East View Housing Management Limited

East View Housing Management Limited - 5 High Beech Close

Inspection report

5 High Beech Close
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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

Overall summary

This inspection took place on 16 November 2015. To ensure we met staff and the people that lived at the service, we gave short notice of our inspection.

This location is registered to provide accommodation and personal care to a maximum of four people with learning disabilities and people with an autism spectrum disorder. Four people lived at the service at the time of our inspection.

Summary of findings

People who lived at the service were younger and older adults with learning disabilities. People had different communication needs. Some people communicated verbally. Other people communicated using sign language, gestures and body language. We talked directly with people and used observations to better understand people's needs.

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

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when a DoLS application should be made and how to assess whether a person needed a DoLS.

Staff supported people to make meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People were satisfied about how their care and support was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

People were promptly referred to health professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. Staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that responded to their individual care and support needs. People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment systems were in place to ensure the staff were suitable to work with people who lived in the service.

Good

Is the service effective?
The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The registered manager held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good

Is the service caring?
The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

Is the service responsive?
The service was responsive.

Staff consistently responded to people's individual needs.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

Good

Is the service well-led?
The service was well-led.

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people remained as independent as possible.

The registered manager was visible and accessible to people and staff and promoted open communication. Staff were motivated and said they felt supported in their work.

There were quality assurance systems in place to drive improvements to the service.

Good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and two members of staff. We spoke with people who lived at the service. We used observations and talked with staff to better understand people's needs. We made informal observations of care, to help us understand the experience of people who used non-verbal communication. We looked at four care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we received written feedback from three health professionals that had direct knowledge of the service.

Good

Is the service safe?

Our findings

People were supported to keep safe. Staff looked out for signs of pain or distress where people used non-verbal communication to support people to keep safe from harm. Staff had a good understanding of people's needs as they understood people's individual communication methods. Staff said, "I have had safeguarding training. I ensure people are safe at the home and treat people correctly. I look out for any physical signs of concern, such as bruises. I complete incident forms and report anything of concern to the manager, on-call or social services."

Staff encouraged and supported people to understand their human rights. People had requested information on what happened if they chose to vote in an election. This was prompted by people answering the door to canvassers prior to the last election. This led to a discussion about the voting system. After this discussion people were supported to visit the Houses of Parliament to see where laws were passed and where politicians worked when they were voted into government. People were provided with a guided tour using accessible information to support their understanding of voting systems and the parliamentary process. People were provided with information on voting practices to help them to understand their rights and inform them of how to vote if they wished.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. Contact details for the local authority safeguarding team were available to staff if they needed to report a concern.

One incident occurred where two people at the service had a minor altercation. No injuries were sustained. Staff used pictorial communication aids to support the person to understand their behaviour and the impact on others. Staff used consistent communication strategies to help the person understand acceptable boundaries. Additional pictorial prompts were used with words such as 'Stop' and 'No' to remind the person their behaviour was not acceptable. The other person was supported to learn key Makaton signs to communicate the words 'Stop' and 'No' when needed. Makaton is a language which uses signs and symbols to help people communicate. Both people were given support and reassurance after the incident occurred. Staff continued to monitor people to reduce the risk of further occurrences.

There was a whistleblowing policy in place. Staff were aware of the policy and told us they would not hesitate to report any concerns they had about potentially poor care practices.

There was an adequate number of staff deployed to meet people's needs. The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff retention was high amongst the core staff team. This promoted a positive environment and consistent support service for people. Staff were available when people needed to attend medical appointments, social activities or other events. The registered manager ensured that additional staff were deployed when necessary to meet people's needs.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable. Staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This was intended to ensure that staff were of good character and fit to carry out their duties.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. A 'Fire Action Plan' was available in each person's room to explain what to do in the event of a fire. This was in an accessible format to support people's understanding. Where people had hearing impairments they were provide with a 'rumble pillow' to alert them in the event of a fire and a flashing red light was installed in their rooms as an extra precaution. All staff had attended fire safety training and first aid training. The fire alarm was tested weekly and all fire equipment was serviced every

Good

Is the service safe?

year. The registered manager was in the process of organising a visit from the fire service. The aim was to give people accessible information on the need to safely evacuate the premises in the event of a fire to further promote people's understanding of fire risks.

The premises were safe. A member of staff stayed overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. The registered manager completed a weekly health and safety inspection of the home. All electrical equipment and gas appliances were regularly serviced to support people's safety. There was a business continuity plan in place, which contained critical information on how the service would remain operational should adverse events occur.

