

Residential Care Providers Limited

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Inspection report

11 Kenton Road
Harrow
HA1 2BW
Tel: 020 8423 8090
www.rcp-home.com

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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

We undertook an unannounced inspection of Residential Care Providers Limited at 11 Kenton Road on 17 April 2015.

This service is registered to provide accommodation and personal care for up to six people with learning disabilities. At the time of the inspection, six people were using the service. People had learning disabilities and

complex needs and could not always communicate with us and tell us what they thought about the service. They used specific key words and gestures which staff were able to understand and recognise.

At our last inspection on 17 March 2014 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had taken steps to help ensure people were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Careworkers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. All the relatives we spoke with felt people were safe in the home. They told us "[Person] is safe there and comfortable" and "Even when we go on holidays, we have the confidence that [person] will be looked after."

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applies to care homes and protects the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the supervisory body as being required to protect the person from harm. During the inspection, people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings.

The registered manager was aware of the Supreme Court judgement in respect of DoLS and records showed the registered manager had applied for DoLS authorisations. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of people's care in which people's liberties were being deprived.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences of working at the home. Care workers told us "I enjoy it a lot here. It's like a

second home to me"; "It's very good here. Everyone helps. I have no concerns. There are very good staff and very good teamwork" and "We have very good teamwork here and worked very hard to achieve that."

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion. We observed people were relaxed and at ease. Care workers were patient when supporting people and communicated well with them in a way they understood. Care workers waited for people to respond and treated people with a kind manner. Relationships between people and staff were caring and people appeared comfortable and at ease. We saw people being treated with respect and dignity.

Staff encouraged and prompted people's independence. Daily skills such as being involved with household chores were encouraged to enable people to do tasks by themselves. People were supported to follow their interests, take part in them and maintain links with the wider community.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Relatives told us "The staff and manager know [person] extremely well and they do the best they can for them."

There was a clear management structure in place with a consistent team of care workers, senior care workers, deputy manager and the registered manager.

Systems were in place to monitor and improve the quality of the service. Checks were being carried out by the registered manager and any action that needed to be taken to make improvements to the service were noted and actioned. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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. All the relatives we spoke with felt people were safe in the home. There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service.

Care workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service.

Good



Is the service effective?

The service was effective. People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. People were supported to make decisions in their best interests.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support.

Good



Is the service caring?

The service was caring. Relatives told us “[Person] is keeping well. Well settled. [Person] is happy here” and “I can’t fault how they look after [person].”

Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

Good



Is the service responsive?

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored.

The home had clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. Relatives told us “I rate them with flying colours” and “I don’t think we can find a place that would be better for [person].”

There was a clear management structure in place with a team of care workers, senior care workers, deputy manager, registered manager and the provider.

Systems were in place to monitor and improve the quality of the service.

Good



Residential Care Providers Limited

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

There were six people using the service who had learning disabilities and complex needs and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with four relatives and one healthcare professional from a learning disabilities team. We also spoke with the registered manager, deputy manager and four care workers. We reviewed three people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

All the relatives we spoke with felt people were safe in the home. They told us “[Person] is safe there and comfortable” and “Even when we go on holidays, we have the confidence that [person] will be looked after.”

The provider had taken steps to help ensure people were protected from avoidable harm and abuse because there were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the police and the CQC. One care worker told us “I would go straight to the manager.” Care workers were also able to explain certain characteristics the person they cared for would display which would enable them to know that something was wrong or the person was not happy. For example one care worker told us “I look out for bruises, cuts and any marks on the person but also low moods, withdrawal and the person’s behaviour towards other people and staff.”

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service which helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Each plan had an identified risk and measures to manage the risks and were individualised to people’s needs and requirements. For example for one person who was able to self administer their own medicines, there was a risk assessment in place to enable the person to do so safely. When people displayed signs of behaviour that presented a challenge, there were behaviour guidelines which showed the triggers and signs which would cause them discomfort and the support that was required by staff to help people to feel at ease. Records showed the home used proactive strategies to deal with behaviours that challenged such as giving people, space, reassurance or diverting the person’s attention to something they liked and enjoyed.

