A C L Care Homes Limited

Camelot Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Camelot Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. Camelot Lodge also oversees a small supported living service. Although registered to provide personal care none of those people currently in supported living require the regulated activity at this time, this was therefore not looked at during the inspection.

Camelot Lodge provides support to up to 9 people with long term mental health needs. At the time of the inspection the service was full. The service is also responsible for a small community support service for three people none of whom were in receipt of the regulated activity personal care so this part of the service was not inspected on this occasion.

The provider is actively involved in the running of the service and a registered manager is in place for the day to day running of the service. A registered manager is a person who has registered with CQC to manage the agency. 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 agency is run.

We last inspected the service in December 2016 and found two breaches of regulation and rated the service as requiring improvement. The identified breaches related to shortfalls in the checks made during the recruitment of staff, and also identified that existing quality assurance checks were not being conducted robustly to picked up omissions in recording. Following the inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-Led to at least Good. At this inspection quality assurance checks had improved and improvements made to records and recruitment records to show these had been carried out appropriately.

People showed that they were comfortable in each other's company and with staff; they said they felt safe living in the service and liked the staff working with them. Staff demonstrated a kind and respectful attitude towards people. Mental health professionals spoke positively about this service and the professional and caring attitudes of staff.

People lived in a safe, clean environment with all safety checks and tests routinely completed. There were enough skilled staff to support people and this was kept under review if circumstances changed. New staff were inducted appropriately into their role, they said that they felt well supported and listened to and that there was a good sense of team work. They had opportunities to meet regularly with their manager individually and within staff meetings. The registered manager and staff used handovers and email circulation to ensure effective communication about people's needs and any changes.

People understood they could report concerns and staff were trained to understand how to support those

people with diverse needs. Complaints information was displayed. People knew they could raise concerns at individual meetings or in house meetings if they chose. Staff understood their responsibilities to keep people safe from harm.

People were supported to be independent. Risks were well managed: staff took appropriate action and any learning was incorporated into practice or risk assessments. People were supported to have maximum choice and control of their lives. People's legal status meant that they were subject to some restrictions on their movement outside the service but a culture of least restrictive practice and positive risk taking ensured this was managed in a way that was acceptable to them and was reviewed with them regularly.

People were supported to keep healthy. People had regular health checks and access to healthcare professionals. Changes in health needs were incorporated into care plans to ensure staff understood how the changes impacted on the support they provided. People received their medicines safely and there were clear processes in place for the management of medicines.

Healthy eating was promoted and people were supported to gain or lose weight dependent on their needs. People could make drinks as and when they wanted them.

There was on going investment in the maintenance and upgrading of the premises to provide people with a pleasant communal and personal space to live in, servicing and visual checks and tests of equipment used was undertaken at regular intervals, to ensure this remained in safe working order. The service was clean and well maintained.

New people had their needs assessed over a lengthy period prior to admission to ensure these could be met. Care plans developed from initial assessment showed the support people needed and how they preferred this to be delivered; people said they were actively involved in their care plan development and regular review.

Activities such as a musical entertainment and art and craft activities were offered; people availed of these when they wanted to. For most people weekly activities were tailored to their specific needs, so they may have opportunities for home baking, gardening, working in a voluntary capacity in a charity shop or attending adult education if they showed an interest.

Staff demonstrated thoughtfulness in maintaining the dignity of people whose behaviour may be impacted by their mental health. Staff showed that they knew people well and had developed good working relationships with them, people and staff showed that they were able to share a laugh and a joke with each other.

People, other professionals and some relatives were asked for feedback about how the service was doing and could improve, any comments were looked into and feedback given to the person making the comment. All comments viewed were positive. The registered manager undertook regular quality checks of the service to ensure all areas were working well. The provider attended a number of external meetings and boards that provided additional opportunities for learning in regard to new best practice but also to advocate on behalf of mental health services.

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

Appropriate checks were made of new staff to ensure suitability. There were enough staff to meet people's needs and this was kept under review. Medicines were managed well.

Risks were assessed and measures implemented to keep people safe. Accidents and incidents were analysed and any learning from these incorporated into plans and guidance. Staff understood safeguarding, diversity and equality responsibilities

The premises and equipment was well maintained.

Is the service effective?

Good

The service was effective

People were assessed prior to admission to ensure needs could be met. Staff were inducted into their roles and completed a programme of training. Staff felt well supported, received regular supervision and annual appraisal of their performance.

