

Community Integrated Care Magna Road

Inspection report

109 Magna Road
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 17 and 19 July 2018. The first day was unannounced.

Magna Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Magna Road accommodates up to seven adults with a learning disability in one building. The ground floor is wheelchair accessible. There were six people living there when we inspected.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

The service had a positive, person-centred, open and inclusive culture, with good relationships amongst people and staff.

Staff treated people with kindness and respect. People's privacy was respected, and their independence promoted.

People were protected from abuse and neglect. They felt safe living at Magna Road. Staff understood their responsibilities in relation to safeguarding adults.

People's care and support was delivered in a way that met their diverse needs and promoted equality.

Staff worked hard to establish people's preferences and went the extra mile to help them find more hobbies and interests. Arrangements for activities were varied and adapted according to people's individual needs. People had over the past year had become busier and more content.

Staff had gone the extra mile to minimise the adverse impacts of severe weather on people earlier in the year. This included staying over, assisting colleagues to get to work and arranging imaginative in-house activities.

People and where appropriate their families were involved in developing their care and support plans. This

had resulted in people having successful planned transitions to the service from their previous accommodation.

Social contact and companionship was encouraged, which helped to protect people from social isolation. Staff supported people to keep in touch with their families and friends, and to maintain community links. People regularly visited community facilities.

People were supported to live healthier lives as they chose and got the support they needed to manage their health. Staff ensured there were healthy food options and encouraged people to keep active and to maintain friendships and interests.

Staff were aware of the importance of respecting people's choices. They constantly consulted people and supported them to make choices. They worked within the requirements of the Mental Capacity Act 2005 (MCA). Where appropriate, applications had been made to the relevant authorising body to deprive people of their liberty.

People were involved in decisions about how to manage risks they faced. Their risk assessments were person-centred, proportionate and reviewed regularly.

There were elements of outstanding practice in relation to managing behaviour that challenged. People who had a history of behaviour that challenged had a personalised positive behaviour support plan. This supported them to have as much control as possible over their lives, so they did not feel the need to behave in a challenging way. Staff noticed when people were showing signs of being upset and swiftly provided care and support.

There were elements of outstanding practice in relation to meeting people's individual needs through the adaptation, design and decoration of the premises, indoors and outdoors. People were encouraged to get involved in decorating and furnishing, provided they were happy to do so. The garden had evolved according to people's needs and wishes. It was now an attractive and welcoming space, which people spent much time enjoying. People and staff all took pride in it.

The premises and equipment were regularly maintained. They were kept clean and in good condition.

People's medicines were managed consistently and safely.

The control and prevention of infection were managed well.

There were always enough suitably skilled staff on duty. People were supported by familiar staff who understood their needs and got along with them.

Staff had the skills and knowledge they needed to perform their roles. They were supported through supervision and appraisal.

There were checks to ensure new staff were of good character and suitable for their role.

Staff morale was good, having improved with the arrival of the registered manager a year before.

People, relatives and staff had confidence in the leadership of the service.

The registered manager and staff had a shared understanding of challenges, achievements, concerns and risks affecting the service.

Organisational values were clearly communicated to staff through the 'You Can' supervision process and through communications from senior management, such as the staff newsletter. Two staff at Magna Road had won recognition as regional employees of the month for building team morale and overcoming challenges.

Quality assurance processes were in place to drive continuous improvement. Significant events, such as accidents, incidents, safeguarding and complaints, were monitored by the registered manager and by the provider for developing trends.

The service worked in partnership with other agencies to support care provision.

Information about how to raise a complaint was available in written and easy-read versions, and complaints were taken seriously.

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 were protected from abuse and avoidable harm.

People are involved in managing risks. Risk assessments were person-centred, proportionate and reviewed regularly.

There were always enough staff on duty to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

The house and garden were maintained and decorated to a high standard, in a way that people had asked for. People had been involved with decorating and furnishing.

Supervision and appraisal were used to support, develop and motivate staff.

People's health and dietary needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect and kindness and had positive relationships with staff.

People's privacy was respected, and their independence and dignity were promoted.