Risk assessments also covered when people went out in the community either on their own or as part of a group and detailed measures to keep people safe. For example,

care workers were told to research people’s outings and check aspects such as type of transport and crowded areas. Care workers were to brief people before they went out. This helped to ensure risks to people were lessened and they experienced minimal discomfort and were made to feel at ease.

There were suitable arrangements in place to manage medicines safely and appropriately. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. Records detailed what the medicines were, the reasons why people were taking the medicines and any possible side effects. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. There were appropriate systems in place to ensure that people’s medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure. Records showed that medicines were checked by staff during staff handover and by the registered manager.

We asked care workers whether they felt there was enough staff in the home to provide care to people safely. They told us they received their rotas three to four weeks in advance and shifts for staff were normally fixed. All the care workers told us that the registered manager or deputy manager would discuss the rota beforehand. We observed this during the inspection, the registered manager was discussing the rota with each care worker and ensuring if there were any changes to be made they were done beforehand and the proposed shifts were then agreed.

During the inspection, we observed staffing levels were in response to people’s needs. Some people in the home required one to one support and staff were able to respond promptly without compromising the care and support needed for other people in the home. The deputy manager told us “I am proud of the team. Proud of what we have here. We have a very efficient team.”

Care workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service. The deputy manager told us “We have a good team here. A good mix of skills and backgrounds. Everyone knows what they need to do.”

Is the service safe?

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for three care workers and found appropriate background checks for safer recruitment

including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Is the service effective?

Our findings

Relatives spoke positively about the staff and told us “The keyworker is very good. I think they do a good job”, “I am happy with them. Staff are very friendly” and “Staff are very responsible. They do act on things and do not ignore them.”

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. Care workers told us “I enjoy it a lot here. It’s like a second home to me”; “It’s very good here. Everyone helps. I have no concerns. There is very good staff and very good teamwork” and “We have very good teamwork here and worked very hard to achieve that.” We spoke with a senior staff member who had worked with the home since it had opened and they told us “They have a good team here. They gel very well together and support each other. They get on with it and understand the residents well.”

The registered manager also spoke positively about the staff and told us “I’m actually very proud of the team we have here. They work very hard.”

We looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Training records showed that care workers had completed training in areas that helped them when supporting people, for example health and safety, infection control, medication, mental capacity, safeguarding adults, deprivation of liberties.

We looked at five staff files and saw care workers received supervision and an annual appraisal to monitor their performance. We spoke to a new care worker who told us, “Yes I had an induction. I have read the care plans and received the training. Staff explain it very well here. I am very lucky with the support I get here.” Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care and the registered manager supported staff to develop their level of skills and knowledge. One care worker told us “My opinion matters. We discuss it and they listen”. The deputy manager told us “The staff take responsibilities. If they had something to say, they have said it and that’s good. That’s what we want.”

Staff had been given specific areas they were responsible for in the home such as infection control and health and

safety. One care worker told us “It is going very well. They have given me new responsibilities and the manager always pushes me to go further. I feel supported by the manager and team members.” The deputy manager told us “I know my colleagues can do the work even when I am not there.”

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained a ‘seeking consent’ document which detailed information about people’s mental state and levels of comprehension and outlined where people were able to make their choices and decisions about their care. Areas in which a person was unable to give verbal consent, records showed the person’s next of kin and healthcare professionals were involved to ensure decisions were made in the person’s best interest.

When speaking to the registered manager and care workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed and staff told us they had received MCA training. Care workers told us “We assess their capacity and act in their best interests”, “We have to empower them first. It is different for everyone”, “We have to help them to make decisions. Some choices they need support from us, some they can make themselves depending on their capacity” and “Even if I want it for them, for example I may think [person] would like something but I need to understand it’s always about what they want and what they choose.”

