

Staffordshire County Council

Horninglow Bungalows

Inspection report

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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

We inspected this service on 7 November 2017 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. At our previous inspection in December 2015, the service was meeting the regulations that we checked and received an overall rating of Good.

Horninglow Bungalows provides personal care for up to 16 adults with a learning disability and associated conditions. People were supported within three bungalows which were situated next door to each other. The Bungalows were owned and maintained by another provider and people that lived in these bungalows had a tenancy agreement with this provider. There were 12 people using the service at the time of the inspection.

There was a registered manager in post. 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 registered manager oversaw the running of the full service and was supported by senior care manager, care managers and senior support workers.

People were supported to understand how to keep safe and staff were clear on their role on protecting people from the risk of harm. Staff understood their responsibilities to raise concerns and record safety incidents. These were reviewed and analysed to ensure actions could be taken to reduce risks and promote a safe environment. Individual risks to people were identified and people were supported to take reasonable risks to promote independent living. Environmental risks within people's homes were also undertaken and people were supported to raise any concerns regarding improvements with their landlord, to ensure they were protected by the prevention and control of infection.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character. People told us and we saw there were sufficient staff available to support them. The skill mix of staff ensured people's needs were met. Medicines were managed safely and people were supported as needed to take their medicine as prescribed.

People were consulted regarding their preferences and interests and these were incorporated into their support plan to ensure they were supported to lead the life they wanted to. People were supported to be as independent as they could be and assistive technology was in place to support people in achieving this. The staff team knew people well and were provided with the right training and support to enable them to promote people's independence and autonomy.

People were supported with their dietary needs and to access healthcare services to maintain good health. A period of transition was provided to support people when they moved to or from the service. This was done with other organisations to ensure the person received coordinated support that met their needs and

preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The importance of gaining people's consent to the support they received was understood by the staff team. Staff knew about people's individual capacity to make decisions and supported them to make their own decisions. Where people were unable to make certain decisions the staff ensured that best interest decisions were made in accordance with legislation. Where people needed support to manage their behaviours and keep safe; this was provided in a proportionate way and monitored with the support of healthcare professionals.

People were supported develop and maintain interests and be part of the local community to promote equality and integration. The registered manager actively sought and included people and their representatives in the planning of care. Assistive technology was in place where people did not receive 24 hour support; to enable them to seek assistance when needed. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. People were supported to express their emotions and grieve following the death of a loved one.

A positive culture was in place that promoted good outcomes for people. People who used the service, their relatives and the staff team were all involved in developing the service; which promoted an open and inclusive culture. Staff had a clear understanding of their roles and responsibilities and this was guided by the registered manager who empowered them to take responsibility and develop their skills. The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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 supported to keep safe and take reasonable risks to live as independently as possible; this included support to take their medicines and managing infection control and hygiene standards. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people.

Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and their rights were protected because they were supported to make decisions; this was promoted by the use of assistive technology. People were supported to maintain a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met. When people moved between services this was done in a coordinated way meet their individual needs and preferences.

Is the service caring?

Good ●

The service was caring

The service had a culture that focused on the promotion of people's rights to make choices and live a fulfilled life which resulted in people being valued and treated as individuals. People's rights to privacy and dignity were valued and respected and they were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received support that was centred on them with their wishes and preferences respected. People were encouraged to

develop their social interests and independence. People were supported to share any concerns they had and they were supported to express their emotions and grief when someone close to them passed away.

Is the service well-led?

The service was well led.

People were empowered them to live the life they chose and were consulted and involved in the running of the service. The registered manager understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were fully met. Systems were in place to monitor the quality and safety of the service and drive improvement.

Good ●

Horninglow Bungalows

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 comprehensive inspection took place on 7 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection visit was carried out by one inspector.

This service provides care and support to people living in a supported living setting with 16 bedrooms across three bungalows; known as Horninglow Bungalows so that they can live in their own home as independently as possible. There were 12 people living at Horninglow Bungalows at the time of the inspection. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Horninglow Bungalows met 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 inspection was informed by information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

During the inspection we spoke with seven people who used the service and observed how staff interacted with them. We spoke with the registered manager, one senior care manager and three care staff. We looked at three people's care records to check that the care they received matched the information in their records.