Staff respected and listened to people's views about their care and support.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

Staff worked hard to establish people's preferences and helped

them find new hobbies and interests. They went the extra mile to support people to take part in activities they enjoyed. The increased level of activity had helped people to feel happy and settled.

People and where appropriate their families were involved in developing their care and support plans.

People had the support they needed to communicate.

Is the service well-led?

Good ●

The service was well led.

It had a positive culture that is person-centred, open, inclusive and empowering.

It had clear and effective governance, management and accountability arrangements.

Leaders and managers were available, consistent, and led by example. Staff felt respected, valued and supported. Their voices were heard and acted on.

Magna Road

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 was a routine comprehensive inspection. It took place on 17 and 19 July 2018. The first day was unannounced. The inspection team was made up of an adult social care inspector and an expert by experience on the first day, with the adult social care inspector returning alone on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case services for people with a learning disability.

During the inspection we met everyone who lived at the service and spoke with four people and two relatives about their experience of the service. We observed staff supporting people in communal areas. We spoke with four support workers, the registered manager, the manager of another of the provider's services locally, and the regional manager. We looked at three people's care, support and medicines records, and records relating to how the service was managed. These included two staff files, meeting minutes, audits and quality assurance records.

Before the inspection, we reviewed information we held about the service. This included notifications of significant events and a Provider Information Return (PIR). A PIR 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.

Is the service safe?

Our findings

People were protected from abuse and neglect. People told us they felt safe living at Magna Road, and relatives said they felt their family members were safe there. The service had effective safeguarding policies and procedures. Safeguarding concerns were managed promptly and transparently. Staff knew how to identify safeguarding concerns and how to report them. They were also aware of statutory organisations with a role in safeguarding adults. Information about safety from abuse was displayed for people, visitors and staff. Any cash the service held on people's behalf was logged. Staff recorded and kept receipts for any payments. Access to the safe was restricted to certain staff and there were frequent checks to ensure all cash held on people's behalf was accounted for.

Risks to people were assessed and managed in the least restrictive way possible. A relative told us how staff had supported their family member in a positive way with behaviour that challenged: "The staff know how to react to [person's] challenging behaviour. They have taken the trouble to get to know [person] and how [person] works and the things [person] enjoys. They have made such a big difference to [person's] life; [person] couldn't go many places before, now [person] goes everywhere." People were involved in decisions about how to manage risks they faced. Their risk assessments were person-centred, proportionate and reviewed regularly. They covered matters individual to the person, for example, access to the kitchen, health conditions, mobility, moving and handling, activities, behaviour that challenged, going out, and evacuating the property in event of fire.

People who had a history of behaviour that challenged had a personalised positive behaviour support plan. This was aimed at supporting them to have as much control as possible over their lives, so they did not feel the need to behave in a challenging way. The plans suggested a range of strategies for staff to support the person when they were becoming distressed, emphasising that the minimum possible restriction should be used. Staff had a good understanding of people's triggers for behaviour that challenged and responded promptly and effectively to help people feel calmer. For example, one person tended to become unsettled when another person was noisy. Staff noticed the person looked unhappy when this was happening and distracted them by supporting them to make a drink and spending some time with them. Someone had been unable to go to certain shops in recent years because of behaviours they may present. Their support plan to manage this meant they were now able to shop in the places they liked in a planned and enjoyable way.

The premises and equipment were regularly maintained and kept in good condition. Equipment such as gas appliances and hoists were regularly serviced, and current certification was in place.

There were always enough suitably skilled staff on duty. People and relatives said there were enough staff to provide the support people needed. A relative commented, "I am so happy there is always enough staff... It's marvellous that they have such a good ratio of staff to residents." Staff spent time with people, sitting and chatting with them, supporting them out into the community, or carrying out an activity alongside them. They supported people in an unhurried way. Staffing levels were kept under review and were adapted according to people's changing needs. Staff confirmed there were always enough of them on duty to

provide the support people needed, and that the registered manager would authorise cover from agency staff, if this were needed on occasion.