People made decisions about their care and treatment. Staff had an understanding of and been trained in mental capacity and Deprivation of Liberty Safeguards.

Staff supported people to access healthcare when they needed it and for routine checks. People made drinks and snacks for themselves and staff supported them with eating a healthy diet.

Is the service caring?

Good

The service was caring

Staff showed a warm, respectful attitude to people and protected people's dignity. People respected each other's privacy as did staff.

Staff were mindful of people's confidentiality and who information was shared with; records were kept secure. Relatives were made welcome.

People were supported to develop and maintain their independence.

Is the service responsive?

Good

The service was responsive

A comprehensive assessment of prospective residents was undertaken and transition arrangements planned. People were actively involved in the development and review of their care plans.

People made choices about the activities they wanted to do and took part in education or work opportunities. People understood how to raise issues that concerned them with staff.

People were supported to make decisions about advanced end of life care plans if they wished.

Is the service well-led?

Good

The service was well led

The provider was a visible presence in the service. People and staff found the registered manager approachable and easy to talk with.

Quality assurance processes helped the registered manager ensure all areas of the service were running appropriately. People, relatives and professionals were asked for their feedback about the service.

The provider was involved in a range of groups that gave insight into emerging issues around mental health and areas of development.

Camelot Lodge

Detailed findings

Background to this inspection

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

This was an unannounced inspection and took place on the 9 January 2018. The inspection was carried out by one inspector.
Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met seven of the nine people living at the service, and spoke with six. We also observed interactions between staff and people.

We inspected the environment, including the communal lounge and dining area, the laundry, bathrooms, medicines cupboard and one bedroom.

We looked at a variety of documents including two peoples support plans, risk assessments, daily records of care and support, two staff recruitment files, training records, medicine administration records, and quality assurance information.

We were unable to give a poster to the registered manager to display in the service but did leave our card to be displayed so people, staff, relatives and visitors could contact us.

Before the inspection we contacted four mental health care managers and one mental health professional.

Good

Is the service safe?

Our findings

People told us that they felt safe and spoke positively about the staff supporting them. People decided when they wanted or needed staff support; their interactions with staff showed that they felt comfortable with them and each other and had a good rapport. A resident charter which each person received in their information pack upon admission explained how people should live and expect to be treated in the service; a copy of this was displayed in every bedroom. A mental health professional told us that staff always contacted them if they had concerns about anyone.

At the last inspection in December 2016 we identified that on some staff files references had not been obtained. We asked the provider to take action to make improvements and this action had been completed. Files viewed of newer staff indicated that safe recruitment practices were now in place. Checks were completed before staff started work at the service and included two suitable references, proof of identity, employment history and a health statement and completion of a Disclosure and Barring Service (DBS) background check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. When necessary the provider implemented additional measures as part of their probationary period to monitor new staff performance and ensure they were suitable to work with people who needed care and support.

At the previous inspection in December 2016 we identified that although regular fire drills were held, records did not make clear which staff had attended these to ensure all were familiar with fire drill practice. We recommended that this area of recording be improved. At this inspection improvements had been made to recording and steps were taken to ensure staff completed at least two drills per year. Staff received fire safety training at regular intervals. Fire equipment was visually checked tested and serviced to ensure it was in safe working order. Each person had a personal emergency evacuation plan, this informed staff what level of support the person would require to evacuate the service safely. All these measures helped to keep people safe.

There had been investment in the upgrading and redecoration of the premises since the last inspection with the communal lounge, dining room and bathrooms being refurbished. A maintenance team ensured repairs were carried out quickly. People knew who the maintenance team were and thought they provided a good service. Minor works and redecoration were appropriately planned with the needs of people in the service taken into full consideration to avoid unnecessary inconvenience; people were consulted and updated about them. Weekly health and safety checks of the environment were undertaken by staff to identify any tripping hazards or areas of concern. Staff had received training in infection control and understood the measures that needed to be in place and in their everyday practice to protect people from infection. Communal areas of the premises were cleaned to a good standard by staff and people took responsibility for cleaning and maintaining their own bedrooms. Staff had access to an appropriate range of cleaning equipment, gloves and aprons when needed.