We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were supported to understand how to keep safe. One person told us, "We have meetings and talk about who we would tell if we weren't happy. I would tell my link worker (staff member) but I am happy it's very nice here." Another person told us, "I like it here. I get on well with the people I live with we are all good friends. If I had any problems I would just talk to the staff and they would sort it out for me; they are all nice." Staff we spoke with were clear on what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "Everything is covered in the training, the types of abuse and how to report concerns and we discuss keeping safe with people to make sure they know to tell us if anything or anyone upsets them". Another staff member said, "I would report any concerns to the person in charge". We saw there were safeguarding procedures in place. We saw that when needed, concerns had been raised appropriately by the registered manager and safeguarding referrals had been made. This was in line with the provider's procedures. We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the support they needed to keep safe. For example, assistive technology was in place within the different bungalows that met the support needs of the people that lived there. Within one bungalow one cup kettles were used. This enabled people to make hot drinks independently which without this equipment they would be unable to do in a safe way. The people in one bungalow did not require staff support throughout the night but to ensure they could summon support when needed, a call system was in place to alert staff in the other bungalows if help was required. This system was also linked to an independent company that provided emergency support when needed. One person told us, "I know that if I did need help in the night all I have to do is press the cord in my room."

People were involved in decisions about taking risks. For example, one person told us how the staff had worked with them to develop their confidence; this had enabled them to go out into the local community independently. They told us, "Before I came here I had no confidence and now I do all sorts of things and my confidence is growing." Two people told us how they were supported by staff to stay safe whilst enabling them to have as much freedom as possible. One said, "When we go food shopping and [staff member] takes us and then we go around the shop on our own. The other person said, "We do a shopping list before we go, we decide between us what we want then we go round the supermarket and get everything on our own. We usually have our dinner there as well, if we want to and then [staff member] picks us up." Risk assessments were in place within each person's care file and we saw these were updated as required to ensure any changing needs were addressed.

Where people demonstrated behaviour that put them and others at risk; we saw staff had received training on how to support them in the least restrictive way. Where incidents occurred detailed records were in place to demonstrate the support the person received. We saw that a referral to the community learning disability team had been made to support a person in managing their behaviour.

People were supported to keep safe in the event of a fire or other emergency that required their home to be evacuated. One person said, "We have practices with the staff to check we know what to do if there was a fire or the alarms went off. We have to go outside." Another person told us, "If the fire alarm goes it's everyone outside in case there's a fire." We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need and we saw that the information recorded was specific to each person's individual needs. This supported staff to understand the actions that would be required. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

People felt there were enough staff available to support them. One person said, "There is always staff in this bungalow even at night time and when we go out there are staff with us." A person in another bungalow said, "The staff are here at different times to check we are okay and help us with things. Like doing my washing and cleaning up." We saw that each bungalow was staffed according to individuals support needs. The registered manager confirmed that two of the bungalows were staffed throughout the day and night and the other at intermittent periods throughout the day to support people with their daily living needs including accessing the community. We saw that the staffing levels ensured sufficient staff were available to enable people that required support to access the community when they wished to. There was a good skill mix of staff in place which included the registered manager, care managers, senior support staff and support staff.

Safe recruitment practices were in place. We saw the provider checked the suitability of staff prior to employment. The staff recruitment records seen included Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. We saw that procedures were in place to monitor staff sickness and attendance; this included providing staff with support as needed such as referral's to physio, occupational therapy and counselling when required. The registered manager told us, "The local authority are very good at looking after their staff and providing them with support." This showed us the provider valued their staff team and supported them to do their job effectively and safely.

We looked at how staff supported people to take their medicines and observed the senior member of staff administering medicines to people that required support. This was undertaken in a respectful way and in the privacy of each person's bedroom to ensure their dignity was promoted. Some people were able to manage their medicines independently. We saw that assessments were completed and showed were people needed prompting to take their medicine so that staff could support the person according to their needs. The staff member had a good understanding of the level of support each person needed and told us, "We do have to just check with [Name] that they have remembered; sometimes they haven't and then they will say, 'No I haven't taken them I will go and do it now.' We do monitor the stock balance as well to make sure they have taken them." Senior staff that administered medicines told us they had undertaken training and records confirmed this. For people who required support with their medicines an administration record was kept in the person's bedroom and we saw that staff signed when people had taken their medicine. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. Where people required medicine to manage their behaviour we saw this was not administered excessively and was monitored to ensure people were referred, as required to external professionals.

