

Langley House Trust

The Shrubbbery

Inspection report

35 Frindsbury Road
Rochester
Kent
ME2 4TD

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26 July 2017

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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

This inspection was carried out on 25 and 26 July 2017. The inspection was unannounced on the first day of inspection. We told the registered manager when we would return for the second day.

The Shrubbery is registered to provide accommodation with personal care for up to 15 people. There were nine people living at the service on the day of our inspection.

The Shrubbery supported people who had previously committed offences. Some people had lived at the service for up to three years although many people had lived at the service for less than one year. People had varying care and support needs. Some required more support than others but most people were quite independent and required only prompts and encouragement. Although most people were capable of going out alone, some people had restrictions in place that meant they could only go out when escorted by a member of staff.

The service was provided in a large renovated property with private gardens at the back. Each person had their own bedroom with en-suite shower and shared two communal lounges and a dining room. Close to shops and community facilities, including public transport, people could get to places they needed easily.

There was a registered manager based at the service. 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.

Our last inspection report of this service was published on 08 July 2016 and related to an inspection that had taken place on 01 and 02 March 2016. At the inspection in March 2016, we found two breaches; one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 11, Need for consent and one breach of the Care Quality Commission (Registration) Regulations 2009, Regulation 18, Notification of other incidents. People were restricted from entering or leaving the premises freely as the door was locked and only staff had a key fob. The provider and registered manager had failed to notify CQC of important events at the service that they are required to notify by law.

We asked the provider to take action to meet the regulations. The provider sent us a report of the actions they were taking to comply with Regulations 11 and 18 on 19 July 2016. They told us they had already taken the action specified in the plan and were meeting the regulations.

At this inspection, we found that the provider had implemented new ways of working to address the breaches from the previous inspection which had resulted in improvements to the service provided. All people living at the service had been issued with their own key fob so they had full and free access in and out of the premises. Monitoring systems had been reviewed, ensuring one member of staff took responsibility for completing notifications to CQC. This change had resulted in improvements and

notifications being made when necessary.

Although no people living at the service had been assessed as lacking capacity to make any of their own decisions, the registered manager and staff had a good understanding of the Mental Capacity Act 2005 and how they may be required to support people to make decisions in the future. People who did not require a staff escort when leaving the premises now had their own key fob so they could freely enter and leave when they wished.

The management of risk was robust with systems in place to assess the risk to individuals and by individuals. People were involved in their risk assessments as well as outside agencies when relevant. People had a comprehensive assessment before moving into The Shrubbery which resulted in the development of a care plan. People were involved in the planning of their support. A risk meeting was held regularly with the registered manager and senior managers to assess referrals to ensure the service only accepted people they were able to support.

All aspects of medicines administration were managed well. Robust monitoring and auditing to support the safe management of medicines were in place. People received their medicines in a safe way and as prescribed.

Accidents and incidents were recorded and managed well. Regular monitoring helped to make improvements to minimise the risk of similar incidents occurring.

The appropriate servicing and maintenance necessary to maintain the premises were carried out regularly. There was room for some improvement in the décor and environment.

Safe recruitment practices were used. New staff went through a thorough application and vetting process to make sure they were suitable to work with the people living in the service. There were enough staff employed to meet the assessed needs of people. Although agency staff were used to make sure the numbers of staff were appropriate, the registered manager was actively recruiting new staff.

Staff had received the training they required to support the needs of people living in the service. Staff had access to the provider's online system that allowed them to book the training they required directly, then signed off by the registered manager. Staff could apply or ask for additional training to meet specific needs. Staff received regular one to one supervision with their line manager and also had an annual appraisal to support their personal development.

People were supported to maintain their health and well-being and were registered with a local GP. People were complimentary about the food and confirmed they had choices.

Many staff had worked at the service for a number of years so knew the service well and were confident in their role. New staff felt the benefit of this and felt well supported through their induction.

Staff were friendly and approachable and spoke about people with respect. Staff clearly knew people, their histories and their needs well. Confidentiality was taken seriously and staff closed doors and windows during meetings and discussions.

People who were able to move on to live more independently were actively encouraged to do so.

Complaints had been dealt with appropriately and responded to quickly.

