

Green Light PBS Limited

The Pines

Inspection report

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Date of inspection visit: 11 September 2015
Date of publication: 22/10/2015

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?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, carried out on 11 September 2015. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The Pines provides accommodation for up to three people with complex needs. The service is made up of three flats. There were three people living at the service at the time of our inspection.

Due to people's communication needs we were unable to gain some of their views about the service and therefore we observed staff interactions and spoke with two people who lived there. We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. One person told us they were happy and felt safe living at The Pines. We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. Staff demonstrated they had

Summary of findings

excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. One staff member said, “I love working here. It’s very much centred around the people who live here and supporting them to have the very best life possible”.

Staff were trained and competent to provide the support individuals required by a through a system of induction and training. Staff told us training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People chose their own meals, snacks and drinks and were involved in planning their own menus. Feedback about the meals at the service had been listened to and acted on. Some people were actively involved in meal preparation.

Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors privately in their own flats. One relative of a person who used the service commented, “I’m absolutely delighted with the service. In my experience it is head and shoulders above any other service we have experienced in the past”.

People knew how to complain and we saw people had regular feedback opportunities to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy or wanted to raise any concerns. One relative told us, “I have no concerns. (Person) has flourished while at The Pines, it is very clear to see how happy (person) is”.

From discussions with relatives and documents we looked at, we saw families were included in planning and agreeing to the care provided at the service. People had individual support plans, detailing the support they needed and how they wanted this to be provided. Staff reviewed plans at least monthly with input from the person who was supported.

Staff demonstrated they knew the people they were supporting, the choices they had made about their support and how they wished to live their lives. For example, staff told us about one person they supported who loved swimming and the service had made specific arrangements to support the person to do this in both local facilities and also in the sea.

We saw evidence that comprehensive quality assurance processes were regularly undertaken to ensure the service was aware of people’s views of the service and could monitor auditing processes at the service. This helped to ensure an open service culture that was open to challenge and learning from issues as they affected the quality of the service.

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.

People, their relatives and external professionals who had contact with the service, all commented positively about the strengths of the service and how safe and supportive they felt it was for the people living there.

Systems for the administration and recording of medicines helped to protect people from risk.

Staffing levels met the present care needs of the people living at the service. The service was flexible and able to increase and reduce staff resources for people as their needs changed.

Good



Is the service effective?

The service was effective.

Staff told us the level of training and support provided by management was consistently good.

People experienced a level of care and support that meant they had a more meaningful life that promoted their wellbeing.

The service met the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

Good



Is the service caring?

The service was caring.

We saw people were happy and well cared for. Relatives of people who lived at The Pines all commented positively about how caring they felt the service was towards the people who lived there.

There were comprehensive care and support plans which were up to date and reflected the daily lives of the people they were about. This ensured staff were aware of the needs of the people they supported and were better placed to meet them.

The service demonstrated a commitment to working in partnership with people in imaginative ways, which meant people felt consulted, empowered, listened to and valued. People and/or their family and friends/advocates were actively involved in the running of the service and were consulted at regular intervals for their input.

Good



Is the service responsive?

The service was responsive.

Concerns and complaints were consistently recorded and there were audits in place to monitor outcomes and trends for people.

People were supported to receive prompt and appropriate healthcare when required.

The service provided an extensive range of personalised activities for people to participate in.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was an open and relaxed atmosphere at the service. The culture of the service was transparent, clear and positive about supporting people to achieve the goals they set for themselves.

The staff team was positive about how they were supported by the registered manager and the organisation.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

Good



The Pines

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 11 September 2015 and was unannounced. The inspection was carried out by one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before

the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spent time with two people who lived at The Pines and spoke with them about their views of living at the service. We also received feedback from two relatives and four external professionals who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We spoke with four support staff, the registered manager and operations manager and the nominated individual for the service. We looked at records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. Relatives and other professionals who worked with the service commented they felt the service's attention to detail in every aspect of service delivery provided a 'very good' service. A relative of a person who lived at The Pines told us, "We couldn't be happier with The Pines. (Person's name) is very happy here".

Staff were competent and had the skills and time to develop positive and meaningful relationships with people. The management of the service understood the importance of ensuring that people were supported by staff they felt comfortable with and who understood their needs, including when they felt unsafe. We saw a number of examples of this on the day of inspection. Staff were able to reassure people and pace their activity in a way that was comfortable for them. Staff had the safety and comfort of people at the forefront of their minds at all times.