Safe recruitment practices were followed before new staff were employed to work with people. There were checks to ensure staff were of good character and suitable for their role. These included criminal records checks with the Disclosure and Barring Service, checks of entitlement to work in the UK and obtaining references.

Peoples' medicines were managed consistently and safely. Medicines were stored securely. The risks associated with each person storing and administering their own medicines were assessed, and a decision made accordingly about whether staff would do this for them. People had their medicines as prescribed. Staff kept accurate medicines records. There were regular checks to ensure medicines were correctly recorded and accounted for and that there were sufficient quantities in stock. Staff had regular refresher training in handling medicines and were observed annually to check they were competent.

The control and prevention of infection was managed well. The premises were kept clean and smelt fresh throughout. Staff had training in infection control and in food safety. Hand washing facilities were available around the house. There was a risk assessment and management plan for reducing the risks of legionella bacteria colonising the water system. Legionella bacteria can cause serious illness.

There were systems to ensure lessons were learned when things went wrong. Incidents and near misses were recorded on the provider's event tracker system. The registered manager reviewed each record promptly to ensure any necessary action had been taken so people were safe. The registered manager and provider also monitored for any developing trends that might suggest further changes were necessary.

Is the service effective?

Our findings

People's individual needs were met by the adaptation, design and decoration of the premises, indoors and outdoors. The service was designed around people's needs and wishes, including adaptations to make the ground floor and garden wheelchair accessible. People were encouraged to get involved in decorating and furnishing the premises, provided they were happy to do so. They had chosen the décor in the communal areas, which were spacious and looked modern but homely. When people's rooms were decorated, or they had new furniture, they went to DIY and furniture stores with staff to choose furniture, paint and wallpaper. A person showed us their room and told us how pleased they were that it was decorated in their preferred colour and with their pictures and photographs. Someone else got a new bed during the inspection. They proudly showed it to us when they had finished putting the frame together, with support from their allocated worker. As part of planning another person's move to the home, staff spend time with them discussing bedroom colours, purchasing decorative items and painting the room during the person's visits. This helped the person have a sense of ownership over their room and by the time they moved in they were very relaxed. Their room was tailored to their needs, with an overhead tracking hoist and an en-suite bathroom. Door guards were installed to help the person gain free access to their own room and all communal areas.

The garden had evolved according to people's needs and wishes. It had previously been quite overgrown, and we saw a series of photographs showing how it had been transformed since the last inspection. A wheelchair-accessible ramp, path and patio areas had been installed within the past year. This had prompted people to get involved in tidying, replanting and decorating the garden, and to want to keep it looking good. It was now an attractive and welcoming space, which people spent much time enjoying, including having al fresco meals. People had been involved in decisions about these changes and had been extensively involved in working on them, with support from staff. For example, one person had designed and created a beautiful mosaic on one of the walls. People were currently growing some vegetables and were turning an old pond into a sensory feature garden.

Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and individualised. They covered areas such as communication, eating and drinking, health, personal cleanliness and comfort, mobility, daily routines, occupation, and finances. They reflected what people wanted to achieve. Care plans were regularly reviewed and updated in consultation with people and where appropriate their families.

Staff had the skills and knowledge they needed to perform their roles. New staff completed a thorough induction. Those who were new to care were expected to obtain the Care Certificate, which reflects a nationally agreed set of standards for health and social care work. Staff confirmed they could access the training they needed. Refresher training was undertaken at set intervals and included topics such as moving and handling, safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards, fire safety, food safety, swallowing difficulties, epilepsy, emergency first aid, and positive behaviour support.

Supervision and appraisal were used to develop and motivate staff, reviewing their practice and focussing

on their professional development. Staff had regular supervision meetings with their line manager as part of the provider's supervision and appraisal cycle. A member of staff commented on how regular supervision and team meetings helped the staff team: "So we can clear all problems, talk about good and bad situations and problems to resolve".