There was a range of age groups amongst people living in the service so people had differing needs when it came to providing meaningful activity. The registered manager and staff were aware of this and tried to accommodate each person's requirements.

People were asked their views of the service in various ways, by residents meetings and questionnaires. The provider sought people's views through a national forum for people using their services across the country with a representative of The Shrubbery supported to attend.

The staff had positive comments to make about the support they received from both the registered manager and the provider organisation. They were confident they were listened to when they had suggestions to make or had concerns to raise.

The provider had effective systems in place to monitor the quality and safety of the service and to make improvements when necessary.

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.

Individual risk assessments were in place to minimise risks to people and others. Accidents and incidents were monitored to help to minimise further risks to people and staff.

Medicines were managed by staff who were trained to ensure safe administration.

Staff were trained and kept up to date in safeguarding adult procedures, and knew what action to take if they had concerns.

There were enough staff to provide the support people needed. Safe recruitment processes were in place so only suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff received the training they required to carry out their role. One to one supervision meetings were held regularly with staff.

People's human and legal rights were respected by staff who had knowledge of the Mental Capacity Act 2005.

The food menu gave people more than one choice each meal time. Menus were prepared on the basis of people's preferences where possible.

People were supported to maintain their physical and mental well-being and to access professional help when required.

Is the service caring?

Good ●

The service was caring.

Staff clearly enjoyed their role and took a positive and respectful approach.

People were involved in making decisions about their support

and staff took account of their individual needs and preferences.

Staff were encouraging and supportive to help people to maintain their independence. Staff protected people's privacy, dignity and confidentiality

People gave positive views about the staff.

Is the service responsive?

Good ●

The service was responsive.

People's support needs were robustly assessed before moving in to the service and care plans were developed, identifying how people wanted their support.

Various activities were available to people dependent on their personal preferences and wishes.

People had the opportunity to give their views of the service through surveys and meetings.

The provider had a complaints procedure and people told us they knew who to complain to if they needed.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture which focused on people. Staff spoke highly of the management team and felt well supported.

The provider had robust quality assurance and monitoring procedures in place. These were used effectively to improve the service provided to people.

Records were kept well and were clear and well written.

The Shrubbery

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 25 and 26 July 2017 and was unannounced on the first day of inspection. We told the registered manager when we would return for the second day. The inspection was carried out by one inspector.

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

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

We spoke with five people who lived at the service to gain their views and experience of the service provided. We spoke to six members of staff including the registered manager, the area manager, members of the management team and two members of care staff. We also asked four health and social care professionals for feedback about the service.

We looked at three people's care files and the medicine administration records, three staff recruitment records as well as four staff supervision records, staff training records, the staff rota and staff meeting minutes. We spent time looking at the provider's records, including policies and procedures, complaints and incident and accident recording systems, and quality assurance systems.

Is the service safe?

Our findings

We asked people if they felt safe enough living at The Shrubbery and those we spoke to were all generally positive about their safety in the service. The comments we received included, "I feel very safe", "So far I do" and "I do more so now – not at first but I am used to it now".

Risks to people, staff and visitors were minimised by a robust approach to ensuring processes and system checks were checked and reviewed regularly. There was an emphasis on risk and the management of risks identified. People had previous criminal histories or had engaged in criminal activity. Some people continued to be monitored by the judicial system. Risk assessments were comprehensive with management plans in place to minimise the identified risks. Risk assessments were completed with information from many sources, including personal histories and other external agencies involved. People were involved in the development of their individual risk assessments and signed to agree to them once completed. One of the management team reviewed and signed all risk assessments. Risk assessments were updated regularly, every three months or more regularly if circumstances and risks changed. The risks to people themselves, their risk to others and risks to staff were documented with detailed management plans in place for each area considered. One person's short term memory had been deteriorating. The risks associated with the loss of memory had been identified for the individual. The person was worried they would forget where they were when they were out in the community. Although they preferred to go out supported by staff, they had a navigation system tracker attached to their mobile phone so staff could locate them if this happened. This reassured the person that they would not come to any harm by getting lost if they did choose to go out alone. One person was known to get anxious in certain situations which could lead to aggression towards others. A management plan detailed the signs to look out for and what to do in these circumstances to try to prevent the situation from worsening. Techniques to de-escalate the situation and minimise the risk were described in the event of an incident developing. Ongoing plans such as regular opportunities for key worker meetings and weekly sessions with a psychologist helped to prevent anxieties increasing. A member of staff told us, "The risk management is very good here, and it works". Staff were able to describe good examples of how the risk assessments in place had worked in practice.