Records showed appropriate arrangements were in place to manage the finances of people using the service as they did not have the capacity to do so themselves. The registered manager showed us records and explained the care workers recorded all the transactions and keep the receipts which the registered manager would check on a weekly basis. Relatives told us “Whenever we ask for a statement we get it. They always let us know about any withdrawals they need to make” and “They always let me know when they have to buy things for [person].”

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. During the inspection, we saw people using the service were not

Is the service effective?

restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings. In areas where the person was identified at being at risk when going out in the community, risk assessments were in place and we saw that if required, they were supported by staff when they went out.

The registered manager was aware of the Supreme Court judgement in respect of DoLS and records showed the registered manager had applied for DoLS authorisations. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of people's care in which their liberties were being deprived. When speaking to care workers, they showed a good understanding of the difference between lawful and unlawful practices.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments and medicines prescribed by healthcare professionals including GPs, chiropodist, psychiatrists, and opticians. Information showed the reason for the visit, the outcome and any medicines prescribed or change in medicines. Relatives told us "Anything we need to know they tell us straight away, if there's a doctor's appointment we know" and "[Person] gets all the healthcare appointments they need and has a psychiatrist that comes to the home to see them."

We spoke to a healthcare professional from a learning disabilities team who told us they had no concerns about the service. They were very pleased and impressed with the way the service looked about people and the affection and interaction shown by staff. When speaking about one person using the service, they told us the registered manager was always open, discussed matters and took the appropriate action when it was needed and things were followed up promptly. They also told us the registered manager had involved the person's relative in a best interest meeting to ensure the person was able to have the blood tests and dental treatment that was needed for them.

People were supported to get involved in decisions about their nutrition and hydration needs. People's eating and drinking needs and preferences were recorded and their weight monitored on a monthly basis. For example in one

person's care plan, it showed what the person liked for their breakfast, lunch, afternoon snack and dinner but showed the person did not like spicy food. We found the home accommodated people's religious and cultural needs. For one person using the service, there was information in their care plan about them being vegetarian. One relative told us "They give [person] kosher food as we are Jewish and they find different things for [person] to drink as [person] doesn't like many drinks."

The home had also identified risks to people with particular needs with their eating and drinking such as the risk of choking and guidelines for staff to ensure the food was moist, soft and cut into smaller pieces if needed. One care worker told us "[Person] has a tendency to choke so we make sure the food is soft and a little bit saucy, not dry to help them to be able to swallow easily." The healthcare professional we spoke to told us they were promptly informed of any choking incidents for that person and accident and incidents forms had been completed. They told us that the home took adequate actions and followed the relevant guidelines appropriately. The healthcare professional also told us they had no reason not to be satisfied or to feel they were not meeting the person's needs.

In another person's care plan, it showed due to a specific condition, their fluid intake needed to be monitored. We observed in the kitchen there was a chart for this person which care workers had completed when the person had a drink to ensure the person received adequate hydration throughout the day. People's allergies were also detailed, in one person's care plan we saw they had an allergy to fish and seafood.

During the inspection, we observed people using the service were given drinks, snacks and fruits throughout the day and care workers respected and adhered to people's choices and wishes. In one person's care plan, it showed the person was to be offered and encouraged to choose healthy options. We observed this during the inspection and the person was asked whether they wanted some grapes to which they agreed. We observed the person sat at the table and ate the grapes which they appeared to enjoy.

We asked the care workers how they monitored what people ate to ensure they had a healthy and balanced diet. Care workers told us they had a weekly menu but it would change if people using the service wanted to eat something

Is the service effective?

else and this would be accommodated for them. Records also showed that each person had a menu sheet which was completed by staff on a daily basis outlining what people had eaten and drank throughout each day and evening.