We saw that infection control audits were undertaken by senior staff within each bungalow and these were checked by the registered manager. These audits had identified that the kitchens within each bungalow required refurbishment and that people's ensuite bathrooms also needed to be upgraded. This information had been passed to the housing association that owned the homes. At the time of the inspection, a new kitchen was being installed within one of the bungalows. The registered manager advised us that all three

bungalows were having refitted kitchens and told us that the kitchens in the other two bungalows were to be renovated one at a time; to ensure facilities were available across the three bungalows for people during this work. This was to be followed by the upgrades to people's ensuite facilities. We saw that risk assessments had been undertaken to ensure this work was managed in a safe way. We saw the builders were also asked upon arrival to complete risk assessments regarding this work. One member of staff working in the bungalow that was having the kitchen refitted told us, "Last night everyone decided to have fish and chips from the chip shop and tonight we are having a casserole cooked for us in one of the other bungalows."

We saw that people were supported as needed by staff to keep their home clean. One person told us, "I'm off to clean my room and put my washing on with [staff name] now. Another person said, "The staff help me to keep my bedroom clean." Where people needed support with cooking we saw that kitchens were kept clean and the staff undertook annual training in safe food handling practices. We saw that staff had access to and used personal protective equipment such as gloves and aprons when needed to support people with their hygiene needs.

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken as needed; for example one person who was mobile had accidentally fallen which resulted in an injury. On discharge from the hospital the person's mobility was limited whilst they recuperated but they were unable due to their understanding to comply with the advice from medical professionals. This resulted in the person falling again. Although no further injuries were sustained the registered manager advised us that they had requested the person remained in a hospital setting for a period of recuperation to enable them to recover before returning home.

Is the service effective?

Our findings

People's support needs were assessed prior to using the service. One person told us, "I came here to meet everyone first with my family. I didn't move in straight away I came for a short stay but decide I wanted to stay; it's really nice here." On the day of the inspection another person came to visit people in one bungalow for a few hours; with a view to moving in following a period of transition. The registered manager told us, "The transition period depends on each person's individual needs. Everyone is different and we need to make sure they are compatible with the other people that live in that bungalow." This comment from the registered manager was reflected in a potential admission to the service in previous months that had not gone ahead; this was because the other tenants had been consulted and it was agreed that the person would not be compatible with them. This demonstrated the views of people that used the service were listened to and respected.

We saw the provider ensured people were protected under the Equality Act to enable them to make decisions regarding the support they received. This included the use of accessible information such as pictures; where people were unable to read and assistive technology that met the support needs of the people that lived there. This varied from call systems to specialist household appliances to enable people to do as much for themselves as possible. The registered manager confirmed that the service won the Staffordshire County Councils dignity award in 2016 for the use of assistive technology in supporting people.

People were happy with the support they received from the staff team. One person said, "The staff are brilliant; they have really helped me. They all know me very well and they know the things I like doing; it's great here I choose what I'm going to do." Another person said, "The staff are nice; they are all my friends and help me a lot."

Staff received training to develop their skills and understanding. One member of staff said, "The training is good; we are kept updated in all mandatory areas and we have training packs to cover specialist areas like dementia and end of life care." Another staff member said, "We also have MAPA training at level two and get refresher training; as we support a person that can self-harm when they become upset. We only use this as a last resort to keep them safe. It involves a safe hold whilst sitting with them until they feel calmer. The management of actual or potential aggression (MAPA) is an accredited programme which delivers comprehensive training that teaches management and intervention techniques to staff. This enabled staff to support the person in a professional and safe manner when they demonstrated behaviours that put themselves or others at risk of harm.

Staff received regular supervision and an annual appraisal with a six monthly review. We saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "The support here is very good; not just at supervision but anytime from the managers to care staff. We all work as a team. We have all been here a while; there aren't any new staff so we all know each other well." The registered manager confirmed that all senior staff were provided with one shift a week to undertake administration and staff supervisions.