The registered manager had reviewed and adapted the environment to support people's safety. This was based on people's individual needs. Grab rails had been installed in the home to support people when they had difficulties walking. A shower seat and bath seat were available in one bathroom to support people to safely undertake bathing in line with their preferences. The registered manager had ensured people were referred to an occupational therapist where their mobility had declined. This ensured people received appropriate equipment and adaptations to the home to promote their safety and independence.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical injury forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to reduce the risk of falls. They were supported and prompted not to carry anything on the stairs, to wear suitable footwear and to walk slowly. They were supported to use grab rails to steady themselves and have periods of rest to regain their energy levels. They were supported to walk whilst in the community by locking arms with staff and avoided dark places and uneven surfaces. The risk assessment identified control measures to support the person to stay safe.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification. Individual methods to administer medicines to people were clearly indicated. The registered manager carried out audits to ensure people were provided with the correct medicines at all times. Any medicines incidents were recorded appropriately. The registered manager reported incidents to the local authority and completed investigations to reduce the risk of reoccurrence. Where medicines errors were identified staff received additional supervisions and completed competency assessments before resuming this role.

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. We observed people to have a good rapport and warm, friendly interactions with staff and the registered manager. People appeared happy, smiling and relaxed in their home. Effective communication was promoted by staff. Staff explained how they communicated and responded to people with non-verbal communication needs. One staff member said, “I have had training in Makaton. This was provided to us as a staff group and was tailored to the needs of the people we support. This has helped me to communicate with people. I use signing and pictures to support communication with people. One person takes me to things when they want to communicate something.” One health professional provided written feedback which read, ‘I have always been impressed by the dedication of the staff and their person centred approach to supporting the clients. I have found that my easy read information has been used well to support the clients to understand what is happening and to be able to make choices.'

Staff had appropriate training and experience to support people with their individual needs. Staff had a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses. The registered manager was due to implement a new induction programme based on the new ‘Care Certificate’ for all new staff from January 2016. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. Staff had completed training in epilepsy management. There was a protocol in place that staff followed in the event people had a seizure. Staff could access on-call support, they completed regular observations, they discussed issues at team meetings and there were detailed support plans for people’s health needs. The registered manager ensured a monitor was installed under people’s mattresses to alert staff in the event people had a seizure. Staff were trained in the safe administration of epilepsy medication. In the event of a seizure staff followed guidelines from people's G.P.s. Staff were confident when describing what they needed to do when people had a seizure. Staff were satisfied with the training and professional development options available to them. Staff were supported to achieve further qualifications in social care. Staff had not received formal annual appraisals of their performance and career development. This did not affect the standard of care the staff were providing for people because they had been well supported through regular supervision and staff meetings.

People received care and support which reflected their communication needs and learning disabilities. Menus, activity planners, care plans, complaints forms and questionnaires contained pictures and were in easy to read formats so people could better understand information and services available to them. For example one person used Makaton, was able to lip read, and required staff to use short sentences and key words, to talk slowly and to tap them gently on their arm to get their attention due to a hearing impairment. The person was also teaching staff and people at the service to sign. The person had ‘picture card keyrings’ which helped them communicate with staff and with others whilst in the community. Staff had recorded people’s individual communication needs and methods used to help them understand people's needs.

People gave their consent to their care and treatment. Staff sought and obtained people’s consent before they supported them. One staff member said, “I explain things clearly to people [using their communication approach]. We get other professionals involved. For example one person had gained weight and this was having an impact on their health. A nurse provided [accessible] healthy eating information. We then had a chat with the person and with their consent adjusted their menu plan to include more healthy meal options. Their weight has now stabilised.” When people did not want to do something their wishes were respected. Staff discussed this with people and their decisions were recorded in their care plans.

Good

Is the service effective?

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Related assessments and decisions had been properly taken. The registered manager had followed the DoLS requirements for one person at the service. One application under the DoLS had been authorised, and the registered manager was complying with the conditions applied to this authorisation. They had submitted DoLS applications to a 'Supervisory Body' for other people at the service and were awaiting the outcome of those applications. The provider had properly trained and prepared staff to understand the requirements of the MCA in general, and the specific requirements of the DoLS.

People liked the food and were able to make choices about what they wanted to eat. It was recorded in people's care plans where they had made choices about what they wanted to eat. One record read, 'X chose to have pasta they made for dinner.' The menu planner showed healthy meal options were available for people. A menu board was fixed to a wall in the dining room which included people's meal preferences. There was information in pictorial format to help people understand and make informed decisions based on different healthy food groups. Food was labelled with expiry dates to remind people to check whether food was appropriate to eat. One person was diagnosed with high cholesterol. Staff had put in place a support plan to help the person to eat more healthy food. They researched healthy recipes and adapted the person's preferred meals using healthy food alternatives. The person was supported to understand their health needs by reading accessible, easy to read information on this. They were supported to attend medical appointments to monitor their health needs. All weight monitoring records were accurately maintained and signed by staff. Staff understood people's food preferences and acted in accordance with people's consent.