We observed care workers support and encourage people using service with the preparation of their own dinners and setting the table. People were involved in particular tasks they enjoyed in the kitchen such as cutting the vegetables and making the salad. Care workers were patient, used gentle prompting and provided support when people requested it. They also praised and thanked the people as soon as chores were completed. The deputy manager told us “Everyone has their own particular thing they like to do in the kitchen and we support them to do this.”

One person was supported to make their vegetarian meal which was a vegetable bake. The deputy manager prompted the person and was encouraging them. The deputy manager told the person “Don’t worry we are going to do it together.” The deputy manager prompted the person with what spices they wanted in their food and explained which each one was and what it would taste like. The person choose which spices they wanted and put them into the dish themselves.

During the evening meal, we observed food was freshly cooked and people had a choice of different sauces and condiments to accompany their meals. People had a choice of two drinks and we saw one person had tea with

their meal as this was their preferred option. People were not rushed and people were able to eat at their own pace. People ate independently and care workers only prompted and supported a person if they needed. There was a relaxed, homely atmosphere as care workers sat around the table with people and ate with them. We observed people at complete ease and enjoying their food. When we prompted a person to tell us whether they were enjoying the food, one person told us “This is delicious. [Deputy manager] is the best cook in the world.”

During the inspection, we observed the premises had been adapted according to people’s needs and preferences. We saw the environment had been designed and arranged to promote and support people’s freedom, independence and well being.

The premises had a self contained flat on the upstairs floor for one person using the service. We observed the flat was clean, well-furnished and personalised. The flat contained a lounge area, bedroom, bathroom and a utility room for the person to do their own laundry which supported the person’s freedom and promoted their independence. The registered manager told us the person liked to have their own space as it was quiet and they were supporting the person with their independence by supporting them with chores like keeping the flat clean and using the kitchen to make their own meals.

Is the service caring?

Our findings

When asked about the service, relatives spoke positively about the home. Relatives told us “[Person] is keeping well. Well settled. [Person] is happy here”, “When I ask, [person] always tells me they are happy at the home”, “I can’t fault how they look after [person]” and “The home is good.”

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion. We observed people were relaxed and at ease. Care workers were patient with supporting people and communicated well with them in a way they understood. We observed care workers waited for people to respond and treated people with a kind manner. During the inspection, a care worker told a person “Whenever you need my support, I am here.”

We observed one person who appeared to be uncomfortable with our inspection. Care workers showed concern for the person’s well being in a caring and meaningful way. They provided the person with reassurances that everything was okay and there was nothing for them to worry about. The person continued to feel uneasy and a staff member then told the person that the inspector was her friend and would [person] like to come and say hello. We observed the staff member was patient and supported the person and this made the person feel at ease. The person came and said hello and even prompted us for a cup of tea. We observed person was at complete ease for the remainder of the inspection. The person was smiling and put their thumbs up to indicate that they were happy.

We saw people being treated with respect and dignity. One relative told us “[Person] is clean and well looked after.” Care workers knocked on people’s doors before they entered and ensured doors were shut when providing people with personal care. Staff had a good understanding of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. When speaking about one person and providing their personal care, one care worker told us “I spend time with them. [Person] can dress themselves and I let them do as much as they can for themselves. I make sure the doors and curtains are closed.” Another care worker told us about a person who didn’t like to have their hair combed and how they dealt with this. The care worker told us if you tell the

person lets comb your hair, they won’t do it but if you say let’s make your hair messy, they will then let you help. The care worker told us “It is whatever they are comfortable with.”

Care workers also told us there were two people using the service who only wanted female care workers to provide personal care and they ensured that this was adhered to. During the inspection, we observed their choices and wishes had been respected and adhered to. When speaking to the male care workers, they showed a good understanding and caring approach towards this. One male care worker told us “If there is anything wrong with [person], I will try and talk to them and provide reassurance but I will speak to the female care workers and let them know too so they can make sure [person] is okay.”