People were supported to eat and drink enough to maintain a balanced diet. People had a genuine choice of what they ate and drank and had access to sufficient food and drink whenever needed. There was a fruit bowl in the lounge, which people helped themselves to as they wished. One person said, as they took some fruit, "I think I might take a banana. A healthy selection, that's what I like." People were in and out of the kitchen, with support from staff, to prepare snacks and drinks. Menus were decided in consultation with people, and staff checked with people what they wanted for dinner on the day. Staff knew about people's dietary needs and their likes and dislikes. Care plans contained details of people's food preferences, special dietary requirements and support required to eat and drink. These included safe swallow plans devised by speech and language therapists where people had swallowing difficulties that put them at risk of choking. Staff were careful to adhere to these. Two people had been referred to a dietitian due to concerns about their nutrition. The dietitian refused one referral due to the home managing the person's diet and nutritional needs so well. The other person was given advice about healthy eating and was promptly discharged due to the pro-activeness of staff.

People were supported to live healthier lives as they chose and got the support they needed to manage their health. Staff ensured there were healthy food options and encouraged people to keep active and to maintain friendships and interests. One person was pleased with their weight loss since moving to the service. Their relative told us, "Since [person's] been here [person] has been eating a healthier diet, not being restricted just eating healthier... and person's using a gym to exercise." Staff liaised promptly with health and social care professionals to ensure people got the right healthcare when there were concerns about their health, their health needed review or screening such as dental check-ups and annual health checks was due. Each person had a current hospital passport, which outlined how to support the person appropriately in event they required hospital treatment, likes and dislikes, any communication and medicine requirements and particular needs such as safe swallow plans.

The registered manager and staff worked within the requirements of the Mental Capacity Act 2005 (MCA). The 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 the least restrictive possible. Where there was doubt about someone's ability to consent to aspects of their care, the person's mental capacity to give this consent was assessed. Wherever people had capacity to make the decision, their consent was obtained. If the person was found to lack capacity a best interests decision was recorded, reflecting how the care could be provided in the least restrictive way possible. People and their families were involved in this process. Examples of mental capacity assessments and best interests decisions included having to have staff unlock the front door, receiving care, taking medicines, and finances and budgeting.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes, including short stay homes, and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where appropriate, applications had been made to the relevant authorising body to deprive people of their liberty. The registered manager had a system for monitoring when DoLS authorisations were due to expire and fresh applications were required.

Is the service caring?

Our findings

Staff treated people with kindness and respect. When asked if they were treated respectfully, one person replied, "Oh yes, always". Others also indicated that they felt that they were treated with respect. A relative said, "My [family member] has never been so happy because he is being treated with such respect." People looked happy and comfortable in the presence of staff. All the interactions we observed were positive. People readily approached staff to talk with them or spend time with them. Staff gave people their full attention and responded to them as adults.

People were supported by familiar staff who understood their needs and got along with them. Staffing levels allowed for staff to spend time with people, developing trusting relationships with them and their families. A relative commented, "Staff have taken time to get to know [person] and he always has the same staff around, which he loves." One person often sat or stood alongside the registered manager, watching them working. The registered manager explained this did not happen previously, as the person had been fixated on certain topics and activities. People chatted with staff about things they were going to do together later, such as going out to run some of the person's errands. Staff spoke about people with affection, taking pleasure in seeing them happy on holiday earlier in the year.

Staff noticed when people were showing signs of being upset and swiftly provided care and support. For example, a support worker observed that someone looked cross and was making loud noises when someone else was making some noise. They calmly approached the person, acknowledged them and diverted them to a task they could focus on. The person soon looked much happier. Staff were also conscious of things that could upset people, such as saying the word "no". It would have been easy for them inadvertently to upset people, but this did not happen because staff were attuned to people's needs and preferences.

Staff were sensitive to times when people needed to be treated with particular compassion. One of the people at the service had had a bereavement. Staff supported the person and their family by explaining what had happened, ensuring the person understood and could cope with the situation. Staff also supported the person to attend the funeral. The staff also worked with the person to get a framed photo of their mother, which the person kissed at night.