Staffing levels were appropriate and kept under review. People thought there were enough staff and sought them out when they needed them. At inspection staffing levels matched the staff rota. Staffing was planned

around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. During the day two members of staff supported people and overnight there was one waking night staff member. The registered manager was available Monday – Friday. Staff that covered night shifts told us that there was an on call rota if they needed to call a manager but said there was good support from night staff in the sister service opposite, they made contact at intervals during the night to ensure everything was ok. Staff said there was always someone available they could speak to and that they worked very much as a team, working across both sites helped this.

Only staff trained in medicines management administered people's medicines. Policies and procedures were in place to guide staff practice and ensure people received their medicines in a safe and timely way. Arrangements for ordering and receipt of medicines were appropriate. The service held a small stock of peoples 'as and when required' (PRN) medicines, these were dated on opening to aid medicine auditing processes. Guidance was in place to inform staff what these medicines were for and when they needed to be taken. Staff worked with people to raise awareness about using anti-psychotic PRN medicines less frequently to avoid potential side effects and addiction, and to be used only when absolutely necessary. All daily prescribed medicines were in a pre-packed system that avoided the need for staff to measure out or dispense medicines from packets or bottles and helped ensure people got the right amount. Administration records contained photographs of each person so the right person received the correct medicine.

Medicine records were completed well and all medicines administered signed for. Medicine storage was clean and the temperature was monitored to ensure this remained below 25 degrees. Stock rotation was undertaken of PRN medicines to ensure the oldest were used first. Two people assessed as able to administer their own medicines ordered their prescriptions and retrieved their medicines from the pharmacy which they kept securely in their bedrooms. Staff checked weekly to ensure medicines were being taken appropriately. Medicine audits were carried out weekly by a named worker who took us through the audit process they followed; we randomly selected two boxed medicines and found their contents coincided with the recorded balance on the medicine record. On a monthly basis the registered manager undertook their own audit of medicines to assure themselves that medicines were being managed appropriately and no errors had occurred.

People identified many everyday risks for themselves. General environmental risk assessments to highlight risks to people and staff were in place with guidelines for reducing risks and avoiding potential hazards. Individualised risk assessments had been developed. These recorded appropriate risk reduction measures to guide and inform staff on the checks they needed to make in regard to people's health and safety; for example, checking for ligature points, or over use of electrical sockets. People could sometimes display behaviour that challenged themselves and others. Staff were trained to de-escalate these situations, using techniques such as distraction or diversion, and restraint was not used. There was a least restrictive approach to risk management looking at the impact on the person or those around them from identified risk whether this be when they were at home or in the community. Identifying possible triggers and signs of increasing risk helped staff keep people safe and this information was kept under regular review. Some legal restrictions were in place as a condition of living in the service and these had been explained to people and staff enabled them to live as full a life as possible in the least restrictive manner. Staff had identified issues with the admission of someone whose behaviour at times could be very challenging. Other people in the service were worried by this behaviour and expressed their concerns to the registered manager and staff. As a result of listening to people's worries; the admission process was reviewed to give people more of a voice and active role in the assessment of new people to the service.

Staff were trained to recognise and report abuse and understood their responsibilities to do so when this became known to them. A policy was in place for guiding staff around this and people received information

about keeping safe in their admission pack. Staff were confident that any abuse they suspected would be dealt with by the management of the service but also understood they could report concerns to other agencies; this was confirmed by a mental health professional who told us the registered manager had in the past reported concerns as part of a safeguarding alert.

The registered manager was able to describe several instances where they had either reported a concern and developed a strategy to keep someone financially safe or taken action to alleviate a person's concerns about another person. Staff understood about the discrimination people might face because of their mental health. Staff thought discrimination was less overt now but would intercede to protect people they supported if they witnessed any discrimination towards them. Some people had insight into how other people reacted to their mental health once disclosed and how this impacted on their perception of them.

Good

Is the service effective?

Our findings

People liked that they could buy and cook their own food and that they were supported to follow dietary preferences they preferred. Some people told us that they organised their own GP appointments and attended these on their own .One person told us that they had a lengthy assessment before they came to stay, and came for meals and overnight stays.

