

Mrs Della Averley

Mrs Della Averley - 14 Phoenix Road

Inspection report

Phoenix Road
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Tel: 01634579505

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15 June 2016

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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

The inspection took place over two days, on 14 and 15 June 2016. The inspection was unannounced.

14 Phoenix Road is a three bedroomed terraced property in a quiet area, with a small well kept garden area and garden furniture to sit on. This small service provides personal care, accommodation and support for up to three adults who have varied learning needs.

It is a privately owned service and the provider of the service was the registered person. 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.

At the last inspection on 20 January and 4 February 2015, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were in relation to the recording of information in people's records about their care and treatment including the management of the regulated activity and a lack of effective systems to monitor the quality and safety of the service. The registered provider sent us an action plan telling us how they were going to make changes to improve the service.

At this inspection we found that the registered provider had taken action to address the breaches from the previous inspection and had made many improvements to the service provided.

People told us they felt safe at Phoenix Road and would feel able to speak to staff if they were concerned. Risks the individual may encounter were identified and plans put in place to minimise these without compromising people's rights to maintain their independence. Staff had a good understanding of their responsibilities in keeping people safe.

The property was a bit tired looking but clean and comfortable. The environment had been assessed for risks and measures put in place to manage them to keep people and staff safe. All the relevant maintenance and servicing of the property and equipment was undertaken regularly and records kept.

The registered provider followed robust processes when recruiting new staff to make sure they were suitable to work with people. Staff induction was thorough with time given so new staff could get to know people well. Staff had all the necessary training to be able to carry out their role. The registered provider had invested in additional training tools to provide extra training. There were enough staff to support people with their assessed needs.

People were supported well to maintain their physical health and mental wellbeing. Staff had built good relationships with health care professionals, supporting people to have confidence. People had a choice of foods and although menus were planned, these were based around individual's likes and dislikes.

The home had a caring and supportive atmosphere where staff clearly knew people well. People were

comfortable with staff, chatting openly and asking questions. People were treated as individuals and had the opportunity to have plenty of one to one time with staff throughout the day. People were supported to make their own choices and decisions on a day to day basis. Mental capacity assessments had been carried out and records kept, making sure people's rights were respected and acted upon.

Care plans described the care people required in the way they wanted. People told staff if they wanted to do things differently and this was respected. Care plans were reviewed regularly to make sure they continued to be relevant and up to date.

People had lots of activities and chose what they wanted to do. People went out most days to take part in individual pursuits. Socialising as a group outside of the home was also a regular occurrence. People had the opportunity to go on holiday every year and were fully involved in the decision making about where to go.

As well as being able to give their views on a daily basis, the provider asked people what they thought of the service through a questionnaire. People's relatives were also asked their views every six months.

No complaints had been made over the previous 12 months. People raised problems as and when they happened and they were dealt with, however there was no recording mechanism to capture these verbal complaints. We have made a recommendation about this.

The provider was fully involved in the day to day running of the service. She knew people very well and listened to what they had to say. People were happy living at Phoenix Road and were able to express their views. Staff said they were well supported and felt able to raise concerns or make suggestions for improvement and said they would be listened to.

The registered provider had monitoring and auditing systems in place. A new, very comprehensive approach was in the process of being implemented so a mixture of two systems were in progress at the same time. The registered provider said it was her priority to quickly change over completely to the new system.

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 told us they felt safe. Staff had a good understanding of how to keep people safe and had access to the information they needed to do this.

Safe recruitment practices were used to ensure only suitable staff were employed to support people. There were sufficient staff to support people with their assessed needs.

People's medicines were administered and managed safely. Assessments had taken place where people chose to self administer.

Is the service effective?

Good ●

The service was effective.

New staff received a good induction into the service. Staff received the training required to carry out their role effectively.

People's right to make choices and decisions were respected, guided by the principles of the Mental Capacity Act.

People were supported to maintain good physical health and mental wellbeing and to access relevant health services.

Meal planning was based on individual likes and dislikes.

Is the service caring?

Good ●

The service was caring.

People told us they liked the staff. The home had a caring atmosphere where people were clearly happy and comfortable in their home.