There were sufficient staff to meet the assessed needs of the people living in the service. A core number of staff were always available on the premises. Extra staff were added when needed, for example if people were going out and needed staff support or had a condition in place where they required a staff escort when going out into the community. There were staff vacancies and the registered manager was in the process of recruiting new staff. Agency staff were used to ensure the appropriate amount of staff were always available. Staff said the service did need some new staff but were aware the registered manager was recruiting and aware that new staff had very recently been offered positions. One member of staff told us, "Recruitment has been a problem. Staffing numbers have got better and I know they are still actively recruiting. They do always make sure the numbers are right as they get agency in but that's not ideal". Three members of the management team worked in the service Monday to Friday and were not counted in the rota hours. In the event of short notice absence such as staff sickness one of the management team stepped in to deliver support as part of the care team. Or if people wanted to go out and needed staff support, they would also provide the cover necessary.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff had a good understanding of how they reported concerns in line with the provider's safeguarding policy if they suspected or saw abuse taking place. One member of staff said, "We are here to observe and make sure people are safe". Staff understood that they could blow-the-whistle to the local authority or CQC or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, for example social services.

People were protected from the risks associated with the management of medicines. Medicines were managed well which helped to keep people safe from errors being made. All medicines were stored in a locked cupboard which was well organised. The medicines administration records (MAR) were neat with legible handwriting, reducing the risks of mistakes. Controlled drugs were stored and recorded correctly. Medicines errors, such as gaps in recording or missed doses were well recorded and a detailed follow up to learn from mistakes was evident. A daily audit was carried out every morning by two staff. A record was kept and monitored by the management team and sent through the provider's electronic recording system to head office. A weekly audit was undertaken by a member of the management team which was recorded on the electronic system. A member of the senior management team monitored the weekly audits, responding to the registered manager and management team if actions were required to address shortfalls and make improvements. A member of the senior management team completed a medicines audit once every three months which was recorded on the provider's electronic system. Action was taken when necessary to identify and plan improvements.

The building was old and required regular maintenance to keep it safe and presentable. Some areas required improvement. For example, the lounge and dining room ceilings were in need of re-plastering in places and painting. However these were in hand although slow to progress due to safety checks required by the building contractor before work could begin. This had been highlighted in the weekly health and safety checks undertaken by staff. An update had been provided to people at the monthly residents meeting. All the required safety certificates were in place such as gas safety, electrical installations and legionella water testing. Environmental risk assessments were up to date covering the general risks identified around the premises.

The provider and registered manager made sure their systems and processes to minimise the risks associated with fire on the premises were up to date and managed well. A fire risk assessment had been undertaken in January 2017. Action points had been recorded and the registered manager showed us how the actions had been worked through and recorded on the provider's electronic recording system. All equipment and fire alarm systems were checked, tested and serviced regularly. The registered manager made sure fire evacuation drills were carried out regularly with actions required to improve the response of people and staff to the drill.

Accidents and incidents were recorded and followed up well. The provider used an electronic system for staff to record incidents. Updates were added as and when necessary, for example when more information came to light or when agreed actions were completed. Incidents could be seen by the provider's senior management team who actively engaged in asking for further information or to request updates. The provider's regional manager told us monitoring accidents and incidents was considered to be an important part of the provider's risk management process.

The provider and registered manager had robust recruitment procedures to make sure only suitable staff

were employed to support people living at the service. This included the checking of applicant's employment history and gaining references before employment commenced. Checks had been made against the Disclosure and Barring Service (DBS). The provider had a policy of rechecking each staff member's DBS every three years once in employment. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding.

The provider had plans in place to deal with emergency situations that might affect the running of the service. The type of situations that were planned for included if staff were unable to get to the service to provide support due to severe weather, or if there was an electrical power failure. This meant the risks associated with disruptions to the service could be minimised.

Is the service effective?