People had a comprehensive assessment of their needs prior to any decision to admit. Usually three visits were undertaken to meet them. Information was gathered from the person and from professionals working with them, regarding their daily routines and support needs, their life history and how their mental health affected them. The initial assessment also looked at diversity and sexual orientation issues and how the person wanted to be supported around these if at all. On the third visit a person from Camelot Lodge accompanied staff to see how well the person under consideration engaged with them and whether they were likely to impact on other people in the service. This had been implemented following a previous placement where people had felt the person's behaviour impacted on them negatively. Transitional tea visits, overnight stays and weekend stays were also arranged. Some people had charters of conduct drawn up for them as part of the terms of their stay at Camelot Lodge. These were voluntary agreements designed to reduce problems they had experienced elsewhere and to enable and support them to take better control of their life.

Staff offered monthly checks of people's physical health including blood pressure, temperature and weights, this was optional and some people chose not to participate. People were registered with a local GP. When new people were admitted the terms of their admission sometimes included the requirement that for example specialist services such as psychiatry and psychology support continued from the previous area whilst alternative arrangements could be made locally.

Some people arranged their own GP appointments and took control of their own health needs. Other people needed staff prompting and support to ensure their health was monitored. A few people who had been placed from other local authorities were supported to attend mental health appointments in their previous home authorities some distance away due to resource issues. Staff listened to people and advocated on their behalf where they had raised issues about existing health arrangements.

Other people were supported by staff to attend health checks or health appointments when unwell and records showed when staff were following up on visits or results. Staff encouraged people to consider smoking cessation programmes or alternatives but take up was low. People were supported with weight reduction programmes. Some people had voluntary restrictions in place to control the amount of cigarettes they smoked; this helped them take more control of their need to constantly smoke.

All new staff underwent an induction to the service which allowed them to familiarise themselves with people's needs and their daily routines, and policies and procedures that guided staff practice. During this time staff also undertook shadow shifts with more experienced staff, during which their competence was assessed. Those without previous care qualifications or experience of mental health completed the Care

Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. This required them to complete a number of work units about aspects of care for people with mental health needs. Staff were supported during the probationary period of six months during which time their work practice and attitudes were assessed by the registered manager to check that they were able to care for, support and meet people's needs.

An on-going programme of training was provided to all staff which covered general areas such as basic life support, fire training, and infection control and food hygiene, along with specialist areas pertinent to the needs of people with mental health.

Staff said they felt well supported by their manager and each other, they said there was a good sense of team work and they found the leadership and management of the service very good. Staff said they had regular supervision with the registered manager and these were themed for example, safeguarding, health and safety so were also used as a learning tool. Staff said they felt listened to and able to influence change, they had handovers between shifts to ensure everyone was up to date with any changes in needs or events. Keyworkers read the daily notes of the people they key worked when they came on shift to ensure they knew what had happened. A keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team. Staff appraisals around development and training needs and overall performance were undertaken annually.

Some people purchased their own food and cooked all or some of their meals. The majority of people went out with staff when purchasing their personal or food shopping and we observed people coming and going from the service to do so. People had their own space in a food cupboard and a fridge and freezer shelf for their foods. Dietary preferences were respected and people were encouraged to eat healthily but staff also respected people's choice of foods. People who wanted to be were supported to participate in weight reduction programmes and staff ensured anyone who needed to gain weight ate larger meals. People who did not cook their own food daily, or were not scheduled to cook on a specific day were asked each day what they wanted for lunch and dinner. Two options were offered, this was cooked fresh and people could change their choice at short notice. A counter was available in the dining room which was stocked with beverages which people could access anytime of the day or night if they wished to make themselves a drink, and they had their own cupboards where they stored their own favourite snacks.

Sometimes people's changing physical needs meant that using the stairs had become more difficult for them. The building did not lend itself to major adaption to accommodate changing mobility needs. As an interim measure when someone was identified as having difficulty with stairs, the person was consulted about moving to a room closer to communal areas if this could be arranged. This was recognised as a short term solution only whilst alternative more suitable accommodation was sought in full consultation with the person concerned. People had access to a small paved garden at the rear of the service where a smoking shelter had been added for their use.

People's capacity to make day to day decisions was recorded in their care plans, staff understood this could change dependent on the person's mental state and would be kept under review. People's mental health was well controlled by their medications and enabled them to maintain control of daily decisions for themselves. We checked whether the service was working within the principles of the MCA. The registered manager and staff had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. No one in the service was subject to a DoLS but some people were subject to Mental Health Legislation that imposed some restrictions on them, those affected understood these restrictions were part of their recovery plan and a requirement of living in the service. Some people had voluntary restrictions in place that were discussed and agreed with them and helped them take greater control of their life.