People's privacy was respected, and their dignity and independence promoted. Staff discreetly offered assistance with personal care and provided this in private. They recognised that people wanted privacy for telephone conversations with their friends and families. For example, a person asked to speak with their mother on the telephone. The member of staff helped the person set up the telephone in a way the person could manage on their own in their bedroom. They told us the person called their relative every night and "always has it [the telephone] in their room. [Person] likes to do that so they can talk in private without any interruptions". Care plans promoted independence, emphasising people's strengths and what they were able to do for themselves.

People, and their relatives as appropriate, were supported to express their views and to be as involved as

possible in decisions about their care. A relative told us they did not feel the need to be as involved as they were previously in their family member's care planning: "I don't need to be anymore because everything is under control and the staff have it covered. Where [person] was before I was always having meetings because there were so many problems, now there aren't any." They were confident that staff kept them informed where necessary: "If there is anything I need to know they will always let me know. There is always somebody to talk to at the home." Care plans reflected people's preferences, for example what they liked to be called, foods and activities they liked and disliked, and preferred morning and evening routines.

Staff were aware of the importance of respecting people's choices. Throughout the day they consulted people and supported them to make choices, for example, about what they wanted to eat or drink. A person told us, "We go out to the shops to choose food that we enjoy." While people had their tea, they chose to have techno music in the background. They talked about the music and films they liked. People's rooms were decorated and furnished in the way they had chosen.

Is the service responsive?

Our findings

People and where appropriate their families were involved in developing their care and support plans. Their choices and preferences and how these were met were regularly reviewed. This had resulted in people having successful planned transitions to the service from their previous accommodation. Transitions to a different physical environment with new staff and residents can be stressful and challenging for some people with a learning disability, who may be dependent on established routine due to difficulties with communication and comprehension. One person had a history elsewhere of behaviour that challenged, but had settled quickly at Magna Road and had not required any extra doses of sedative medication since moving in. This person had worked with staff to devise 'house rules' that helped them take control of their own behaviour. They told us emphatically about how they loved living at Magna Road. Their relative said, "[Person] is happier there than any other home [person] has lived at. [Person's] challenging behaviour has improved. [Person] is doing so much more; [person] goes out, [person] helps out at the home. [Person] has a wonderful life and is so happy." Another person who had moved in since the last inspection was also enthusiastic about the service. Their relative told us, "[Person] is so happy there. I am so relieved. [Person] has such a good life. I can relax knowing [person] is safe and well cared for, it's such a weight off my mind." The registered manager and her manager had resisted outside pressures to rush this transition, which allowed time for the person to get to know the house, staff and other residents. Staff had created a 'social story' to help the person understand their forthcoming move, and shared with the person pictures of the staff, lounge, garden and their bedroom. A 'social story' is a short description of a situation, which includes specific information about what to expect in that situation and why.

Staff worked hard to establish people's preferences and helped them find more hobbies and interests. One person had previously had fixed routines and preoccupations that made it difficult for them to do things they liked. Their key worker made them an A4 sign, so they knew it was time to go and do some gardening, which the person enjoyed. The worker had subsequently drawn some more A4 signs with the person to reflect the person's interests, including Postman Pat, and necessary tasks, such as having a shower. Following on from this, they together created an illustrated, personalised alphabet with pictures and words relevant to the person, and the person learned the alphabet. This had boosted the person's self-esteem and helped to increase their range of interests. The person was now learning numbers in a similar way. The person had also worked with their key worker to create a scrapbook of pictures and photographs to record activities they enjoyed and special events. This was very important to them, and the person now enjoyed a much wider range of activities than they had previously.

People and staff had one-page profiles, which showed their interests and things of importance to them. This had helped ensure a good match between people and the staff who supported them. It had led to people expressing and pursuing an interest in the gym due to a member of staff's interest. A member of staff had in their own time gone to local gyms to see if they could get a reduction in cost for people whose funds were limited. This had led to people being given free membership of a local gym.