There was an emphasis on maintaining and increasing people's independence. Respect and dignity was a key element of the staff approach.

People were involved in day to day decisions about their home and felt listened to.

Is the service responsive?

Good ●

The service was responsive.

People were involved in how their care was planned and delivered. Their important daily routines were incorporated into the care planning process.

People had lots of activities planned and were engaged in individual activities most days.

People knew they could raise a complaint if they needed to. People and their relatives were asked their views of the service regularly.

Is the service well-led?

Good ●

The service was well led.

The registered provider was fully involved in the day to day running of the service. People knew her very well and said they were very happy living at the home.

Staff felt they were well supported and said they were listened to.

The registered provider had auditing processes in place to measure the quality and safety of the service.

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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.

The inspection took place on 14 and 15 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with three people who lived at the service to gain their views and experience of the service provided. We also spoke to the registered provider, one senior support worker and one support worker. After the inspection we asked for feedback from three health and social care professionals for their views of the home but they did not reply to our request.

We spent time observing the care provided and the interaction between staff and people. We looked at three people's care files and five staff records as well as staff training records, the staff rota and team meeting notes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

Is the service safe?

Our findings

It was clear people felt safe living at Phoenix Road. They told us they did and their relationships observed with staff supported this. People said, "I do feel safe here", and "The staff look out for you".

The registered provider had a safeguarding procedure in place providing information about the signs to look for and how to report suspicions of abuse. Staff were very familiar with the process for safeguarding vulnerable adults and their own responsibilities within this. They felt confident to take any concerns to the senior support worker or the registered provider, however they also knew how to report suspicions outside of service if the need arose. One staff member said, "People are happy to talk about anything at all, and I think that's a good thing".

One person told us, and we saw in their care plan, that they were being helped to acquire new skills by increasing their confidence and ability to go out without staff support. Although the person would not be able to go out alone as their attention span was poor, staff were keen to support the person's wish. The person had a plan that was concentrating on going out once a week to the local library or shop, both a short walk away, with one of their housemates. The person they were going with was skilled and experienced in this area and felt confident and happy to help in this way. People's family members had been involved in the plan and were keen to support the opportunity. A risk assessment had been carried out to ensure all potential hazards had been identified and considered. The risk assessment was seen by staff as a way of safely supporting the plan rather than being restrictive.

Risk assessments had been used to support one person to be able to spend short periods of time in the home alone. For example, if a member of staff was out with other people and the person came back from an activity before staff returned. Risks around having a back door key were addressed and measures how to keep safe were put in place. Discussions held around safety issues such as answering the door had taken place. The person had also attended a training course around health and safety in the home and had received a certificate. We were told by the person that they enjoyed being in the home on their own at times and felt confident with this. Staff had addressed individual risks in a robust manner, helping to keep people safe, while at the same time taking care not to restrict their independence and freedom of movement.

People had individual fire safety risk assessments in place, comprehensively recorded, detailing people's abilities and the support they would require. For example, one person knew to shout if they saw or smelled smoke or fire and to run out of the house immediately. Another person would need help to understand the situation and help to evacuate the building. People signed risk assessments showing they had been involved and understood the content. A comprehensive fire risk assessment had been undertaken in January 2016 by an external organisation.

The registered provider had an on call service available so staff could make contact at any time should they have an emergency situation to deal with.

Environmental risk assessments were undertaken to manage risks associated with the premises and

environment. All potentially dangerous substances such as cleaning liquids were stored in a locked cupboard to make sure people were protected from harm. The registered provider helped to keep people, staff and visitors safe by having processes in place to identify and manage situations that might be a risk.

The home was clean and presentable although a bit tired looking. People told us they were soon to get a new TV and stand, the provider had told them this. The registered provider confirmed this with us, they were waiting for a delivery date. We were also told by the senior support worker that other new items were in the pipeline such as new flooring. They said measurements had been taken and they were all going to be looking at choices within the next few days. All relevant maintenance and servicing was carried out as necessary, all up to date and recorded well. For instance, an annual gas safety certificate and electrical installation certificate were up to date.