Staffing levels were sufficient and flexible to meet people's changing needs. Each person who lived at The Pines had different support levels and this was reflected in the service's staffing rota. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. Staff commented, "There is usually someone willing to take on a shift we are down. We also have a relief team that we can call on". Relatives told us they felt there were enough staff to meet people's needs. One person said, "The staff are excellent. I have been very impressed with the way the staff and in particular (person's) key worker, conduct themselves".

The service used creative, imaginative and innovative ways to manage risk to keep people safe and ensure that they had a full and meaningful life. For example, one person who lived at The Pines enjoyed working with their key worker to create an information video to highlight the importance of maintaining their personal space. The person liked to watch this video at regular intervals and helped to remind everyone of the importance of keeping personal space for themselves and others.

There was a transparent and open culture that encouraged creative thinking at the service. A professional with links to the service said, "In my experience of The Pines there is

good transparent communications from the team, keeping health professionals and family members informed of any difficulties and the service user needs central to any changes, therefore keeping them as safe as possible".

We looked at the arrangements for the management of people's medicines. Each person had their own personal medication file and lockable storage facilities within a coded safe. The Controlled Drugs (CD) requirements were being adhered to although there were no drugs which required stricter controls at the time of inspection. Recording requirements demonstrated room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for. Support provided was on a one person to one staff member basis. Staff ensured the person knew what medicine they were taking and why. Some people had some responsibility for taking their own medicines and others were fully supported by staff to do this. Appropriate records were completed immediately following administration of medicines. Medicines records were accurately recorded. Any changes to people's medicines were clearly recorded on charts.

Staff told us and documentation evidenced staff had received updated medicines training. Staff demonstrated good knowledge of the service's policy and procedure for managing medicines. The registered manager carried out medicine administration checks weekly and a comprehensive monthly medicines audit was in place to ensure safe practices were followed. Regular medicine review meetings were held with the multi-disciplinary team as well as yearly reviews of the medication system which were undertaken by the supplying pharmacy. The service's policy and processes helped to ensure the management of medicines was safe and effective.

The service's safeguarding and whistle blowing policies were easily available to staff in the office. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information about safeguarding processes easily and quickly. Staff had received updated safeguarding training and could accurately describe the correct sequence of actions and understood the different types of abuse. Staff said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

The registered person had introduced a clear procedure for making appropriate alerts about people's safety to the

Is the service safe?

local authority as necessary. The service had been diligent in ensuring appropriate referrals to multi-disciplinary agencies were made when needed, strategy meetings were attended and risk assessments were updated to ensure appropriate support was in place.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records contained appropriate individualised risk assessments which were reviewed regularly and covered a wide range of areas. Each risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks. Assessments documented where alternative options had been considered and the benefits and risks of actions were balanced against each other. This meant that people had the opportunity to take informed risks. For example, one person sometimes exhibited challenging behaviour when they were bored and did not have enough going on in their day to stimulate them. Staff told us they were aware of this and worked to ensure sufficient activities to keep the person busy and interested.

The service had environmental risk assessments in place for risks such as fire and electricity and these were assessed on an individual basis.

All three people living at The Pines had their personal finances managed by the staff team. Where money was held by staff this was audited twice weekly and financial risk assessments were in place to help reduce the risk of financial abuse. People's finances were also monitored and audited by a finance manager and accountant. The provider offered an 'appointee' service if required. This was a service available to people if they were unable to manage their own finances due to a physical or mental health incapacity. Where appropriate relevant capacity assessments and Deprivation of Liberty safeguard applications had been made about this.

We looked at how the service recruited new staff. We saw safe recruitment practices were followed including keeping detailed records of interviews, references and Disclosure and Barring Service (DBS) checks. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

Infection control procedures were in place. The service used the 'Safer food, better business' processes and ensured regular infection control audits, staff training and cleaning schedules were followed.

Is the service effective?

Our findings

The service assessed each person's needs before they came to live at The Pines to ensure the placement would meet their needs and keep them safe. We looked at some of these assessments and saw they were detailed and provided a comprehensive report of the needs of the person they were about. An external professional who had experience of the service told us, "I was involved in the transition of a service user with complex health needs to The Pines. The management responded very quickly to our request for support at home initially and then a transitional period to The Pines. My experience was that the team undertook a thorough assessment and requested as much information about the service user as needed so that they could develop a service that was person centred around their needs, which I felt they did do".