Arrangements for activities were varied and adapted according to people's individual needs. For example, one person arrived home and voiced excitedly that they wanted to go out to the weekly motorbike night on

Poole Quay. A member of staff replied, "Yes, no problem one of us will take you to bike night" and the person later went out. Staff had previously observed that another person, who chose to go to a day centre, tended to be distressed when they came back. Staff liaised with the day centre and shadowed the person while they were there to get an idea of what might be upsetting them. They decided to incorporate similar activities when the person returned home to those they had been enjoying during the day, such as cooking. The person had become more settled and was doing more in the evenings, such as going out for a walk with other people who lived at the service. Earlier in 2018 people had had their first holiday away for a long time, which had been successful and was much talked about by people and staff. The management team reported that people had become more settled over the past year, with more person-centred structure to their time and increased levels of activity.

Each person had a noticeboard with photographs of activities and details of activities they were looking forward to. They also had an activity planner to help them plan their day. Activity plans were printed out, but people had sometimes found these too rigid, asking whether they had really had to do the specified things at that time. A member of staff was creating laminated activity sheets with stickers that people could put on and remove as they changed their minds about what they wanted to do.

Staff had gone the extra mile to minimise the adverse impacts of severe weather on people earlier in the year. Snow and ice had meant people's regular daytime activities were cancelled, and that some colleagues had difficulty getting to work. Some staff came in prepared to stay overnight or longer, with shovels, salt and blow up beds. Staff with suitable vehicles went out to pick up night staff. Staff organised alternative in-house activities, such as setting up a disco in the house, to reduce people's anxieties about not having outside activities.

People's care and support was delivered in a way that met their diverse needs and promoted equality. Staff had training in equality, diversity and human rights, which was discussed regularly at team meetings and in supervisions. Workers came from diverse ethnic and religious backgrounds, which they drew on to enrich people's day-to-day experience whilst prioritising people's social, cultural and religious needs. For example, some people liked to go to church regularly and members of staff from other faiths gladly supported them with this. Staff helped people to celebrate festivals such as Christmas and Pancake Day, and prepared food that people wanted to eat, even if this was prohibited by their own religion. They also introduced food and drink that people might not have experienced before, such as Turkish kebabs and cardamom tea. This had resulted in people choosing, and enjoying, a more diverse diet than they had had previously. Some of these foods had become popular choices. For example, one person often asked for Uzbek pilaf and Polish kaszanka.

Social contact and companionship was encouraged, which helped to protect people from social isolation. Staff supported people to keep in touch with their families and friends, and to maintain community links. People regularly visited community facilities, such as sports centres, churches, pubs and restaurants, shops and local events like fetes. Some people belonged to clubs, such as a drama club, and some liked to go on bus and train rides.

The service complied with the Accessible Information Standard. The Standard requires that services identify, record, flag, share and meet the information and communication support needs of people with a disability or sensory loss. People's information and communication support needs were clearly flagged in their care plans and records, which gave clear details of how staff should support people to communicate. Staff had a good understanding of these and ensured people had the support they needed. For example, the registered manager and staff were sensitive to how one person was inclined to be influenced by the choices of others rather than choosing according to their own taste. The person tended to copy what other people said. Staff

were therefore talking to the person about their ideas as other areas in the house were redecorated, to get a better idea of what they really liked. Another person enjoyed soft items such as duvets and did not understand they could not have every one of them in shops they visited. By showing photos and giving explanation in a way the person could understand, they were now able to enjoy these things and to purchase a single item instead.

Information about how to raise a complaint was available in written and easy-read versions. This was displayed for people and their visitors. One formal complaint had been filed since the last inspection. This had been addressed promptly, thoroughly and transparently. People's concerns were taken seriously, whether expressed in words or through behaviour. Appropriate action was taken if people said or indicated they did not like something.

Is the service well-led?

Our findings

The service had a positive, person-centred, open and inclusive culture, with good relationships amongst people and staff. Some people demonstrated care towards each other. For example, one person made a drink for someone else, who gladly accepted it. A member of staff told us, "People are happy with each other. It's nice to see that." The development of the garden had enhanced these relationships. A worker explained, "The garden has bonded residents and staff together. We all look after it together."