People were supported with eating where they were at risk of choking due to their health needs. One person had been referred to a Speech and Language Therapist (SALT) for an assessment of need. There were detailed guidelines in place for staff to follow. This included supporting the person with a healthy diet, cutting their food into small pieces to aid swallowing and digestion and prompting the person to slow down whilst eating. They ensured the person was positioned upright and supervised whilst eating to reduce the risk of choking. Written feedback from a health professional read, 'Staff are able to discuss potential recommendations with me, backed up by a very good knowledge of [people], so that we can agree guidance that is right for the individual's needs. Recommendations have been followed up when I have visited to review and I have felt that there is a general enthusiasm to try new things that could benefit [people]. [Staff involve people] in discussions about their needs by preparing the person in advance for visits. Staff think creatively about how to implement recommendations made by visiting professionals and have used new knowledge/skills that were recommended for one individual for the benefit of other [people].'

People had health care plans which detailed information about their general health. Records of visits to healthcare professionals such as G.P.'s, physiotherapists, occupational therapists, SALT and psychiatrists were recorded in each person's care plan. One person needed to have a scan to diagnose health symptoms they were experiencing. Staff supported them beforehand to understand what this would involve. They talked this through with the person using accessible, easy to read information leaflets. Staff had taken the person to meet the radiologist before the scan appointment to reduce their anxiety and familiarise them with the clinical environment.

One health professional provided written feedback which read, 'I have provided easy read information to the clients to support their understanding of what their health issue is, what investigations are required, what treatment options they may have, what to expect at appointments and what their recovery might look like. I can only achieve a certain amount in my limited visits and rely on the home to

Good

Is the service effective?

continue to support the clients with reading through the information, answering any of their questions and supporting them with any concerns they may have. I have also asked the team to liaise with other health professionals, agencies as well as family members. I have also, on many occasions asked the home to provide care plans and risk assessments to support the work. Any requests for such liaison and or documentation have always been responded to with speed and professionalism.' Staff continued to work with health professionals and seek further medical advice about the best course of action in the person's best interests. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Good

Is the service caring?

Our findings

People said they liked the staff team. One person told us, "They are nice, friendly staff. They help me." We observed staff talked with people in a caring and respectful way. One person did not want to get out of the taxi when they came home from the day centre. Staff talked with them in a reassuring way and demonstrated patience and kindness. They encouraged the person to leave the taxi and come and have a cup of tea, which was something they enjoyed doing. They crouched down to the person's eye level and used Makaton signs to encourage and support the person. They demonstrated a very positive rapport with the person and when they got out of the taxi, they gave them lots of praise for doing so. Staff talked to the person about their day to help support them to settle back into the house.

People had developed good relationships with staff. There was appropriate humorous banter between people and staff. People presented as relaxed, happy and comfortable and interacted positively with staff. We observed staff engaged with people to talk about things of interest to them, to include what they had done at the day centre, social events they were looking forward to and their Christmas plans. One professional with direct working knowledge of the service wrote, 'There is a compassionate culture of care in the service' and 'Staff are committed, good humoured and genuinely appear to enjoy working there.'

Support plans clearly recorded people's individual strengths and independence levels. People chose what to wear, when to get up and go to bed, and what to do. We observed people helping out in the kitchen and preparing the evening meal with support from staff. One person was following a recipe and was looking for the ingredients. They prepared a salad. Another person was helping to make a sandwich and decided what sandwich filling they wanted. One person had made a quiche at the day centre and wanted to eat that instead of the menu option and staff supported them to decide what to eat with it. Where people could complete activities independently this was clearly recorded in their support plans. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen or their bedroom and staff respected people's space. Staff promoted people's independence and encouraged them to do as much as possible for themselves.

A notice board in the dining room included accessible information for people in easy to read formats with pictures to support people's understanding. This included a weekly jobs rota to remind people when they needed to complete household tasks such as cooking and cleaning, There was information on when house meetings took place. Information on birthday and Christmas parties, local discos and social events people could take part in and information for people on how to use the house telephone. Accessible signage was attached to doors for different rooms in the house. This helped people to orientate themselves independently around their home. Accessible information on handwashing instructions with picture prompts were available in bathrooms. This prompted people to wash their hands to keep themselves clean and reduce the risk of infection.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. People's rooms were personalised to their taste and contained their own personal items and furniture of their choice. People moved around their home freely and had their own keys to their rooms. People chose the wallpaper and colour schemes in the communal areas and in their bedrooms. People were also encouraged to take part in interviewing new staff to ensure their preferences were given as part of the staff recruitment process. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences. People were involved in their day to day care. People spoke daily with staff about their care and support needs. People's care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed regularly to ensure they remained appropriate to people's needs and requirements.