Good

Is the service caring?

Our findings

Staff spoke about people's individual needs in a knowledgeable and understanding way. There were respectful, kind and affectionate interactions between staff and people. People shared jokes and laughter with staff and were at ease in their company. A mental health professional told us, "I regularly visit Camelot Lodge and know many of the service users there. In my opinion the staff support the service users in a professional and caring way."

Staff had time to sit and talk with people; there were constant interactions between them and those people who came into the communal areas to make tea or just to sit and chat. Staff checked on people who spent more time in their rooms.

There was a relaxed and friendly atmosphere in the service and some people invited each other for shared smoking time together in the garden smoking shed. People were caring towards one another for example, one person made a drink for another person who spent the majority of their time in their room by choice.

People were kept informed about their own needs and support, or things that might be of importance within the service through one to one meetings and also through house meetings. Written information was provided in a standard reading format that suited all their needs. An information board contained details of up and coming events and things they needed to be aware of. New staff said they took time to get to know people, read their care plans and shadowed experienced staff to observe how they supported people in the manner they preferred. Care plans made clear what was important to people and their preferences. Life history information was collected and staff were familiar with these. People's religious beliefs were respected and they were supported to attend their preferred place of worship; steps were taken where necessary to ensure transition to a new place of worship happened smoothly and the person felt fully supported.

People felt their privacy was respected; they all held keys to their rooms but did not feel the need to use them. One person told us, "We have never had any problems-we don't go into each other's rooms so there has never been a need to lock them." Staff were mindful not to discuss people's needs in front of others, meetings were held in private and peoples records held securely.

Staff showed respect for upholding people's dignity. For example a staff member understood a specific issue someone had with approaching the front door, they therefore kept an eye out for the person and ensured when they saw them they gave encouragement to them to re-enter the building. The staff member offered refreshment and gave the person time to think about what was being said to them. In this way the person made the choice and returned on their terms. People decided when they wanted to come into communal areas or stay in their room, when they stayed in their rooms for too long staff encouraged them to come down for meals and accommodated their wish perhaps to eat alone, so they would be served separately when everyone else had eaten.

People were encouraged to personalise their bedrooms to reflect their personal interests and tastes, they

were consulted about any colour scheme and redecoration of their bedroom if this was planned.

Visitors were welcome and staff supported people to visit relatives further afield if this was required, the only restriction on visitors was that they could not stay over. Staff helped visiting relatives find accommodation nearby if they had travelled any distance or ensured they were able to stay later by providing additional staffing for the night shift. Staff listened to what people wanted for example where a person expressed concern about home visits these had been rearranged to better meet their needs and allay any perceived concerns. This ensured the person was still able to meet with their relatives in an environment they felt safe in. People had capacity, as such staff maintained their privacy, not sharing any information about them with relatives unless the person gave permission for staff to do so and this was documented in their care plan.

People were supported and enabled to develop daily living skills and maximise their potential for independent living. One person told us, "I am moving out this year but I don't know when yet". People were supported to take on more responsibility for their daily lives and staff would work with them to determine what goals they wanted to achieve; for example learning to shop, plan meals and cook for themselves. Staff support with skills development was not time limited; it was undertaken at a pace that suited the individual person. Staff time was allocated to enable people to work towards the goals they had set themselves. Initially this started with people taking responsibility for their own laundry, room cleaning and personal care; staff prompting and supervision was available for those who still struggled to achieve this on their own. Two people had achieved independence in all areas and were waiting to move out. The remaining people continued to need support with other aspects of their daily living including medicines, health appointments and finances. Staff gave varying levels of prompting and supervision in these areas; over time this would be reduced in consideration of the person's skill level and whether they could take on these responsibilities partly or fully for themselves with ongoing monitoring by staff.

When people's needs changed staff ensured the person was kept informed around discussions about more suitable placements. When people were no longer suited to the rehabilitative and recovery focus of the service, an alternative placement was discussed with them. Whilst an alternative placement was sought staff continued to support the person in accordance with their preferences and wishes for however long it took. Staff supported people with the transition process to other placements to ensure they were settled.

Good

Is the service responsive?