There was a senior support worker who supported the registered provider with the day to day running of the home. At our previous inspection the home had been short staffed and relied heavily on agency staff. This had changed and the provider had successfully recruited staff. Five support workers were employed to support the care and support needs of people and one more was waiting to start when all their checks had been completed. The senior support worker told us they used very little agency staff now, mainly one shift a week on Wednesdays or to cover annual leave. These shifts were always covered by the same agency person so people knew them well. There were sufficient staff to meet the needs of people living at the home.

The registered provider followed safe recruitment processes. New staff went through an interview and selection process. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

People were supported to administer their own medication if they were able to and chose to do this. An assessment was undertaken by staff, signed by people and this was clearly documented in their care plan.

Staff also fully supported some people to take their prescribed medicines. Staff were organised and had a system in place to ensure prescriptions were collected from the GP once a month. A local pharmacy delivered people's medicines to the home in the form of a 'dosette' box. This was a medicine organiser with a box for each week of the month, separated into compartments for days of the week and times of the day such as morning, afternoon and evening. Each month the pharmacy took the previous month's empty container away when delivering the new one. All medicines for the month were stored appropriately in a well ordered locked cupboard. The weekly box was stored in a locked cupboard in each individual's bedroom. Records were well kept and easy to check and understand, helping to mitigate the risk of errors.

People were given their medicines by trained staff who ensured they were administered on time and as prescribed. People's care plans detailed the medicines they had been prescribed, why they had been prescribed them and the potential side effects to be aware of. People were protected from the risks associated with the management of medicines.

Is the service effective?

Our findings

People told us they thought the staff supported them well. One person said, "I get all the help I need here". Watching the interactions between people and staff showed that staff had a good understanding of their role and how to support people well. Staff treated people as individuals and often had a different approach dependant on the person or the circumstance.

Staff had access to the training they required to carry out their role. New staff started with a set of mandatory training through e learning. Once this was complete they went on to study the care certificate, covering all areas of their role at Phoenix Road. Staff said the courses on line were good and equipped them to carry out their role confidently. The senior support worker ensured new staff were given specific details about the service and time to read all the information such as care plans, risk assessments and policies and procedures. A period of shadowing with the senior support worker, getting to know people and ask any questions they had was part of the induction. Staff said, "I felt really confident after this".

The registered provider had subscribed to an additional training programme, giving access to face to face, distance, or e learning training to suit the needs of the service. Staff could access this programme once they had completed the care certificate. The provider made sure that staff she employed were fully equipped with the training they required to support people well.

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. The application 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. People living at Phoenix Road had all been assessed as having the capacity to make their own decisions. The registered provider understood when an application should be made and how to submit them to ensure that people were not unlawfully restricted.

The registered provider or senior support worker had carried out mental capacity assessments to assess people's ability to make less complex decisions. For example, paying for the extra support required when choosing to attend an individual activity such as a pop concert in London. Mental capacity assessments for more complex decisions had been carried out by health and social care professionals or an independent advocate. For instance, carrying out assessments of people's ability to manage their own finances, or to go outside of the home alone without support. An independent advocate had been involved with people in making decisions around remaining at Phoenix Road or moving to another home. Where people had been assessed as having the capacity to make these decisions but were considered vulnerable, further care plans

and risk assessments had been carried out to support people to maintain their safety.

There were many examples of people being supported to make informed decisions. For example, the written record of a discussion and sharing information with people about a routine but personally invasive medical test. On being given all the information in a way they could understand, they decided they should go ahead and have the test.

Staff devised a menu plan covering a two week period so people knew what meals they would be having each day. However, the menus were based on what people liked and what they had chosen. People were able to change their mind and have something else if they wanted. One person said, "I don't like chicken, so I don't have that".

People were encouraged to be aware of their own health and were given the information they needed to monitor this. For example, being aware of their body, noticing and reporting any changes they observed straight away.