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence. When speaking to care workers they had good knowledge of what people liked to do and how they encouraged people to be independent. One care worker told us “I let [person] know what I am doing and only help when they need it.”

People’s care plans showed how they were able to communicate and detailed specific body language, gestures and key words a person used to communicate. For example in one person’s care plan it stated they used simple key words such as yes, no, tea and cake. In another person’s care plan, it stated the person would use the phrase “[person] wants a ciggie” which meant the person wanted some sweets which we observed during the inspection. The care plan also explained how care workers should speak with the person and give the person information in a way that would help them to understand and express themselves effectively such as speak slowly and giving the person time to understand and respond. One relative told us “Staff are very relaxed and explain things to them.”

When speaking with care workers, they were very knowledgeable about how people using the service were able to express themselves. Care workers told us “[Person] uses hand gestures like placing their finger on their nose and pictures. [Person] chooses what they want. I understand what [person] wants”, “[Person] either taps or points to the picture or item they want” and “[Person] uses

Is the service caring?

key words but it's all about their tone. [Person] could be saying the same words but [person] will be making a joke. [Person] has their own way." We asked care workers how people let them know if they were not happy or were in pain, care workers told us "[Person] demonstrates particular behaviours when they don't want to do something" and "I can ask them to show me where the pain is and they will show me their tummy for example if that's where the pain is."

People using the service were supported to express their views and be involved in making decisions about their care, treatment and support where possible. Records showed there were one to one meetings between people using the service and their keyworkers. People were encouraged to say what they liked and didn't liked and were asked if they were any issues or concerns they had. During the inspection, we observed this being adhered to. One person

using the service seemed to show some distress or confusion and a care worker promptly noticed this and asked the person whether they were okay and did they want to talk about it and have a meeting. The person responded yes and the care worker took them to a quiet and private area within the home and had a one to one meeting with the person and enable them to share their concerns.

Meetings were also taking place between the person using the service, their keyworker, registered manager, family and local authority representatives where aspects of people's care were discussed and any changes actioned if required. Relatives told us "Yes we have review meetings, annual reviews and go through the care plan", "They let me know about things straight away. I am always told whats happening" and "They always communicate with me, tell me things and let me know."

Is the service responsive?

Our findings

Relatives told us “The staff and manager know [person] extremely well and they do the best they can for them” and “They understand [person] and know what he wants.”

People received personalised care that was responsive to their needs. We looked at three care plans of people using the service each contained an introductory section providing the person’s life and medical background and detailed support plans outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, eating and drinking, mental health and mental well-being and community participation.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people’s care preferences were reflected and information such as the person’s habits, daily routine, what they liked for breakfast, lunch and dinner and preferred times they like to wake up and go to sleep. For example, in one person’s care plan it stated the person “Takes pride in their appearance” and particular guidelines to do their hair such as “Likes it gelled and styled.” The care plans showed how people communicated and encouraged people’s independence and provided prompts for staff to enable people to do tasks by themselves. One care worker told us “[Person] can clean their own room, put on their clothes. [Person] just needs prompting.” This demonstrated that the provider and registered manager were aware of people’s specific needs and provided appropriate information for all care workers supporting them. When speaking with care workers, they were able to tell us about each person’s personal and individual needs.

People’s independence was encouraged and prompted. Daily skills such as being involved with household chores were encouraged to enable people to do tasks they were able to do by themselves. We saw in one person’s care plan, there were pictures which showed the person cooking, shopping and engaged in household chores. Throughout the inspection, we observed care workers were patient and very attentive towards people. Care workers spent quality time with people and used gentle prompting and only provided support when the person requested it.