Our findings

People told us they thought the staff supported them well and knew what they were doing. One person told us how staff had helped them to sort out their differences with another person, "We sat down together with staff and they helped us to talk about it. We apologised to each other and it's all OK now".

At our inspection on 01 and 02 March 2016 we found a breach of Regulation 11, Need for consent. The building was locked and people who did not have restrictions in place were not able to leave the building unless staff opened the door using their key fob. This amounted to a deprivation of people's liberty within the principles of the Mental Capacity Act (MCA) 2005. We asked the provider and registered manager to take action to meet the regulations. The provider sent an action plan on 19 July 2016 stating that action had been taken to meet the regulations.

At this inspection we found that the provider and registered manager had taken action and made the necessary improvements. All people living in the service had been issued with their own key fob so they had full and free access in and out of the premises.

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Although no DoLS authorisations were currently in place, the registered manager understood their responsibilities in making sure people's rights were upheld. People living at the service had the capacity to consent to their care and support and the registered manager kept this under review.

No people living at the service had been assessed as not having capacity to make any of their own choices and decisions. This was respected by staff at all times. People were encouraged to think about the decisions they were making, to consider if their decisions were wise. Staff were clear that people always made their own decisions even if it was considered by staff to be unwise. People were asked for their signed consent to such things as sharing information with relevant people and to keeping documents such as care plans. Staff had a good understanding of the MCA 2005 and could describe how they supported people if they had difficulty understanding and making some decisions.

New staff had the opportunity to be supported into their new role by a thorough induction. We spoke to staff and asked them to tell us about their induction. Staff felt the induction equipped them with the confidence to support people appropriately. One member of staff said, "My induction was wonderful. I had worked in care before and it was the best training and induction I have had". All new staff were expected to complete the care certificate. The Care Certificate was launched in April 2015 and replaced the previous Common

Induction Standards (in social care). The Care Certificate helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. While they were completing the care certificate new staff also underwent a period of completing mandatory training, given time to read the care files and information regarding people living in the service and a period of shadowing experienced staff members.

Staff received the training they required to be able to carry out their role competently and safely. The provider had an electronic system for staff to access using their own log in details, giving access to the training available. Staff were able to book training on the system for the date that suited them and the service best. The registered manager gave their approval to confirm the booking. Training was a mixture of online learning and face to face training at the provider's head office. Essential training that the provider expected all staff to complete included challenging behaviour training, self-harm and drug and alcohol awareness. As well as the mandatory training, the registered manager and staff were able to request specific training. All staff had recently attended a one day dementia awareness course. Staff told us how good this training was and how it had opened their eyes to the difficulties people living with dementia can face. Another one day course for autism awareness had been booked and all staff were attending this. This meant the provider was flexible to the training needs of staff to ensure they were equipped with the knowledge to respond to people's specialist needs. Staff told us they were happy with the level of training and felt equipped to do their job. One member of staff said, "I feel as though I will grow and develop here".

Staff were supported through a regular supervision process. All staff received ten one to one supervision sessions a year with their line manager. The subjects covered in their individual meetings included; support required, constructive use of time, empowerment, commitment to learning, social competencies, positive values and confidentiality. One member of staff said, "I have regular supervision but I don't have to wait for that, I can speak to any member of the management team at any time". An annual appraisal was included which gave staff and their line manager the opportunity to discuss their previous year's performance, what they had achieved and where they could make improvements. A development plan for the following year was put in place with learning and development targets to achieve.

Staff held a thorough handover each day to make sure all staff on duty had the necessary up to date information about people to be able to support them well. This included information such as if people were feeling unwell, people's plans for the day and if they needed staff support or if people had health appointments to attend. The senior staff on duty made sure a shift planner was in place each day so all staff members knew what their specific responsibilities were during their shift. One member of staff told us, "I love my job and I feel a real sense of achievement".

Meals were provided although people could eat out if they wanted. Breakfast was self-service, from a selection laid out in the dining room, except weekends when people could choose to have a cooked breakfast if they wished. Lunch was cooked by a member of the support staff team and a main meal cooked in the evenings by a cook. Some people helped to prepare meals at times, supported by staff and the cook. People sometimes made cakes or pizzas for lunch. People were generally happy with the food provided. The comments we received included, "Lovely food, I love it. My favourite is curry and stew and dumplings", "Yes it is OK. I don't like the puddings though" and "I have a ham and cheese omelette if I don't want what's on the menu".