People were supported by staff to maintain good health through careful monitoring. People had a health action plan, recording any health concerns with guidance how to support them to take care of themselves. People had annual health checks at the GP practice, these were well recorded and diarised, ensuring dates weren't missed. Staff made sure regular appointments with specialist nurses and doctors for conditions such as Parkinson's disease were kept. Staff had built good relationships with health care professionals, helping to give confidence to people and enabling them to have trusting relationships. All health and social care appointments attended were fully detailed within people's care plans. A description of what the appointment was for, what advice had been given and any follow up action required was included. For example, when people had visited the dentist, staff wrote about what the appointment was for and if any further treatment was required, such as going back to have their teeth cleaned and polished. People had hospital passports, an individual, easy to read document recording for instance, people's likes, dislikes and their daily routines. This would be used if people needed to go into hospital for any reason, given to the hospital staff to enable them to have an understanding of the individual in order to support people with an anxious experience.

Where people had specific health issues or conditions, the staff had gathered information relating to these. This served to educate and inform the staff themselves so they were able to give information and advice in an easier to understand way to people. One person had a high cholesterol level. With advice and support they were able to eat healthily and lose weight. This in turn helped to lower their cholesterol. They told us about their weight loss plan and spoke with knowledge and understanding of their position. They were very proud of their achievement and very happy with how well they felt. Another person had an exercise plan to follow, devised by a physiotherapist. Staff encouraged and supported them to do the advised exercises, doing them together and recording this to ensure good communication in the team. People's care plans around health were comprehensive, describing in detail how their condition affected them, symptoms to look out for and what action to take in each circumstance.

Is the service caring?

Our findings

People told us they had been living at the home for many years and were very happy. They said they all got on well together and enjoyed each other's company. People said, "I do like it here. I'm settled. I wouldn't like to move anywhere else"; "It's quiet here, the street is nice" and, "If I didn't like it here I would have moved out years ago".

The home had a lovely atmosphere where people were comfortable and at ease in their environment. Staff were seen to have very good relationships with people, there was a lot of chatting and banter. We heard lots of conversations between staff and people. A member of staff said, "It is very caring it's like a family, but with boundaries of course".

Staff knew people well and knew how to explain things to each individual to be sure they understood what was being said. One person was heard to ask a staff member, "Is this an inspection?". The staff member replied, "Yes it is but there is absolutely no need to worry". The member of staff was asked many times by people throughout the day for confirmation of how long we would be there and what the inspection entailed. Staff were very patient, consistently giving people the same information to avoid confusion.

People's life histories were included in their care plan, giving detailed, personal information about people to staff. This enabled new members of staff to have some information about people to enable them to strike up conversations when first getting to know each other.

Staff had such a good relationship with people that they had been able to have the difficult conversations about their future wishes. People were asked where they would want to be cared for if they became very ill and if they would like to be buried or cremated. People were also asked who they would like to be involved in decisions at such a time, such as a family member. People's future wishes were well recorded to make sure everyone knew what they were. People had signed to say they had made these decisions. The future wishes were reviewed each year to make sure people had not changed their mind about these important choices.

One person told us they liked watching certain television programmes and enjoyed watching these one to one with a particular staff member. They said they missed their company when they were not able to watch the programmes together, for example, if the staff member was not working evening shifts. The staff member was present and said, "I am doing some evenings soon aren't I? We can have a bit of time together then".

When the registered provider arrived, people were smiling, clearly very happy to see her and excited to chat and tell her their news. The registered provider was chatting easily, giving people individual time and attention. Conversations were held about pets and what would be a good pet to have at Phoenix Road. People were relaxed, fully engaged and involved, giving suggestions, some of which were joking and so lots of laughter.

People received good support from staff if they had worries or anxieties, helped by the fact they knew people well. Guidance in how to support people best was recorded in detail in their care plan. Some people who lacked confidence with new people they met were encouraged and supported to talk more to people. This helped to build their confidence and to be able to present themselves better to others they met. We saw this during our inspection, people who were very wary at the beginning of the day, were encouraged and able to chat confidently by the end of the day.

Staff were able to support people who became anxious or frustrated at times, impacting on how they behaved with other people. Detailed guidance showed how to support people to cope with their distress. The provider had purchased a spa bath mat to help one person to have a relaxing, bubbly bath when they wished.

Maintaining people's dignity and respect was highlighted as important throughout the care plan. Supporting people to increase and maintain their independence was a key theme of the home and there were many examples to show this was the case. When we arrived to carry out the inspection, the senior support worker asked one person if they would like to make us a cup of tea. The person said they were happy to do this, asking questions as they went along. Another person was making their own breakfast.

