

Living Ambitions Limited

Whitwood House

Inspection report

82 Lumley Street
Castleford
West Yorkshire
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Tel: 01977668002

Date of inspection visit:

08 August 2016

11 August 2016

12 August 2016

16 August 2016

Date of publication:

11 October 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection took place on 8 August 2016. The inspection was unannounced. Following our site visit we contacted professionals and family members on 11, 12 and 16 August 2016.

Whitwood House provides accommodation for up to 16 people in three separate houses – Gatehouse, Coach House and Mansell House. Another person lives in their own separate accommodation on the site.

Our last inspection of this service took place in December 2013. At that time we found the service to be compliant with the regulations.

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

We found the service provided a safe environment for people. Appropriate checks were in place to ensure the building and the grounds were maintained.

Staff were trained to give people their medicines and their competency to do this had been assessed. We found people's medicine administration records were up to date and matched the stock held by the service. There were regular audits in place to ensure people's medicines had been safely administered.

Staff were aware of how to report safeguarding concerns, or raise any other concerns they had about the service. Staff told us they would raise concerns with the management team.

The home met the requirements of the Mental Capacity Act and had made appropriate applications to deprive people of their liberty and keep them safe.

We found staff working in the service had been given an induction to the service, training and supervision so they could actively work in the service. Staff were clear with us and without having the appropriate training and skills to work with individual people they would not be allowed to support them.

People's needs had been extensively assessed and continued to be assessed to ensure the environment and staff providing the service were up to date and knew how to meet each individual person's needs.

Without exception people's care plans were carefully constructed to give staff very specific guidance on how people should be cared for in the home. Changes to people's plans on review were discussed with people and staff were encouraged to carry out plans consistently to avoid any distress to people who used the service. Staff were informed of any changes through daily communication and staff meetings.

Staff were caring and understood their role in ensuring people lived in a low stimulus environment. We saw staff treated people with kindness and respect. Relatives told us they were happy with the care provided as people talked about, "Going home" when they were due to return to the service.

Communication scripts were given to staff to ensure all staff spoke the same language and give the same messages to people which in turn promoted people's stability and their well-being.

People were able to identify the staff who were supported them as staff wore homemade badges with people's photographs on them. This meant people were aware who were tasked to provide their care that day and could focus on them.

We found there was clear partnership working between the home and other professionals. The home sought advice and listened to the advice given in order to better meet people's needs.

The service supported people to access the local community to meet their needs. People used the local bowling centre or local walks as well as do their shopping to meet their personal needs.

The management team acted as the drivers for improvement for the service. They carried out audits to measure the quality of the service and led staff meetings to discuss improvements to people's care planning.

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.

The registered provider and the registered manager had in place risk assessments with actions in place to avoid preventable accidents and incidents occurring.

People were given their medicines in a safe manner. There were regular checks in place to ensure records were up to date and the stock of each person's medicines matched the records.

Staff were given different options to raise their concerns about people. They also had in place a specific supervision meeting to ensure they understood their safeguarding role.

Is the service effective?

Good ●

The service was effective.

Staff were supported to carry out their work through planned training, supervision and appraisal.

Communication systems and care plans were in place to support people's individual communication styles. Arrangements were in place to ensure a flow of information between staff and their managers.

The home followed the requirements prescribed by the Mental Capacity Act and had applied to the appropriate authorities to deprive people of their liberty and keep them safe

Is the service caring?

Good ●

The service was caring.

Staff approached people in a positive manner and understood what they needed to do to care for each person.

We found staff respected people and ensured their privacy and dignity was maintained. Staff knocked on people's doors and asked their permission to enter their rooms.

People's well-being was promoted through plans which said, "What a good day looks like for me" and "What a bad day looks like for me". Staff understood what made a good day for each person.

Is the service responsive?

Good ●

The service was responsive.

We found the home had in place arrangements to meet people's very specific needs based on comprehensive assessments and the involvement of a range of advice from other professionals. People had highly detailed person centred plans in place which detailed how staff were to respond to people.

The home continually sought ways to improve the lives of people who used the service. Professionals found the home particularly responsive in meeting people's needs. Relatives were very happy people were settled in the service and willing to return there following visits to their homes

We found the service had positively impacted on people's lives. People were supported to make their own choices in ways which were structured, predictable to them, reduced their anxiety and avoided over stimulation.

Staff were guided to respond to people in systematic ways so that people understood they were being given consistent care irrespective of the staff member delivering the care. This provided significant reassurance to people that their environment would not change in ways which caused them anxiety.

Is the service well-led?

Good ●

The service was well led

There was clear partnership working between the service and other professionals who offered advice and support to the staff at Whitwood House. We saw the advice had been acted upon and incorporated into people's plans.