We observed staff treated people with respect and upheld their dignity. One person's care plan detailed how their privacy and dignity was supported. Staff ensured they dressed and undressed in private and waited outside the person's room should they require support. They were given a towel to cover themselves when in the bathroom with staff and staff gave them help to get in and out of the bath. A staff member said, "I ensure people's privacy and dignity is maintained. I ensure people's personal records are locked away and involve people in how their care is planned." People were treated as individuals and were given choices. On several occasions the wording used by

Good

Is the service caring?

staff in daily records to describe how people presented may not have reflected positively on people. Whilst this was not intended to be disrespectful, the wording had not always been carefully considered by staff. We discussed this with the registered manager and they told us they would review and address this with the staff team.

One person had recently lost a close family member and staff supported them with kindness and compassion. At the time this event occurred the person was supported to see their family. Staff organised a memorial service at the home and launched balloons and said prayers in the family member's memory. They helped the person make a 'book of memories' to help them with the bereavement process and chose a memorial plaque which they placed in the garden as part of the celebration of their love one's life. During the inspection the person mentioned their family member and staff were mindful and talked to them with kindness about this. They talked to them about their memory book to positively engage them as they were feeling momentarily sad. The registered manager told us the person had received bereavement counselling with the involvement of other members of their family.

Good

Is the service responsive?

Our findings

Staff responded to people's needs. People communicated with staff to talk about what they would like to do and any issues of importance to them. One person said, "I like it here, the staff support me. I like to go shopping. I have had my room decorated. I like to do knitting and art. I like to set the table and make salads. I like to go swimming." One person talked about their Christmas plans to see their family with support from staff. They told us they had recently been on a trip to London to see the Houses of Parliament and took a black cab, which they enjoyed. One health professional provided written feedback about how staff had responded to people's health needs which read, 'With the support of the dedicated staff we have achieved many successes with complex health investigations, hospital admissions, treatment and recoveries. In addition the home has a real sense of a homely atmosphere where clients appear happy and contented and are clearly included in planning and decision making within the home.'

Peoples' care plans included their personal history and described how they wanted support to be provided. Each person had a communication book which had pictures, photographs and information about different activities they liked to do and what was important to them. People's care plans provided detailed information on people's likes and dislikes. For example one person liked to have four pillows and a lamp on when they went to bed. They had food preferences such as wanting their food to be separated on a plate and didn't like casseroles. They enjoyed cups of tea, roast dinners, having their hair washed and doing knitting. Staff talked regularly with people about how they could best meet their support needs. This ensured people were consulted and involved with the planning of their care and support.

People were supported to pursue interests and maintain links in the community. One person liked planning holidays, going shopping, collecting things and buying gifts for people. They liked attending a day centre where they liked to do arts and crafts activities and cooking. We talked with one person when they returned from the day centre. They told us they enjoyed the day centre and had made a quiche that they were going to eat for their dinner. Other people brought cakes home that they had baked that day. One person liked sports sessions, afternoon tea sessions and planning parties for themselves and others. Another person liked going on holiday and had been to Weymouth with staff. They had visited the sea life centre and went on rides, went to tea rooms and had fish and chip suppers. They also went dancing at discos. We saw photos of their holiday which showed them having a good time undertaking activities of their choice. People's preferences were clearly documented in their care plans and communication books, and staff took account of these preferences. Staff reviewed people's care and support plans regularly or as soon as people's needs changed and these were updated to reflect the changes.

One person recently experienced a change in health and was becoming frail due to increased frequency of seizures. The registered manager had referred them to their G.P. who had reviewed and changed their medication. The registered manager told us they had observed improvements in their physical health since then. The person's mobility was reducing and they had recently been referred to an occupational therapist for a review of their needs. Community access had become more challenging for them, though they still wanted to go out regularly. Staff observed that the person was declining to do things that they had previously participated in. The registered manager referred them to their social worker for a review of their needs. The person said they wanted to stay at home twice a week and do activities at home as they found it tiring going out four days a week. This would give them more energy to enjoy activities and family time at weekends. Staff were exploring alternative activities and had recently supported the person to attend a mosaic arts session which they had enjoyed. The registered manager had sought input from the person's family. They had ensured a timely review to ensure support was provided in line with the person's changing needs and preferences.