Our findings

People told us that they reviewed their care plan with their keyworker on a regular basis. A mental health professional who visited the service regularly told us, "Each of the service users there will have an individual in house care plan which will reflect their varying needs and the staff will work to the care plan as much as they can. The care plans are reviewed and updated constantly." People felt able to approach staff if they were unhappy or concerned about anything. Staff were available to speak to people at any time should they need it. Any issues discussed at any time of the day or night were recorded in people's daily/night logs so that all staff were kept informed.

People coming to the service had long histories of chronic mental health issues; their move to the service was often a move from a more restrictive setting. Whilst the provider viewed the service as rehabilitative people could stay for an undetermined period of time; the period of their stay was guided only by each person's willingness to engage in skills development and maximisation of their potential to live more independently.

On admission to the service a 'My mental health recovery plan' was developed with each person. This was an individualised plan of care that took account of information gathered at assessment. The recovery plan had some elements common to everyone such as staying healthy, making plans, medication management, sexuality, aspirations and life skills in addition to identified risks, but some people also had additional areas related to more specific needs. For example if they had additional health needs that they managed themselves but staff needed to be aware of for monitoring purposes such as diabetes or catheter care, or mobility. The care plan also included a crisis plan implemented in the event of a mental health breakdown and information about the kind of behaviour the person may experience and how they should be supported at these times. Each person moving to the service was allocated a keyworker. Keyworkers spent specific time with people to discuss their life history, wellbeing, likes dislikes and aspirations; they completed a monthly report that helped update the care plan.
People were supported to attend Care Programme Approach (CPA) meetings with their care managers. The provider also had a facility available whereby care managers from further afield could undertake a CPA via Skype facility in the Registered managers office if need be; although the take up for this had been low. (CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related complex needs).

Staff listened to and were responsive to people when they spoke about their mental or physical health needs or relationships with others, and had effected change to help improve that person's quality of life. For example staff reviewed the need for a medical device with health professionals and explored alternatives that would give the person concerned more freedom to undertake activities they enjoyed. Staff advocated for and supported people that requested to cease specific medication or wanted medication reviewed because they felt it was no longer effective.

At the present time no-one required any additional support with communication but the registered manager understood the need to ensure information was provided in accessible formats. In the providers

other service technology was already in use enabling people who were non-readers to listen to their care plans or have other documents read back to them enabling them to comment on these. The provider promoted the use of new technology. Free internet access was provided. People were encouraged to use smart phones and touchscreen tablet personal computers that enabled them access to the internet and to applications that could aid information and communication. Staff helped people learn to use new technology.

People had enough to occupy them and were satisfied with the options available to them. There were a few planned activities that people had shown a preference for such as musical entertainment and art and crafts, and they were free to participate in these when they wished to. Staff particularly encouraged those people who least engaged with others to come and try activities but the decision to do so was left up to them. This is a rehabilitation service so its primary focus was to help people develop their independent living skills; opportunities to do so were scheduled into their week. People who showed an interest were supported to find and attend adult education courses; two people told us they had attended and enjoyed a creative writing course. Staff had links with the MIND network and some people attended events at a local MIND centre. Staff helped people who were interested to find voluntary work or attend a gym. People also had their own personal hobbies and interests that they undertook at their leisure, this included making use of the internet to research things they were interested in. On the whole people liked to do things on their own or with staff but there were occasional planned group activities they were consulted about with France being a popular destination for day trips in the summer months. People were also supported and enabled to maintain links with family and friends that sometimes involved support for home visits.

A system was in place to record and track complaints received so these would not be overlooked. However provider Information received from the provider prior to inspection informed us that there had been no complaints received since the last inspection. There was a complaints policy and the complaints procedure was displayed in the service in a format suited to people's needs. People received a copy of this in their information pack when they came to live in the service. People said they felt able to raise issues with staff and did so confidentially as and when issues arose without the need to raise formal complaints and these were dealt with to their satisfaction, the registered manager stated that concerns raised were more about the minor irritations peoples experienced from group living and these were talked through with them. They also had opportunities to raise any worries or concerns in one to one sessions with their key worker and at house meetings.

None of the people living at the service were receiving support for end of life care. The registered manager had spoken sensitively with people about their wishes regarding planning for the future and whether they wanted to begin to think about an end of life care plan which recorded their wishes for this time of their life. Some people had their end of life or advanced decisions recorded in their care plans with their wishes clearly documented. Other people had chosen not to think about making plans.

Good

Is the service well-led?