The management team had in place a number of audits which measured the quality of service delivery and culminated into a continuous action plan. This Meant the service was regularly monitored and actions put in

place to improve Whitwood House.

We found the management team drove the need for constantly reassessing people's needs and ensuring plans were in place to meet specific needs.

Whitwood House

Detailed findings

Background to this inspection

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

This inspection took place on 8 August 2016 and was unannounced. Following our inspection day at the home we contacted relatives and other professionals on 11, 12 and 16 August 2016.

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

At the time of inspection there were 16 people using the service. During the inspection we spoke with five people who used the service. We spoke with four of their relatives by phone. We spoke with nine staff including the regional manager, the registered manager, two deputy manager and four senior care or care staff. Following the inspection we spoke with three commissioners and care managers. We reviewed three people's records in detail and looked at other people's records for example their medicine records.

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

Is the service safe?

Our findings

Relatives told us people who used the service were safe. One relative told us they felt their relative was safe and they were confident because they had lived in the home for a number of years and had not experience difficulties. We observed people who could not speak for themselves and saw they were comfortable in the presence of staff. People approached staff with trust to interact with them and gain support.

We found the registered provider had in place a robust system for ensuring staff who worked in the home had undergone thorough checks. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. The registered provider carried out these checks as well as requiring staff to complete an application form detailing their past experience and previous training prior to interview. Two references for each person had been sought by the registered provider prior to staff members starting work. Staff confirmed to us they had undergone the prescribed recruitment processes.

The registered provider had in place a staff disciplinary policy to address staffing issues and keep people safe. At the time of our inspection the registered manager told us there were no ongoing staff disciplinary issues

We saw the registered provider had in place a whistle blowing policy and a staff handbook. The policy and the handbook gave guidance to staff on how to raise concerns internally to the registered provider and externally to other agencies. This meant the registered provider was demonstrating options to staff if they wished to report concerns. Staff told us they would report any concerns to the registered manager. On staff member told us they would do this, "Day or night."

Staff had received training in safeguarding and they attended an issue specific supervision meeting on safeguarding. We saw the registered provider had in place a safeguarding policy and that where concerns had been raised by staff they had been passed to the local authority. Notifications had been made to CQC regarding incidents of concern and the provider had been accountable for the actions taken. This meant the registered provider's safeguarding policy had been adhered to and people were kept safe.

Accidents and incidents were reviewed by the registered manager. We saw these were recorded electronically which in turn produced graphs to demonstrate their frequency and nature. The registered manager was then able to analyse any patterns or trends. We saw where incidents had occurred these had been reported and actions were taken to adjust people's care plans.

The registered manager had in place checks they carried out to ensure the building and the grounds were safe. We saw there were also in place a number of fire records which showed there were regular tests of the fire system carried out. We found the service had in place site risk assessments. These were risk assessments carried out about the building, its grounds and the equipment used by the service. For example actions were put in place to prevent slips, trips and falls. Water testing was regularly carried out to prevent an outbreak of

legionella disease. There were also risk assessments in place to prevent and manage any episodes of lone working and violence and aggression.

People had in place personal emergency evacuation plans (PEEPs). The PEEPs described to staff how to evacuate people from the building in the event of an emergency and what they needed as reassurance to support them.

Staff had in place training to give people their medicines. Staff told us they could not administer people's medicines without first being trained. Staff had also been assessed as competent to give people their medicines. We checked the arrangements for people's medicines and found they were stored in a locked cupboard. Medicine administration records (MAR) were up to date and accurate with no errors or omissions. Staff were able to demonstrate that the stock of medicines correlated with the MAR records. We found there were clear protocols in place for medicines known as PRN. PRN are medicines which are given to people as and when required. We saw there were regular audits on people's medicines to ensure they had been accurately given to people. This meant the service have people their medicines in a safe way.

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A staff member showed us the staff rota. They described to us how the rota is formulated and how each person's needs are met. Some people had 1:1 staffing to ensure they could be kept safe. The registered provider had recruited bank workers as people who used the service would not be able to tolerate agency staff who were not familiar with their routines and preferences. We saw the rota with the use of bank workers was covered in order to meet the needs of people using the service.

Staff explained to us that Article 8 of the Human Rights Convention meant different things to different people using the services. For some people it was a positive experience to have contact with their families. We found that where required the service offered choice and promoted the Article 8, the right to respect for private and family life, home and correspondence. This meant the service adhered to people's wishes and when required by them promoted their family contact.

Is the service effective?

Our findings

One staff member told us they get "Plenty of support." Another member of staff said they get. "Loads of training and supervision." They told us, "Support is good."

Staff who worked in the service had received an induction which included an introduction to policies and procedures as well as a specific induction to the needs of the people for whom they were providing care. One staff member told us that they continued to have inductions to people who used the service. Staff were unable to support individual people until they understood how to provide their care. This meant staff were trained to provide consistent care to people.