Most people were a younger age group and therefore did not have many physical health care needs. People were supported to register with a local GP practice. When people did need healthcare advice staff supported them to make an appointment and accompanied them if needed. Some people had regular input from a community mental health team. Staff liaised well, making sure people had access to the support they

required. The service retained the services of a psychologist who visited once a week to have regular one to one sessions with people who required their intervention.

Is the service caring?

Our findings

People did say they were as happy as they could be living at The Shrubbery and were generally complimentary about the staff. People said they were happy speaking to staff and would feel comfortable to raise any issues with them. One person said, "I am as happy as I could be".

A member of staff said, "People go forward a step and it may seem small to us but it's massive for some of them" and gave an example, "We used to take one person's medicines to their room as they didn't feel able to come down for them. Then one day they started to come down to the office. That made us all [the staff] so pleased". The member of staff also said, "Others have moved into more independent living".

People were involved in their initial assessment, risk assessments and the development of their care plans. They signed all documents to confirm their involvement. Some people chose not to sign and this was respected as their choice. Staff recorded to say this was the case.

Daily records kept by staff were written respectfully, describing people's day and how they were feeling. The amount of direct one to one contact was recorded, showing that staff chatted with people many times through the day, often for 30 minutes or one hour. One member of staff said, "I truly feel I can make a difference, it is why I am here".

There was a clear caring and positive attitude of staff in the service. Some staff, including all the members of the management team, had worked at the service for a number of years so knew people well and what worked well and what did not. One member of staff said, "Not all companies have the same vision of caring. Everyone counts, they do care – for the people and for the staff".

There was an emphasis on independence and people being supported to be as independent as possible. Move on plans were included in people's care plans where appropriate. Staff started to work on these when the time was right. The decision to move on to live independently could not always be taken by people and the staff. Some people were required to live at The Shrubbery for a period of time and this was kept under review by the judicial system. A member of staff said, "We believe in independent living and we think of each person individually".

As well as a confidentiality procedure for staff to follow, the registered manager had a confidentiality risk assessment in place to minimise the risk of breaching confidentiality. This covered for instance, making sure all windows and doors were closed in the office area when meetings, handover and discussions were taking place.

Each person had their own bedroom which had an en-suite shower room which helped people to preserve their privacy. People could choose to spend as much time as they wanted in their room or could join in with others in the communal lounges.

People had access to the provider's 'Client handbook'. The handbook covered all the areas people would

need to have information about the provider and the service. A well presented and comprehensive booklet, information such as people's rights, what they can expect, how to make a complaint and what to do if they experienced abuse was included.

Is the service responsive?

Our findings

People told us about how they spent their time and the opportunities they were given. It was more difficult for some than others as some people were not allowed to go out on their own without staff support as a condition of their release. Bearing this in mind, people felt they did have opportunities to take part in meaningful activities if they wished to. One person told us, "I've been bowling and I went to the Kent County Show recently". Another person told us they volunteered to help tidy up the large garden at The Shrubby.

The registered manager told us they tried to find activities within the service and outside that suited the interests and needs of all people. They said this was quite a task as the people living at the service were of a wide age group and had a broad range of interests and abilities. People were involved in various activities outside of the service including bowling, the cinema, football matches or going shopping. One person attended a local day resource centre once a week. They looked forward to the day and a care plan was in place to ensure the support necessary was available to avoid any barriers to their attendance. Another person had started going to a local boxing club. Some people were not able to go out of the service and some required a staff member to escort them when they went out. Staff tried to support people to follow interests inside of the service, such as baking cakes or playing on game devices and a pool table was also available. One person was regularly playing with a pack of cards.

The registered manager told us a masseur visits each week and people could choose to have a massage if they wished. Some people had a head massage, a foot massage or a hand massage helping people to relax and to create an opportunity to increase their well-being. The registered manager had arranged for an art therapist from a local art centre to visit once a week. The art therapist used different mediums to encourage people to get involved and to again encourage a state of relaxation and well-being. Both of these initiatives were paid for through a social fund available within the registered manager's budget to enhance opportunities for people. The garden was large and required a lot of upkeep. A member of staff also spent time in the garden, encouraging people to get involved if they wished. One person told us they helped to keep the garden tidy as they liked to keep busy. They told us they enjoyed it.