People confirmed they were supported to make decisions regarding their meals. The people that lived in one bungalow told us they had decided to purchase their food together and cook as a group. One person said, "We decide between us what we are going to buy; we all like the same things really so it's quite easy." People in another bungalow purchased and prepared their meals on an individual basis with staff support. One person told us, "I go shopping with my link worker and decide what I am going to have but they do help me." We saw that people were encouraged to follow a balanced diet; to ensure they received the correct nutrition. One member of staff told us, "We make suggestions regarding meals to encourage healthy eating; although it is always down to the person's choice at the end of the day." People were supported to prepare meals as needed. One person told us, "The staff help me with cooking and I can peel the vegetables." We saw people were supported to prepare their lunch time meal. The registered manager confirmed that specialist knives and peelers had been purchased for one person to assist them in meal preparation when they were initially supported to prepare meals. This person confirmed that after learning to use these utensils they were now able to prepare food with standard equipment. This showed us that people were empowered to learn new skills and be as independent as they could be.

People's support plans included an assessment of their nutritional requirements and preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their needs. For example one person had been referred to the speech and language therapist for an assessment of their swallowing. We saw that guidance had been provided and staff we spoke with were aware of this and confirmed these recommendations were followed. This demonstrated the person was supported to follow a diet that met their needs and protected them from the risk of choking and aspiration.

Since our last inspection one person had stopped using the service as they had moved to a more independent setting. At the last inspection this person had told us of their wishes to live independently on their own in the community. This demonstrated that people were supported to develop their skills and achieve their goals.

The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way, For example links had been developed with the local community learning disabilities team to assist people with their health and behavioural support needs.

Since the last inspection some people due to their health had moved into services that provided nursing care, to ensure their needs could be met. We saw that within the service some people had moved into a different bungalow on the site. This was to reflect their current needs and the level of support they needed. Another person had moved into a different bungalow on the site to better match their personality with others; as the bungalow they had lived in had a quieter atmosphere, due to the needs and age of the people that occupied it. This person told us, "I like living here." This demonstrated that people were supported to transition or move between services to ensure the support they received met their needs and preferences.

People confirmed they were supported to see health care professionals as needed. One person told us, "When I moved here I had to change my doctors because my old one was too far away." We saw that people were registered with local GP s and dentists. The registered manager confirmed in the PIR that they worked in partnership with colleagues from health to ensure people's healthcare needs were met. We saw referrals were made as needed and input provided to staff; for example from dieticians and speech and language therapist and the community learning disability team for support with behaviours and health conditions such as epilepsy. People had a hospital passport. This provided hospital staff with an overall picture of the person's strengths and needs, their method of communication, likes and dislikes and health needs. This was to ensure the person could be supported in an individualised way when accessing hospital services.

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 people 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. For people living in their own homes these applications are made to the Court of Protection. The registered manager confirmed no authorisations to deprive a person of the liberty were in place at the time of our visit. Some of the people supported required support to make some decisions. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions.

Staff had a good understanding of the MCA and had been provided with training. One member of staff said, "Some people need support to make decisions regarding certain things such as health appointments but generally they can make day to day decisions about what they want to do. We support people to make their own choices." We saw that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve. One person told us, "I make my own decisions all the time about what I'm going to do." Another person said, "All of the staff are nice; they're not bossy, they don't tell me what to do I choose for myself." We saw throughout the inspection that people were supported as needed to make choices.

Is the service caring?

Our findings

People felt that their relationship with the staff was good. One person said, "They're great, really nice people we have a laugh and joke together." We saw that staff were able to effectively communicate with people. People's communication methods were recorded in their support plans and alternative methods as well as written words were used to ensure information was accessible to people. such as the use of pictures, signs and gestures

Throughout the inspection we observed staff chatting with people and supporting them with their daily living tasks and going out into the community. Information was recorded regarding people's preferences and personal histories. For example, each person had information regarding people that were important to them and their interests. The information we read matched what people told us about themselves. The majority of staff had worked at the service for many years and knew people well. We saw that staff were matched with people as their link worker or keyworker. This was to enable people to be matched with staff that had similar interests or who complimented each other's abilities. People told us about their link workers. One person told us, "We go to the football matches and we have sat in the box which a nice way to watch the match."

