals. We found that staff used the daily care records and staff communication records as a way of identifying what care and support worked well for the person and where improvements were required. This allowed staff to respond to the person's needs based upon the most up-to-date care information. A relative said, "The doctors had to change [family member's] medication to reduce [health condition] a bit. It seems to be working and they (staff) can only do their best, as they are doing."

We saw that staff responded to people's individual requests for care and support to the complete satisfaction of the person. This was based upon people's body language and general wellbeing as well as what people said as a way of recognising if people were not happy. Each person had a valid tenancy arrangement in place, which they had agreed to. This included details about the individualised arrangements in place for people to live independently in their own homes as well as access to a complaints procedure.

People were supported to raise concerns about their care. This was by their preferred means such as talking with staff as well as staff recognising if a person was not their usual happy selves. One person told us, "If I had any worries or concerns I would go straight to see [registered manager]." A relative told us, "If I thought there was anything really wrong, I'd be on the phone, but no there's been no complaint from me." We saw from records viewed that concerns had been raised such as people not being able to access their home as easily as possible. We saw that investigations had been made into this and that the person was being supported with this. Another relative said, when asked if they had ever had to complain, "No, I don't think it would get to that as they're so approachable. I can't imagine it getting to that point."

Good

Is the service well-led?

Our findings

Each person's views about developing and improving the service were sought in the most appropriate and person centred way. This included people being asked their views during residents' meetings as well as staff spending meaningful time with people, seeking their views. People's comments were then used as a way to drive improvement. For example, with the introduction of the Daffodil Club.

One person told us, "I go into the [registered] manager's office quite a lot as they talk to me and listen." All care staff spoke very highly of the registered manager and the support they offered. Comments included, "They are the best manager I have ever had" and "It doesn't matter what you need help with they are always there for you in a supportive way." A relative said, "[Family member's] settled, safe, [they are] being cared for. We can't praise them [staff] enough. I really didn't think that places like that [service] existed! [Family member was in a place for homeless people before and they got him a place [at the service]. And, they [staff] were marvellous, because [family member] has thrived there."

The service had a registered manager who had been in post since the service started. They told us, and we found, that whatever people had to say their "door is always open". Staff told us that as well as staff and residents' meetings they used comments from people as well as their daily notes to inform people's care and any improvements to this. A social worker told us that the registered manager was very good at liaising with GPs and other health care professionals, if required. This helped identify the finer points of people's care and that prompt action could then be taken if required. We saw that one person had their wheelchair maintained and due to wear and tear a recommendation had been made by staff for a new one.

One person told us, "The boss [registered manager] is always around when you want them. Their door is open as I can go in when I am on my way out." We saw that this was the case. A relative said, when asked if they had regular contact with the registered manager, "Yes, [registered manager] is lovely, such a lovely woman, very caring. We always have a discussion when we go there [Larksfield] and we always have a talk every two weeks and she'll give me updates."
The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This was also circulated to staff and to local healthcare professionals who had regular contact with the service. We saw that the vast majority of responses were positive. The results of the survey were fed back to people and their relatives. This showed us that the registered manager was open to sharing what worked well in the service and where improvements were required.

Quality assurance procedures had identified key themes on what the service did well and where improvements were required. One area identified for improvement was in respect of the fire drill procedure as well as ensuring all fire doors closed automatically and at a pace that kept people safe when they closed. This was to help ensure that people were able to access their homes in a safe way.

A social worker told us, "They [registered manager and staff] have gone above and beyond. My [service user] has improved hugely because of the effort put in by the [registered] manager." They added, "It got to the point where I had to write to [the provider] to thank them for the way the [registered] manager has worked

with us and achieved a really good outcome [for a person using the service]." They added, "When [person] first moved into the service I was sceptical that they could achieve much. But, I was proved wrong."

The registered manager worked with other organisations including people's social and case workers to achieve the best possible outcome. Relatives and a social worker confirmed that the registered manager was very proactive in seeking placements. This was for the time when people were deemed sufficiently independent to live on their own or with less support. Relatives told us that, "only suitable places for people to live were chosen and used". This was based on what worked best for the person.
People commented extremely favourably about how much time the registered manager spent visiting them in their homes or in communal lounges and kitchens. Comments relatives gave us included, "I think it's the friendliness. They're [staff] that easy to talk to. I've never been passed on to someone else."

Strong links were maintained with the local community and included various opportunities people had requested, and then been supported with, employment or going to their day centre. Some people also did voluntary work at a care home which they told us they really enjoyed. People told us how they had take-away meals and their weekly shopping delivered as they had got to know the people who made these deliveries and that it made life easier as a result of this. This showed us that people were supported to avoid the risk of social isolation.

Staff spoke confidently about the provider's values of treating each person as a person and making sure their wishes were always responded to positively. Staff all commented how much they liked working at the service. One said, "Making people feel as happy and contented as possible and being there for them is why I like working here. It's a really nice place to work."

Staff were regularly reminded of their roles and responsibilities at supervisions, staff and management meetings. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. One care staff said, "I would absolutely have no hesitation at whistleblowing straight away." The registered manager completed spot checks and worked shifts with staff including nights or weekends. This helped them identify any issues and also what care worked well for people. Another staff said, "We are a really close knit team. If anyone of us needs help the rest of the team pitch in."

The registered manager had provided leadership at the service since it opened. They had, from records viewed, notified the Care Quality Commission of incidents and events they were required to tell us about. This showed us that they were aware of their responsibilities. A social worker told us, "[Registered manager] is open to suggestions and putting different strategies in place to support people if required."

A combination of formal audits and quality assurance procedures were undertaken by the registered manager or a manager from another of the provider's services. For example, care plan reviews, audits of people's medicines and the safety of people's homes. This helped managers learn best practice or share ideas on areas of people's care that had been successful. The registered manager also attended regular managers' meetings arranged by the provider where information was shared. For example, how the CQC inspects services and how the provider had learned what worked well and where there were opportunities for improvement. For example, with the successes achieved in transitioning people to live an independent life.