People were supported to follow their interests, take part in them and maintain links with the wider community. In one

person’s care plan, it stated they liked to use the internet. We found the person had a computer with a specialised keyboard which was colour co-ordinated and displayed large letters to help the person understand and use more easily. The registered manager told us that all the people had electronic tablets for their own usage and these were skills they encouraged people to be involved with. We also saw the person had been encouraged and was involved in a theatre project in which they starred in the show. The event including a picture of the person was printed in the local paper which was kept in the person’s care plan. One relative told us “They let [person] get involved in whatever they are interested in, they never hold [person] back from doing things.”

Each person had a weekly activity timetable in place including activities such as bus rides, day centre and shopping. The home also had a summerhouse in the garden which was used for people to relax in or engage in activities. During the inspection, care workers engaged with people in a number of activities such as doing puzzles, sitting in the garden with them, doing karaoke and playing with the basketball hoop outside. We observed that care workers ensured people using the service were fully involved. They sat with people, spent time and engaged with them in a positive and encouraging manner. We saw people were happy as they joined in and participated. They were smiling, laughing and at complete ease. One relative told us “[Person] has one to one support and they do their best to engage them. They don’t just leave them.”

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us “I see [person] every week. [Person] is well looked after”, “[Person] has a nice room. [Person] is very happy when I go and see them”, “Every week [person] comes to see me. [Person] never complains about living here, they are always ready to go back.”

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted monthly, six monthly and yearly reviews. This included reviewing areas such as weight, diet and nutrition, healthcare appointments and accidents and incidents and what was working well for people or needed improving. Records showed when a person’s needs had changed, the person’s care plan had been updated accordingly and measures put

Is the service responsive?

in place if additional support was required. Care workers also told us there was a handover after each of their shifts. We saw daily files and handover files were in place for each person which had been completed by care workers detailing the care which had been provided, people's health and wellbeing, medication, appointments attended, activities and community outings.

There were clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Information was contained in people's care plans detailing how to make a

complaint and who they could contact. This information was presented in an easy to read format and contained pictures to help people to understand this information easily. Pictures and contact details for the registered manager and provider were also provided for people to contact if they wanted to. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There were no recorded complaints received about the service. Relatives told us "I have no reason to complain" and "I have nothing to complain about. I am more than happy with them."

Is the service well-led?

Our findings

When speaking with relatives, they spoke positively about the service, the staff, the registered manager and provider. Relatives told us “They are looking after [person]. I rate them with flying colours, “I don’t think we can find a place that would be better for [person]” and “We like their ideas and principles on which they provide the care.”

There was a clear management structure in place with a team of care workers, senior care workers, deputy manager, registered manager and the provider. Care workers spoke positively about the registered manager and told us “The manager is very good. She listens to everyone and deals and resolves things” and “The registered manager seeks the best for the residents, she tries very hard and is open to suggestions.”

Care workers spoke positively about the open and transparent culture within the home and the provider. They told us “Everyone has their say here”, “The management are very approachable even at night they will help, their phones are always on”, “and [Provider] listens to you and helps you. He is very calm” and “[Provider] is approachable and open. You can always talk to him.”

Records showed staff meetings were being held and minutes of these meetings showed aspects of people’s care were being discussed and subject matters such as the Care Act, MCA, Care certificate, and training and infection control were being discussed and that the staff had the opportunity to share good practice and any concerns they

had. Care workers told us “In the staff meetings, we talk about the residents, see if there is anything new or better we can do. We are free to speak, it’s all open here”, “If we have an opinion about things, we can say it. When I need to say something, I can” and “We also have senior care worker meetings so there’s lots of chances to speak out.”

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed checks and audits of the service were being carried out by the registered manager. Records showed any further action that needed to be taken to make improvements to the service were noted and actioned. Checks were extensive and covered all aspects of the home and care being provided was reviewed such as premises, health and safety, medication, care plans, risk assessments, finances, staff records and training.

Questionnaires had been sent out to relatives of people using the service. We saw that positive feedback had been received and some areas had been scored as ten out of ten.

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Accidents and incidents were recorded and fire drills and testing of the fire alarm completed.