Management at The Pines told us, "We conduct a full assessment for people before they move here". We were told management worked closely with each person and their family and other professionals to ensure individualised services which were person specific. Care was taken to ensure staff were selected for each person to ensure shared values and attributes as much as possible". Staff were chosen to work with each individual because there was a 'fit' between them and the person they supported. For example, one person at The Pines enjoyed physical pursuits such as golf and football, and management had ensured this person's core staff team shared a common interest in these sports.

There was a mix of staff skills and experience on each shift. The service supported staff on induction and ensured newer staff had an extended period of shadowing more experienced staff until they were comfortable and competent in their role. Staff told us, "I enjoy working here. I've been doing it for quite a long time and 90 per cent of the time I work with the same person. This has allowed me to develop a good relationship with this person". Another staff member commented, "I absolutely love the job. I work with one person most of the time and I really enjoy supporting (person's name) to get the most out of life".

Staff told us the level of training and support provided was very good. New staff completed a thorough two week induction process in a classroom setting. Training covered understanding autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act

(2005) and associated Deprivation of Liberty Safeguards as well as other core training areas such as food safety and infection control. Once new staff commenced working at the service they had a full house induction and a period of shadow shifts to ensure they were competent in their role. One staff member commented, "I found the induction useful, but nothing prepares you for the job itself. It's a matter of learning the theory and then really putting it into practice as you grow into the role. I find the management approachable, supportive and helpful". Another staff member commented, "Training is thorough and cohesive. The recent epilepsy training was delivered by a specialist epilepsy nurse. It was very good".

New employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care.

Staff attended regular meetings (called supervision) every six to eight weeks with their manager where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. One staff member told us, "I feel well supported by management here. Supervision gives me an opportunity to reflect on my work". In addition, staff received an annual appraisal to review their work performance over the year.

Staff were knowledgeable about the care and support people needed and the things that were important to people in their lives. For example, staff told us about how important it was for one person to keep regular contact with their family and how they used their tablet computer and social media to do this.

The service placed a particular emphasis on being familiar in all aspects of the lives of people supported. Staff accessed support plans and other relevant documentation using a computer based system which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. People and their relatives confirmed staff knew the support needs and preferences of

Is the service effective?

people. A relative described the staff team as, “really excellent” and “amazing”. A relative of a person living at The Pines said, “The carers (person’s name) has are professional, caring and engage with (person’s name). They are keen to understand (the person’s) conditions and will work hard to ensure that (person) has a good quality of life. The team worked hard to adapt the house to suit (person) and (person) is very comfortable in their living quarters. There is a good relationship with the local doctor’s practice which is crucial”. The service supported people with complex health conditions and records demonstrated staff were knowledgeable about people’s conditions and medical needs. People were supported to maintain good health, with access to healthcare services and ongoing healthcare support. People saw their GP and others attended other necessary appointments including the dentist when they needed to and this was documented in records. People had access to annual health screening to maintain their health. Specialist services were used when required. For example on the day of inspection one person visited a specialist doctor to review their epilepsy treatment. Medical professionals told us they had no concerns about the care and support they saw at the service and appropriate referrals were made.

People were supported to eat and drink enough and maintain a balanced diet. Daily logs were kept of individual’s food and drink intake to enable the service to monitor that each person was receiving a healthy, balanced diet. People who required it were supported to prepare specialist meals such as gluten free alternatives. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The

legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Mental capacity assessments and ‘best interest’ meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw applications for Deprivation

of Liberty Safeguards authorisations had subsequently been made. We were confident management were familiar and competent with the formalities required and were able to carry out

their responsibilities under the Mental Capacity Act 2005 legislation.

Staff demonstrated an understanding of the importance of upholding people’s human rights including the right to make risk assessed decisions for themselves. People were asked for their consent to decisions. A staff member told us, “If there is something a person wants to do they have the right like anyone else to make a wrong decision” People said staff always offered suggestions and made sure people were happy before undertaking anything. We were told about one person who chose to go down a zip line over a quarry. The person’s decision was supported by staff, a risk assessment was conducted and the person undertook the activity supported by their key worker.

The design, layout and decoration of the three living units met people’s individual needs. For example, some people had invested a lot of time in personalising their home, putting up decorations and ensuring their personal space was very individual to them. Other people had a personal preference for minimal decoration and each person was supported to make their home how they wanted it to be.

Is the service caring?

Our findings

People and their relatives told us they felt the service was extremely caring. It was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries. Staff relationships with people who used the service and their relatives were strong, caring and supportive. Relatives consistently told us how much they valued the service. Comments included, “The staff are caring and professional” and “The Pines offers a caring and structured environment for (person) and they love living there”.