Our findings

A registered manager was in post and they and the provider were a visible presence in the service. The provider made unannounced visits, undertook manager supervisions, and chaired meetings of the management team for this and another service. The registered manager was well supported through peer support from another registered manager and also from the interest and involvement of the provider. Speaking about the staff's willingness to make contact and discuss concerns, a mental health professional told us, "The home does not hesitate to do this as I believe the home fosters a culture of openness and transparency. The feedback I have from service users there is positive about the home, the manager and staff".

The provider information return informed us that the Statement of Purpose was developed with staff, people who used the service and their families. The service's values included honesty, involvement, compassion, dignity, independence, respect, and equality. These formed part of the Care Certificate training for staff and individual staff supervision ensured staff understood how to practice those values in their everyday work. The provider and staff encourage empowerment of individuals, inclusion into the mainstream of society and a person centred approach to care. Staff were trained in the principles of equality, diversity and human rights and to question and respond to practice that falls below the accepted standard. The provider, registered manager and staff understood the key challenges facing the service in dwindling resources in the community, fewer support networks for people and shortfalls in suitable accommodation and support for people that were ready to move on. The provider took staff concerns around these issues seriously and raised their profile within relevant forums whenever possible to seek improvements in community support for people using the service.

At the previous inspection we found that the quality assurance process was not being undertaken robustly. As a consequence some records had not been completed appropriately and did not provide assurance that relevant information about staffing, or kitchen and fire records were up to date and accurate. We asked the provider to take action to make improvements and this action had been completed. At this inspection we found records much improved: they were maintained up to date and completed appropriately. The registered manager undertook monthly audits of medicines. They reviewed care plans on a regular basis, analysed accidents when they occurred to determine any learning about what could have been done differently. They ensured health and safety, fire safety, kitchen checks and equipment were checked and monitored at intervals appropriately. Action was taken to address any shortfalls identified, for example, a microwave had stopped working and had been replaced immediately.

Staff and people told us they were happy with the leadership and support offered by the registered manager who they found approachable and easy to talk with. A staff member told us, "I love working here it's so small and friendly." The registered manager made time for people and on several occasions during the inspection people were seen in the manager's office having popped in for a chat. Staff felt listened to by the registered manager and thought that they were involved, consulted and informed about changes so that they knew what was going on in the service.

Both staff and people coming to live at the service were provided with information about the services aims and objectives so were clear in what they could expect. The registered manager showed a sound knowledge and understanding of each person's needs, and what the current position was in regard to their support and care. Staff had responsibility delegated to them for various jobs such as health and safety lead, medication lead and carried out audits of their specific areas of responsibility. In addition to this and undertaking the daily jobs allocated to support workers during their shift, they provided on-going support to people and undertook training courses to improve their knowledge and understanding.

The provider used survey feedback from people, health and social care professionals and some relatives to evaluate the service and make improvements. For example a person was now part of the assessment process for prospective residents of the service. This was directly as a result of the provider listening to people, who felt the impact on themselves from new people had not been fully considered when decisions to admit were made. Survey returns were limited but those viewed gave only positive comments about the service with no suggestions for improvement. There were also regular opportunities for people and staff to give feedback about the service in staff meetings and resident meetings. Minutes of these meetings were recorded and showed people and staff were kept informed and able to comment on issues affecting them, People and staff were reminded of good practice for example good hand washing, and invited to make suggestions for improvements, or additional entertainments. Staff felt that communication in the service was good. Handovers provided staff with the necessary information they needed when coming on shift and they supplemented this with reading people's daily activity logs. Staff had access to a range of policies and procedures that guided their practice in carrying out their role safely and to the required standard.

The provider is a proactive member of the Kent Integrated Care Alliance. They participated in a number of boards including safeguarding and the local Clinical Commissioning Group. The provider and registered managers are acquisitive of any information or new thinking around mental health that helps them review their working practices to make their support of people more current and effective, and will utilise health professionals appropriately to aid this. The provider and staff are well respected in the mental health field and had recently received accolades for their team work from the Kent Care Awards winning the Care Team Award for 2017 and runners up in Putting People First Award & Ancillary Worker Award.

The provider continued to invest in the fabric and furnishings of the service to provide people with a comfortable home; staffing was kept under review and adjusted if necessary to meet the needs of people in the service. A development plan that included developments planned for 2018 supported discussions had at inspection regarding further planned improvements.

All services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

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