People told us about the tenants meetings that were held in their home. One person said, "We talk about all sorts of things like what we want to do and what we can afford and can't afford. We have to remember we have to put some money aside for food and housekeeping. Me and [Name] went to The Harry Potter studios and we are going to the Christmas Market in Birmingham soon." A person that lived in another bungalow told us, "I like Christmas shopping in Sheffield so we are going to go there as it's easy to get around."

The registered manager confirmed that people were supported to make decisions using independent advocates when needed. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. Eight people that used the service had been referred by staff at the service to independent advocates within the last 12 months when they had important decisions to make or their voices needed to be heard. The registered manager confirmed that people were supported to use their right to vote and told us, "This is discussed with everyone, last time only one person chose to vote but we ensure everyone is made aware of their rights to vote."

People were empowered to spend time alone in their bedrooms if they preferred and we that the staff respected this. We saw that staff supported people to maintain their dignity by ensuring any personal care support was provided privately. We saw people were supported to maintain their appearance, by choosing clothing that met their preferences and personal style. This demonstrated that people were partners in their own care and were treated with consideration and respect.

People were supported to maintain relationships with people who were important to them. One person said, "I go to visit my family and have dinner with them. I also have a partner and spend time with them." Another person told us that they went to visit their relative who was supported in another care facility.

Information in people's care plans demonstrated that people were supported to maintain contact with those important to them.

Is the service responsive?

Our findings

The initial assessments undertaken prior to people using the service were used to develop support plans. People confirmed they were involved in these and were involved in reviewing their support plans. One person told us, "The staff go through my care records with me; we sit and talk about everything and how much support I need. That makes sure I'm safe." Two people went through their support plans with us and confirmed they accurately reflected the support they received from the staff team.

We saw there was detailed information in people's support plans regarding their life history, interests and aspirations. One person told us they were interested in finding a job and told us the staff were supporting them to achieve this.

People confirmed they were supported and encouraged to follow their interests and expand their social network by joining community groups. One person said, "I go to the cinema with a friend I met from drama group." Another person using the service told us they had also joined this group and said "We are doing a Christmas pantomime." People were supported to follow their beliefs. One person attended religious services each week at their chosen place of worship.

Two people proudly told us about all of the poppies they had made with staff support for remembrance day; which we saw on display in abundance outside of their bungalow. One said, "We made them out of the bottom of plastic bottles and spray painted them, it took us a while but they look brilliant." We saw the local newspaper had written an article about the poppies with photographs. This person went on to tell us, "We are going to be live on the radio on Friday as well."

People were supported to be as independent as they could be. For example travel training was provided by a small team of staff that worked for the provider. The registered manager confirmed that referrals were made to this team when needed to support people to develop their independent living skills. A new medicine monitored dosage system was used to support people to administer their own medicine. The registered manager told us, "Some of the people we support are now able to administer their own medication with this system as it's safe for them to use; they weren't able to do this before." This demonstrated that innovative practices were in place, to enable people to live as independently as they could.

Staff reported any concerns to the registered manager. One member of staff told us, "We do talk to people about what to do if they aren't happy and if anyone had a complaint I would speak to the manager." We saw the registered manager had raised concerns with the housing provider on behalf of the tenants; regarding the refurbishment of the kitchens and en suite bathrooms in their accommodation. This demonstrated that people were supported to ensure their rights as tenants were upheld. "People told us that discussions took place in tenants meetings about how to raise concerns. One person said, "You would tell the staff if there was a problem and they'd sort it for you." Another person said, "We talk about that in meetings and the staff ask us if we're happy and my link worker asks me too." A complaints procedure was

in place and this was included in the information given to people when they started using the service. This information was provided in a pictorial format to support people. We saw a system was in place to record complaints received and the actions taken and outcome. The registered manager confirmed that no complaints had been received in the last 12 months.

None of the people that used the service were receiving end of life care; however people were supported to express their emotions. One person that had used the service had recently passed away in hospital. We saw that a memorial to the person had been made and people openly talked about this person and some told us they had attended the person's funeral with staff support. This demonstrated that the staff team had responded in a compassionate way to support people during this difficult time.

Is the service well-led?