The provider had various national initiatives that people may be able to get involved in if they wished. For example, 'The Langley Academy' was an online training tool developed to build skills such as health and safety, literacy, food hygiene or information technology. People were supported by staff to follow their individual interests and to look for meaningful activities in order to build confidence and preserve their well-being.

A comprehensive assessment was undertaken with each person so the registered manager could be assured they were able to safely meet each person's needs. The initial assessment included collecting detailed information from relevant sources to inform the decision making process. The agencies involved in providing information included the probation service, the parole board, court reports, mental health teams and psychology reports. Life and social histories were included in the assessment and crucial to the ongoing care planning once people moved in to The Shrubby. People's past lives were often traumatic and their offending history had left many people with no family involvement or lasting relationships or friendships.

This important information was a key element to developing plans to support people's integration back into the community.

When people first moved in to The Shrubbery they had a planned, documented induction with staff. The induction consisted of a checklist staff followed to make sure people had all the information and advice they needed to settle in well. The induction covered such things as, their room, keys, introduction to other people, who the staff were and house rules.

Care plans covered the areas in people's lives where they needed care and support such as; personal financial management, education training and employment, physical and mental well-being, rules and expectations, housing and risk. One person had developed a love of reading and history when they were in prison. Staff had supported them to join a local library and encouraged them to visit regularly. Care planning addressed social isolation. One person had a weekly planner where staff were available to sit and have breakfast with them each morning. This supported the person to have a routine and a reason to get up in the morning as well as an opportunity to have one to one time with staff. Some people had goals to work towards, such as going out into town independently or to go to a football match. Some goals, where appropriate, were set out in a visual plan to show people how they were progressing in achieving their goals. The goal plan showed a six step pyramid with the area of the pyramid marked showing what step the person had progressed to in achieving their goal. This helped people to visualise their progression and see the achievements they had made.

People's care plans were large with a lot of information, some of which was duplicated. The registered manager told us they were aware care plans could be streamlined while still providing the necessary guidance and information. The registered manager said the provider organisation had also recognised this and was in the process of changing their care planning format to ensure a more person centred approach to the documentation. A member of the management team was representing the people living at The Shrubbery and staff at a national forum set up by the provider to develop the new care plans.

People had a named keyworker within the staff team. A keyworker is the focal point in the care team for an individual living in the service. Keyworkers kept the care plan up to date by meeting with people regularly and making sure changes were made as required. The keyworkers at The Shrubbery met each week with the person they were key working. People had the opportunity to raise issues or concerns and were able to request extra support if they needed it. Meetings were well documented and the keyworker updated the care plan if necessary. People signed to say they agreed with the meeting record. It was clear from the meeting records how people had progressed and were taking steps forward to achieve greater independence.

The provider had a complaints procedure in place that gave people and others the information they needed if they wished to make a complaint. Complaints had been made and had all been dealt with appropriately and according to the complaints procedure. Neighbours had complained on more than one occasion. Neighbours had not made their complaints in writing, instead would ring up and speak to one of the staff or management team. Most issues could be dealt with quickly, such as people playing their music too loud with their bedroom window open, or a tree that was overhanging into a neighbour's garden. All complaints or concerns had been dealt with and recorded as set out in the provider's complaints procedure.

People were encouraged to be involved in the running of the service with regular resident's meetings held every month. People living at The Shrubbery chaired the meeting and one or two staff attended to support the meeting. People had the opportunity to discuss areas of concern such as repairs that were needed or replacement furniture that was required. Education and employment opportunities were discussed as well

as volunteering within the service, such as the upkeep of the garden or helping to prepare meals. People gave their suggestions of how to improve the service. The provider supported a national group for people who used their services to be involved in the direction and strategy of the organisation. A representative from each service attended the meeting to represent the views of the people in their service.

A satisfaction survey was sent to all the people living in the service once a year. The last survey was undertaken in August 2016 with all the people living at the service at that time returning their questionnaire. All responses were positive, no negative feedback was given. The provider's senior management team analysed the responses of all surveys, feeding back to the registered manager any areas they were required to action to improve the service as a result of the survey.