The atmosphere at the service was relaxed and friendly. Because each person had their own core staff and accommodation, the service operated in practice as three separate and individual services. People were free to move around the grounds at The Pines and their homes at ease. We saw lots of coming and going throughout the day as people went about their daily lives supported by their staff.

People made many positive comments about the care provided at the service. We spent time with people in their homes and saw how they interacted with staff. It was clear people had built close supportive relationships with staff. People told us they were happy living at The Pines. None of the people who lived at the service or the staff we spoke with raised any concerns about the quality of care. A relative of a person who lived at the service told us, “I am generally pleased with The Pines. Whenever I have questioned something or raised an area of concern this has been dealt with quickly and efficiently”.

Staff were seen to be highly motivated to provide the best and most suitable support to the people they worked with; they were not rushed, were focused and spent time on an individual basis with people. People who lived at The Pines were treated with care and dignity and were supported to live as independently as possible. A relative of a person who stayed at the service provided an example of how well The Pines understood and met the needs of their relative. We were told, “Staff are very good at understanding what (person) needs. They have organised voluntary work for (person) in an area (person) enjoys and this has been very beneficial”.

People’s support plans were clear, detailed and written entirely from the perspective of the person they were about. It was noticeable that there were no limits to the

expectations of what people who lived at The Pines could achieve. People were encouraged to live their lives as they wanted to, to attend college, choose exciting holidays and live busy active lives like any other young person their age. The service had put together picture led support plans and information for people about their lives at The Pines. Each plan was full of personalised photographs, making the plan very clearly about the individual person. Plans were laminated and given to the person so they could be familiar with it.

The service supported people to express their views and be actively involved in making decisions about their daily care and support. If a person struggled to make choices staff were trained to support them by offering different options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support people. For example, for one person it was stated they required plenty of time to process a question and answer. The person was encouraged and supported to contact their family using computer technology including Skype and Facebook because this was something they enjoyed. Support plans were updated and kept current. We saw that people could use Picture Exchange Communication System (PECS) boards to help communicate their needs to staff. Staff were trained and supported to understand the communication patterns for each person and to use these. Relatives of people that used the service told us staff ensured they understood people and gave them consistent space, time and opportunity to communicate their needs.

People and their relatives were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required. We received contact from the organisation who offered this service and they confirmed they worked with and on behalf of the client when approached.

The service continually reflected on their practice and sought to make improvements for the people they supported. There were monthly joint management and team meetings, these were recorded and demonstrated that the team were consistently monitoring and reflecting on the service. One of the areas the management told us they were most aware of was the need to remain innovative and constantly seek to find new ways, ideas and activities to challenge and engage people. We saw the service

Is the service caring?

encouraged staff to offer their ideas and feedback on things people said they would like to try. One person had begun volunteering at a local donkey sanctuary one day a week and this was something they very much enjoyed and looked forward to.

Is the service responsive?

Our findings

There were individualised activities available for people to take part in if they chose. For example, people enjoyed being supported to go swimming, and play golf and football. People were encouraged to go into the community as much as possible to eat out, attend community activities and college. People were encouraged to take holidays and were supported to budget their finances in order to do this.

People's care and support was planned in a proactive way with people's involvement. External professionals visiting the home fed-back that the service was consistently focused on providing a person centred service. We found the service was flexible and responsive to people's individual needs and preferences, consistently found creative ways to enable people to live as full a life as possible. Social activities and where appropriate education, was pursued innovatively to meet people's individual needs.

We heard examples of how the service had become part of the local community and was actively involved in building further links. For example, supporting people in volunteering activities in the local community. People who used the service were encouraged and supported to engage with activities and events outside of the home. For example, one person told us how much they enjoyed attending local events including a disco, where they could meet other young people.

People and their relatives told us that they were comfortable discussing their experience of care with the service and were actively encouraged to do this on a regular basis through quality feedback participation and by meeting with keyworkers to discuss their ideas. People told us they received regular and helpful feedback on proposed changes to care and support in light of their comments. We saw this led to concrete changes to the service. For example, one relative told us how important it was to their

relative's care that they had a consistent staff group, "(Person's) condition is changeable and does require a consistent team approach. I asked the senior management team to address this and they did so immediately".