Our findings

Staff enjoyed working at the service. All of the staff we spoke with had worked there for several years. One told us, "I love it; I have worked here since the bungalows were built and before that when it was a residential home." The majority of staff and people using the service had known each other for several years; they had worked together within other settings run by the provider. One person told us, "I've known my link worker for years; we are good friends"

Staff were committed to promoting equality and supporting people to lead full lives. One member of staff told us, "We have assistive technology to enable people to do as much for themselves as they can. It varies within each bungalow and is dependent on what people need." Another member of staff told us, "Some people are a little less willing to do things for themselves and will tell us it's the staff's job to cook meals and not there's. We would never force anyone to do anything but we do encourage them to do as much as they can for themselves to promote independence."

There was a registered manager in post. The registered manager shared her time at this service and another of the provider's registered locations that she also managed. Staff confirmed this worked well as they had support from management team that were based on site; this comprised of a senior care manager, care managers and senior support workers. The management team had been consistent for over 10 years; they received supervision from the registered manager and confirmed they felt supported to undertake their role. One told us, "We can contact the registered manager at any time if we need any advice or support."

Staff received regular support and supervisions from the management team. This included appraisals, supervisions and team meetings. Staff confirmed that the culture of the service enabled them to speak with any member of the management team if they had any concerns. One told us, "It's very open and friendly here; if there are any issues you can go to anyone, it is a lovely place to work."

Systems were in place to support staff's well-being both physical and emotional through resources that were accessible to staff through the provider. Information within the provider information return confirmed that staffing risk assessments and team stress risk assessments were undertaken annually and staff had been involved in developing these. All of the staff we spoke with told us that they felt supported by resources available to them.

The registered manager told us they were supported by the provider to understand their responsibilities and develop their knowledge. They had a qualification in leadership and management at level five along with other qualifications that enabled them to undertake their job effectively. The registered manager confirmed they attend regular forums and conferences to keep up to date with current practice, changes and legislation and confirmed this information was cascaded as applicable to the staff team. They confirmed they received one to one supervisions and appraisals and attended senior team meetings and were supported by their line manager.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website.

People were consulted and involved in the support they received. One person said, "We have meetings to talk about what we want to do and we fill in forms about if we like it and what we think and the staff help us with those. I think it's very good here, I really like it." We saw that annual questionnaires were sent out to people that used the service, their representatives and the staff team. The registered manager confirmed these had been sent out recently. We looked at the responses from the 2016 questionnaires and saw that actions had been taken where people had identified areas for improvement. For example, one person that used the service had said they would like to go out more and we saw that this had been achieved. We read positive comments from people's representatives in the 2016 questionnaires. One person had written, 'My relative, for the first time in 33 years has a life that most people take for granted. As a family we cannot thank the staff enough for what they have done and continue to do.'

Staff were consulted regarding the running of the service and their views were sought. One member of staff said, "We are sent questionnaires and have team meetings and supervisions. There are plenty of opportunities to discuss things and give our views. We can speak to any of the managers at any time, there is always someone here. Another member of staff told us they would report any concerns to the manager and said, "The local authority also have a whistle blowing line; it's all covered in the safeguarding training.

People were supported to access the community on a daily basis and be involved in local community facilities and groups. People told us about a range of facilities they used on a regular basis from the local cinema to a drama club and local health and fitness leisure facilities. Some people told us about their local pub, One person said, "It's just down the road, very handy for a quick drink and sometimes we decide to go for dinner, it's our local." We saw that people were supported to take part in ceremonies such as remembrance day to actively strengthen community links and to have a sense of achievement. One person told us how proud they were of the work they had done in making the poppies that were on display.

Regular audits were undertaken by the registered manager and management team to check that people received good quality care. We saw the provider had linked care practices and audits of care with the fundamental standards and associated key lines of enquiry to promote good practice. The registered manager was aware of the changes to the key lines of enquiry which commenced on the 1 November 2107. Monthly audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed. For example we saw that monitoring of incidents had identified that one person required additional input from the community learning disability team and this support was ongoing at the time of our visit. Monthly visits were undertaken by the provider to audit areas of care such as people's care plans, medicines management and to gather the views of people that used the service and speak to staff.

The registered manager ensured that people received the relevant support from other agencies as required such as community health care professionals and the housing association that were responsible for the maintenance of the bungalows that people lived in.