People had close family connections and were supported to visit their families regularly. Family members also visited people at their home, although people usually preferred to go out to visit their family in their own homes. People said, "I visit my mum every week and I get the bus".

Is the service responsive?

Our findings

People told us they were fully involved in their own care and how they were supported. People said, "I get all the help I need here" and, "If I want to do something different I just say and they help me".

Although there were no initial assessments of people's support needs before moving into the home, this was readily explained by the registered provider. People had been living at the home for over 20 years so an initial assessment wasn't available. However, people's support needs were assessed regularly at every review of their care plan. People did have assessments in place capturing their support needs at the time of review. As there was an emphasis on supporting independence, sometimes people had gained skills and confidence and needed less support from staff. One person had increased their skills by careful goal planning with staff. For example, they were able to go to certain places independently on public transport as long as they knew the route well. People said, "If I step out of my routine when I am out I would be a bit lost. So they have helped me to have plans for that. I have a mobile phone for one thing".

Care plans were clear and detailed, recording people's strengths and abilities, their favourite things, their dislikes and who the important people in their lives were. People were fully involved in their care plan, giving for example, their own views of their strengths and abilities. Some newer staff told us the care plans were very easy to follow and some of the best they had seen in their experience. One staff member said, "They are really good for information, there is lots of it".

People had a record of their life history within the care plan, detailing such things as their family members, where they were born and what they had enjoyed doing. The birthdays of all the important people in their life were also included, enabling staff to help people to remember these important dates. People were involved in writing their life history and signed to say they had been. People chose themselves when they went to bed at night and what time they got up in the morning.

People's care plans were reviewed regularly, every one to two months, to make sure their support needs had not changed. Although the senior support worker told us they reviewed the care plan when there was any change in people's circumstances. Staff checked out with others involved with people from time to time to feed into the review of the care plan. For example, staff working at day resource centres or where people did voluntary work. This made sure people continued to receive the correct support to successfully take part in their activities. Although regular reviews of the care plan were held, a review involving others, such as family members or social workers on a formal level, were not undertaken. We discussed this with the senior support worker who agreed this would be a good addition to the involvement they already had with families and other stakeholders. They started to arrange the first of people's formal six month reviews straight away.

People were involved in many activities outside of the home, both individual and together as a group. One person did voluntary work at a local day resource centre and also attended college. Another person attended a different day activity centre more than one day a week. Another person attended a day resource and played football regularly each week as part of a team. One day a week people visited a local library together, choosing books and DVD's.

One person who didn't have any activities planned on the day we visited was asked by a member of staff what they wanted to do after lunch. The staff member gave them ideas to think about, based on their knowledge of the person's interests, so they were able to make a decision about what they would like to do. A staff member said, "People have lots of activities, all their own choices. They are always out and about. If people don't have anything planned one day then we will usually go for a walk or to the shops". People's activity programme was reviewed regularly, checking with people they were still happy with their chosen activities and wanted to continue, or if they wanted to make a change.

Some people enjoyed making cakes and conversations about making cakes went on through the day. People were asking if they would still be making cakes the next day. Staff were patiently entering into the conversation each time, giving reassurance that they were indeed making cakes the next day, and saying "I'll stop on my way home and get some chocolate chips at the shop as we haven't got any".

The registered provider arranged a holiday for people to enjoy some time away every year. We had a discussion with people about this. People were fully involved in decisions and preparations. They were able to remember previous holidays to talk about and show photographs. People told us they had been abroad twice in the past. They were not going abroad this year as one person's complex health issues would make that difficult. People were saying they would like to go to a holiday complex in England as they enjoyed the fun and activities at these.

The registered provider had a complaints procedure in place and people were given the information how to complain if they wished to. However, no complaints had been made. The small size of the home meant people had the opportunity to often spend individual time with staff, and had a close relationship with the registered provider. This meant people were chatting all the time in a close environment so tended to raise problems naturally in conversation. However these small, verbal complaints were not captured and written down. This would give the opportunity to observe trends and learn lessons.