Staff supported one person to attend regular G.P. appointments to monitor changes in their health needs. Staff had watched a specialist DVD and had reviewed websites to inform themselves of the person's health condition and were awaiting further training. The person was provided with a special clock to orientate them to night and day as they had a tendency to get up in the night. The person had been referred to various health professionals in anticipation of their future support needs.There was a detailed health care plan and guidelines for staff on how to monitor the person for any health changes and guidance on associated health risks.

Good

Is the service responsive?

Staff told us how they had noticed the person appeared confused at mealtimes. In response to this they replaced the patterned crockery as this could distract and confuse people with this health need. This supported the person to reduce potential confusion and retain their independence at meal times.

Staff reviewed people's care and support plans regularly or as soon as people's needs changed and these were updated to reflect the changes. Staff discussed and reviewed people's goals and aspirations as part of weekly key worker sessions. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. People gave heir feedback during these sessions about all aspects of their care and support needs. One person's goals included baking cakes at home, going out for a one to one dinner with their key worker and having a new carpet in their room. The report recorded that, 'X is very happy and content at home' and 'X enjoys helping staff in the kitchen' and 'X has been baking and decorating cakes.'

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Staff supported people to see their families where they lived locally and out of area. One person was due to have an early Christmas visit with their family and staff supported them to prepare for this. One person's family lived abroad. Staff supported them to travel to the airport where they met a family member before flying abroad to see their family. One person was recently supported to attend a family member's wedding. People liked to attend day centres, clubs and community social events to meet people and make friends. This information was written into people's care plans and staff supported them to do this. People could invite people of importance to them back to their home when they wanted to.

Surveys were sent to people, relatives and visitors so they could give feedback to develop the service. The last survey was completed in October 2014. People had reported they were happy with the service they received. The registered manager advised that no actions had been required in response to feedback received from this survey. People attended house meetings where they discussed house related matters and weekly menu planning meetings where they were consulted about meal options they would like. People had decided that they preferred to do online food shopping to free up their time to do other activities. The registered manager acted on people's preferences and ensured food was purchased online.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. The registered manager showed us the complaints procedure. We saw that where complaints had been received, they had responded appropriately. One member of staff made a complaint about an agency worker who had not followed instructions when supporting someone at the home. The registered manager completed an internal investigation, took statements from all staff and contacted the agency to inform them of this issue and ensure they did not return to the service.

Good

Is the service well-led?

Our findings

We observed people approach the registered manager and staff to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising. Staff said, "I love working here. I feel supported by the managers. There is an open atmosphere and issues are always addressed" and "There is a good team spirit, a positive culture and good teamwork here." One health professional provided written feedback which read, 'I believe the staff within the home are well supported by the sector manager, who in turn is well supported within the provider organisation.'

The quality monitoring manager completed quarterly 'home audits' and the registered manager completed monthly audits. We saw that action plans were developed where any shortfalls had been identified. One audit identified the need to create a 'grab file' to provide a snapshot of key information to staff and emergency service professionals in the event of a fire at the service. This ensured that relevant people would have access to key information about people's needs intended to safely evacuate people from the premises.

The registered manager completed monthly care plan audits to ensure that they were up-to-date and that actions had been addressed. Care plans were up-to-date and detailed people's current care and support needs. Staff we spoke with knew people and their needs well so they were able to respond appropriately to questions about people's preferences and aspirations. However, in key worker reports where people had recorded agreed outcomes and goals, it was not consistently recorded that outcomes and goals had been completed or reviewed to check progress. We discussed this with the registered manager and they told us they would review and address this with staff.

The registered manager completed monthly medicines audits. One action had been identified to update photographs for each person in their medicines profile records. The registered manager had completed this action. An audit had been completed by a pharmacist in March 2015. One recommendation was made to ensure PRN guidelines were updated to reflect people's current needs. The registered manager ensured this shortfall was addressed. This system helped ensured that people received their PRN medicines safely and this was accurately recorded.

The home had recently undergone some refurbishment to include a refurbished lounge and dining room. Maintenance work was completed based on a priority system taking account of people's safety in their environment. The registered manager promoted continuous service improvements. A new maintenance audit system had been implemented to ensure repairs had been recorded and completed to ensure the environment was safe for people.

Staff recorded incidents and accidents when they occurred. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. This meant that effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues. All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff.

The registered manager and staff shared a clear set of values. Staff said, "The focus is on people. We are person-centred. The needs of people come first. We promote people's independence. We ensure people's dignity and respect. We want people to be happy and achieve what they want in their lives. This is their home." The registered manager promoted openness of communication. Staff understood the need to promote people's preferences and ensure people were supported to be as independent as possible.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.