Relatives of people who used the service told us they were kept informed of changes to people's needs and said they found the staff "excellent at communicating". A relative told us, "I receive regular updates about (person) including emails and lots of photographs about what (person) has been doing. It's excellent". People told us requests for information or clarification about issues were always met openly and encouraged. The service was keen to ensure relatives were involved and felt part of the service. If a situation arose where a person made it clear they did not want their information shared this would be handled sensitively and with the consent of the individual as the determining factor.

The service had a policy and procedure in place for dealing with complaints. People told us they were aware of how to make a complaint and would feel comfortable doing so. We spoke with the manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns.

We found people were assured of consistent, co-ordinated and person-centred care when they moved between services. For example, a professional told us how successfully The Pines had been when they needed to transition someone relatively quickly to The Pines. Due to the distance involved it was not practical for the person to visit The Pines. However, staff from The Pines went to where the person previously lived, spent time meeting them, shadowing their previous support and ensuring the person was comfortable before they moved to The Pines.

We saw that routine care planning reviews took place consistently. Records demonstrated that people and their relatives did routinely discuss their support plans. Each person or a family representative had signed their support plans to indicate they were aware and gave consent to their support. Care records contained comprehensive information about people's health and social care needs. Plans were individualised and relevant to the person.

Is the service well-led?

Our findings

Greenlight, the organisation which runs The Pines has a number of management layers which support the service. As well as a Registered Manager, who has day to day management responsibility for the service, there is also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Greenlight service is strategically managed by the Managing Director, who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Greenlight service to ensure appropriate support for services.

Everyone we spoke with, including people who used the service, their relatives, staff and external professionals with experience of the service, remarked that The Pines had a strong management base and was well led. The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these values and were committed to them. Supervision and appraisal processes were in place to enable management to account for actions, behaviours and the performance of staff. Staff remarked that they found feedback valuable. The service had a strong emphasis on continually striving to improve and staff told us management recognised, promoted and regularly implemented systems in order to provide a high quality service. Management used a consistent and varied approach to gather people's views and acted on them, to find creative ways to enable people to be empowered and voice their opinions. As a manager told us, "We aim to learn from everything we do. Our culture is open and honest and we encourage staff to look at their practice, evaluate honestly and move forward and make it even better".

Staff confirmed the service had a culture of fairness and openness, an approach which encouraged people and staff to question practice. The service was transparent and open in the way it was run and this was clear from every aspect of the inspection evidence. A manager told us, "We pride ourselves on transparency. We share and discuss events that take place as a staff group. It is important to be open about our vision for the service and of the importance of

the involvement of the residents". Management and staff were professional and friendly. People told us they were happy living at the service and had no complaints or concerns about staff.

Management and staff told us there was a culture of learning from mistakes. Incidents, accidents and safeguarding concerns were managed promptly and where required, investigations were thorough. There was a proactive approach to safeguarding and matters were always dealt with in an open, transparent and objective way.

Management recognised how important it was to have a competent skilled staff group. New staff were provided with a range of training, much of it classroom based as well as e-learning. The service followed the requirements of the new Care Certificate and encouraged staff to professionally develop themselves in their career. Staff demonstrated they had the confidence to report any concerns about the care given by colleagues, carers and other professionals and were encouraged to do so by the system of peer review used during supervision sessions. When this happened staff were supported and their concerns were thoroughly investigated. Staff reported they were motivated and supported by the way the service was managed and led and that they were happy in their job. One staff member told us, "It's a good place to work. The management are good at acknowledging your development through the organisation and you do feel that you are part of something bigger".

The need to assure quality was understood and there were clear quality assurance systems which involved staff and other stakeholders through regular quality assurance checks, feedback opportunities and regular service meetings. Management were receptive to ideas about changing parts of the service which could improve how it operated. For example, minutes of staff meetings demonstrated that staff gave their ideas and suggestions about the service and these were listened to and acted on if helpful.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. The staff team discussed issues about the running of the service and communicated well with each other. Staff said they felt well supported by the management team at the service.

Is the service well-led?

People and their relatives told us that they were asked for their views about the service in monthly resident surveys. People could complete a picture led feedback form if this helped them. Relatives and other professionals were asked to complete monthly surveys to give their feedback about the service. We saw that most of the comments in the completed surveys were very positive.

The service had robust quality assurance processes in place, including monthly audits for maintenance of the service medicines management and monitoring of complaints. These processes acted both as an audit system

and to drive continuous improvement. Documentation relating to the management of the service was clear and regularly updated. For example, peoples' care and support records and care planning, were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and people's individual needs met. The service understood and complied with their legal obligations from CQC or other external organisations and these were carried out consistently.