Is the service well-led?

Our findings

People generally thought the service was well run and told us they would have no problems talking to any staff if they had a problem or concern. One person said, "I would speak to any of the staff if I was not happy with something and I'm pretty sure they would listen".

At our inspection on 01 and 02 March 2016, we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. The provider and registered manager had failed to notify CQC of important events that happened in the service as required to do by law. The provider sent an action plan on 19 July 2016 stating that action had been taken to meet the regulations.

At this inspection we found that the provider and registered manager had taken action and made the necessary improvements. They had reviewed their monitoring systems and had ensured one member of staff took responsibility for completing notifications to CQC. A member of the provider's senior management team was responsible for monitoring the process. This change had resulted in improvements and notifications being made when necessary.

The provider was a Christian based charitable organisation whose vision is, 'Our vision is of a crime-free society where no-one is unfairly disadvantaged or excluded because of their past'. Staff were not expected to be committed Christians but it was expected that they had an ethos that followed Christian principles and followed the values of the provider. Staff understood the vision and values, the staff we spoke with talked with feeling about treating people as individuals and every person deserving a chance to achieve.

Staff said they felt well supported by the registered manager and management team and by the provider's senior management team. Staff meetings were held regularly giving staff the opportunity to receive updates from the provider, discuss issues of concern and share ideas for improvement. Discussions were held about recent training that had taken place such as equality and diversity and what this meant within their workplace. The psychologist who attended the service each week often attended the team meeting to discuss relevant topics. At the staff meeting in April 2017, the psychologist spoke about reflective practice with staff for an hour. The meeting notes recorded how staff felt this was a positive session which supported their everyday practice. One member of staff said, "The management team treat me with respect. They do listen and will always do what they can if we suggest things". Another member of staff said, "Management is brilliant, you can always go to them" and, "Sometimes you need to let off steam. This is an environment where you can do that".

The provider held an annual staff conference for the benefit of all staff across the organisation. Two conferences took place, one in the north of the country and one in the south. This meant that all staff had the opportunity of attending one. One member of staff told us, "You get all the senior managers there including the CEO and you can chat to them, ask them anything". All staff had their own work email address and they received an email update every week which included any news from the provider and drawing staff's attention to important changes such as policy and procedure reviews and updates.

The registered manager told us they were well supported by their own line manager as well as the provider organisation in general. They told us they found the provider's senior management team to be caring and person centred, putting people first in all they did. The senior management team held or took part in regular fundraising events each year. For example, they took part in sponsored cycle races or walks to raise money for projects that would benefit the people living in or involved with services. One staff member told us, "The organisation is really good, for people and staff".

The provider had a comprehensive range of audits in place to check the safety and quality of the service. The registered manager was expected to undertake a monthly audit of all systems and records. The monthly audit included the monitoring of accidents and incidents, complaints, staff supervisions and audits carried out by the management team. The senior management team had access to the monthly audits completed by the registered manager as they were recorded on the provider's electronic system. A member of the team checked each month to identify any trends or concerns from the analysed data. Any concerns at provider level were fed back to the service with a plan of action to rectify and respond.

A member of the service management team carried out an audit of each care plan once every three months. Some of these audits had action points that were not evidenced as having been followed up. One of the management team said they would check at the next audit that the action had been completed. This was the case on most occasions; however, some actions had been carried over to the next audit without having been completed. We spoke to the registered manager and the provider's regional manager about this. They agreed this was an oversight and said they would alter the document to make sure actions required had a set date to complete and signed by the staff member tasked with completing the action.

The provider's regional manager visited the service at least once a month. They spent time chatting to people and staff as well as the registered manager. The regional manager also undertook a random audit of specific areas such as care plans, to check that everything was in order and recorded correctly. An action plan was sent directly to the registered manager and followed up in their supervision meetings to check the progress of improvements required.

There were a range of policies and procedures describing how the service needed to be run. They were kept up to date with new developments in social care. The policies gave the information staff needed if they wanted to check their responsibilities or if they wanted to raise concerns about practice within the service.

We asked what improvements could be made to the service and one member of staff told us, "The only improvement I would make is to the environment. It just needs touching up and polishing up a bit. It would support people to feel better I think".