Staff morale was good. All staff we spoke with were proud of and motivated by the service, for example saying, "I'm very happy working here", and "People are jealous we have such a nice place [to live and work in]." They described an atmosphere of trust, for example, "We trust each other, we have good relations", "A good atmosphere, always" and "You work as a team. There's good team work here". Staff spoke of respect for colleagues who went out of their way earlier in the year to minimise the impact of severe weather on people.

Before the registered manager had started in post a year before, the service had experienced several changes in management. Morale was low when the registered manager arrived. Staff were very positive about the way the registered manager had supported them. One of them had sent her a card that read, "Please always stay with us... you are our luck and happiness for a better future." Staff told us the registered manager was available and supportive, for example, "Easy to speak to if we have any concerns. She's happy to speak with us", "Management is really good. You can come with anything, any problem. It's resolved in a few seconds", and "Free to speak with any time you like; she's always available". Another member of staff said, "We have a good manager and a good senior" who "always advise good things". Information about whistleblowing was readily available for staff, and staff were confident to report concerns to the management team.

The registered manager and staff had a shared understanding of challenges, achievements, concerns and risks affecting the service. Staff had regular 'You Can' supervision meetings with their line manager to discuss their work, receive feedback, discuss their development needs and review goals. Staff were positive about supervision, for example, a worker told us it had "given me a boost. It makes me want to do my job right". There were also team meetings every month or two, with open discussion of staff ideas, and constructive challenges to practice. For example, the registered manager had identified scope for improvement in writing daily notes. This had caused anxiety to some staff, but all had committed to the improvements and an in-house prize had been awarded for the greatest progress.

The change in culture and practice had had a positive effect on people and staff. Staff now took initiative, listened to people and involved them meaningfully in things that took their interest. A relative commented, "I think the home is very well led and my [family member] could not be safer, healthier or happier." This reflected increased trust and respect between people's families and the staff since the last inspection. Staff commented how they and their colleagues talked much more about ideas for activities that people might enjoy and had the confidence to put these into practice. For example, staff had supported people earlier in 2018 to have their first holiday away in a long time. A member of staff described how they had previously

found their role a bit boring and that the culture of the service previously did not embrace change. They were pleased that new things were happening: "So much better for the people here, so much has started changing for good [under the current management]". Staff also commented on how this had a positive effect on people who lived at Magna Road, who were busier and demonstrated less behaviour that challenged.

Organisational values were clearly communicated to staff through the 'You Can' supervision process and through communications from senior management, such as the staff newsletter. The provider's Chief Executive Officer had changed since the last inspection. The registered manager and her manager were enthusiastic about this change. They showed us a video clip reflecting how services and staff were actively encouraged to take positive risks, supporting people to achieve ambitions. Some of the provider's support workers locally had been nominated as 'Game Changers', that is, staff representatives for the area who have monthly meetings with regional management, with representation at corporate level. Two staff at Magna Road had won recognition as regional employees of the month for building team morale and overcoming challenges.

Quality assurance processes were in place to drive continuous improvement. Significant events, such as accidents, incidents, safeguarding and complaints, were monitored by the registered manager and by the provider for developing trends. There was a programme of quality checks, including audits within the service overseen by the registered manager and monthly oversight and checks by the regional manager. Staff checked things like fridge temperatures, food temperatures, bath temperatures and finances daily or even more often. There were also frequent checks of medicines, environmental health and safety and fire safety. The manager's audits were set out in the continuous improvement timetable set out by the provider and included matters such as spot checks on staff working practices, health and safety, staff training and completeness of care records and staff files. The regional manager checked these audits during their monthly visit. The actions from the registered manager's and regional manager's audits, and other provider monitoring, fed into the service's continuous improvement plan. Actions were reviewed by the registered manager and regional manager to ensure they had been completed within the specified timeframe.

The registered manager understood and worked in line with regulatory requirements. They had made statutory notifications as required by the regulations. The current Good rating was displayed prominently in the downstairs hallway, as well as being reflected on the provider's website.

The service worked in partnership with other agencies to support care provision. For example, staff liaised with people's community learning disability professionals to plan transitions when people moved in. People were encouraged to maintain links with the local community, to use facilities such as shops and to develop social networks.