We recommend the registered provider keeps a record of verbal as well as written complaints to enable the opportunity to learn from people's feedback.

People were asked their views of the service provided on a regular basis. The latest questionnaire undertaken in April 2016 asked questions such as 'Do you like living at the home?'; 'Do you have any problems with staff?' and asking if people had any suggestions to make. All answers were positive. People's relatives also had the opportunity to give their views through a six monthly survey. Questions asked included, 'Are you happy with the level of service your family member receives'; 'Are you happy with the welfare of your family member' and 'Are you happy with the level of communication with you'. All family surveys had very positive responses to all questions asked. One comment from a family member in a survey returned in May 2016 was, '(Our family member – named) has expressed that they feel very happy and settled in their home', and 'They say the staff treat them well and they are happy with the care they receive. They feel particularly able to express any concerns they have with (staff member name)'

Is the service well-led?

Our findings

At our previous inspection on 20 January and 4 February 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches were in relation to Regulation 10, Assessing and monitoring the quality of service provision and Regulation 20, records. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. At this inspection we found that the registered provider had implemented their action plan and improvements had been made to their systems for monitoring quality and safety and in keeping accurate records in respect of each person.

The registered provider had invested in a subscription with an organisation to provide the management tools needed to support her to increase the quality and safety of the service. A comprehensive range of policies and procedures had been introduced. As this was a relatively new system, the previous policies and procedures continued to be in place. We spoke to the registered provider about this as it could be confusing for staff to have two places to look for information. She agreed and told us she would be fully implementing the new processes as a matter of priority.

The newly developed systems included a complete collection of monitoring and auditing arrangements. The registered provider had not fully implemented this as she had been working her way through it to make sure a professional approach was taken to full implementation. She acknowledged it was a large task as the paperwork provided was so comprehensive she needed to concentrate on one part at a time. The registered provider had continued to use a mixture of both systems for a period of time. We spoke to the registered provider about this. It was important one system only be used to minimise the risk of errors being made which could result in quality assurance being compromised. She agreed and told us she would be fully implementing the new process as a matter of priority.

In the meantime, the range of auditing and monitoring in place included, an activity programme review carried out every six months, checking people's social needs were catered for. Monitoring the activities or voluntary work people were involved in and if they wanted to continue, or if they wanted to do something new; A care plan audit undertaken every month, the last one being in April 2016. The senior support worker checked people's care plans, making sure all information was up to date and that any changes in care needs had been reviewed and recorded; Medicines audits carried out regularly by the senior support worker, involving people helping to check their own medicines kept in their rooms; A risk assessments audit undertaken annually, checking all risk assessments and the dates they were reviewed.

People thought they were part of the community and felt safe within it; good community links had been made. They knew the neighbours and would chat to them, encouraged to participate in neighbourliness by the staff. People felt safe going out within the community – whether alone if they were able to, with staff or with each other. They knew what was available and made regular use of the local resources such as the library and public transport. A culture of openness and belonging had been nurtured and developed by the registered provider over the years.

The registered provider of the service was the registered person and she was present in the home regularly, about three times a week. She was available on the telephone at other times. The provider employed a senior support worker to manage the day to day running of the home. As this was a small home, caring for three people, this was considered sufficient to ensure the management needs were met.

Staff thought the registered provider and senior support worker were very approachable and they would be happy to raise and talk about any issues they had. We were told, "The senior support worker always has time to answer any questions" and, "It helps as she really cares about people".

An easy to follow whistleblowing procedure was available for staff providing the guidance and advice how to raise a concern if they needed. Contact details for various external organisations were listed, including a national whistleblowing helpline, giving staff ease of access. A guide detailing how to raise a concern with CQC was also available and easily accessible. A staff member said, "If there was any cause for concern, she would listen and she would act". The provider made sure staff had all the information they required to be able to raise concerns at any time.

The registered provider held staff meetings every three months, areas discussed at the last meeting included the role of CQC, training and supervision. Although there was a lot of lone working, staff felt communication was good. They said they were supported well and Phoenix Road was a pleasant place to work. Staff were able to offer suggestions for improvement and these would be taken on board.