We saw staff were required to undertake a period of training before they were permitted to work in the service. Staff confirmed they had undergone this training and we saw evidence of the training being completed. The registered provider had a training matrix in place which demonstrated staff training following induction. We saw this was being monitored and staff were notified of any on-going training. Staff had received training in the people's diagnosed conditions. We found staff had received training appropriate to their role and the needs of people who used the service.

Staff supervision was provided to offer support and guidance to staff. A staff supervision meeting takes place between a member of staff and their manager to discuss their performance, any concerns they may have and their training needs. We found the registered manager monitored staff supervision and the registered provider had in place an appraisal scheme. Most of the supervision meetings and appraisals were up to date. Staff also engaged in issue specific supervision meetings. These were used to address specific issues and reinforced staff training.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the staff in the service understood both the MCA and DoLS. They had received training in both. Applications had been made to the appropriate authorities to deprive people of their liberty. We saw the registered manager carried out mental capacity assessments and had in place a log of the applications and when they were due for renewal. This meant the service was up to date in ensuring people were appropriately deprived of their liberty to keep them safe.

We saw people had agreed to live using the service but where people could not give their consent their

needs had been carefully assessed and decisions known as best interest decisions had been made on their behalf. The decision involved family members, commissioners of services and people's care managers. This meant decisions around consent involved those people closest to the person.

People had in place communication support plans. Speech and language therapists had been used by the service to ensure everyone's communication needs had been assessed. Their needs had been incorporated into support plans which were regularly reviewed. We noted one therapist had advised one person could only understand short sentences. Staff were able to describe to us the most effective way to communicate with people. This meant staff understood how to communicate with people and were able to support people using the most appropriate communication methods for them.

We saw the registered provider had in place a communication system to ensure senior staff made the deputy managers aware of any issues. The deputy managers could question practice and respond to issues as required. Staff members explained to us they completed a daily report which covered issues such as staff sickness, incidents which had occurred and debriefs which had taken place with staff. The report also covered people's medicines and if any PRN had been given.

We spoke with staff members who told us about restraint. Staff were clear about when to use restraint if necessary and one member of staff described to us the techniques which they could use. A staff member told us where there was a risk that a person may need restraining in the community only staff who had been trained to support the person were permitted to go out with them. This meant staff were aware of people's needs, what diversionary tactics to employ and what each person needed to keep them safe.

The service had recently had new kitchens installed in each of the units; tiling and new flooring had yet to be completed. The registered manager explained that the completion of the kitchens was due to happen shortly. We observed that there were metal struts over-arching the stairways and asked why these were in place. The registered manager explained these were for safety purposes. They were designed to secure the bannister rails at the top of the stairs so if any person experienced a distress reaction they were unable to rock the rails and cause injury to themselves or others. We saw the décor and furnishings of communal areas of the home were kept simple and unobtrusive to avoid people from hurting themselves. We also found the home had been adapted to include acoustic foam in the kitchen areas. This is foam designed to absorb noise and reduce the noise stimulus to people living with autism. This meant the registered provider had adapted the buildings to ensure people's environment met their needs.

People were supported to carry out their own food shopping and had their own cupboards in the kitchen from where they could choose their daily meals. This meant for some people they were given a choice of two options because they were unable to cope with any more. Where people were able to contribute to house meetings food was discussed and their personal choices noted. We observed people eating in a calm environment. Guidance was given to staff about how to support people to eat and what plates and cutlery they preferred. For example in one person's records we read they preferred plastic cutlery and liked to eat at a separate table away from their peers.

Is the service caring?

Our findings

Relatives told us staff welcomed them into the home and kept them involved. One relative told us they were, "Very happy with the service." Another relative said, "The staff are very kind to me." We observed staff engaging with people with humour and people responded well to the staff.

We found the staff approach to people was guided by their assessments and care plans. These were informed by a positive approach to behaviours which challenged the service. For example one person needed care when they attended hospital appointments. Staff understood how to provide the care to avoid the person from becoming anxious. Plans addressed people's dignity, for example guidance was given to staff about supporting people to visit the toilet during the night.

Relatives told us the staff were polite and respectful toward them and the people in their care. We found an occasion where a person had indicated they wanted to be treated with more respect by a staff member. This had resulted in discussions taking place with the member of staff to improve their approach to the person. This meant the supervisors in the service promptly addressed the issue of respect and people's feelings.

There were good relationships in place between staff and people who used the service. One staff member told us people were able to speak freely about their experiences and one person told them about how the staff had worked. People's well-being was promoted through plans which said, "What a good day looks like for me" and "What a bad day looks like for me". These were lists of what should and should not be incorporated into people's day.

We saw that people's needs had been assessed in relation to giving them explanations and information. For some people using the service giving them information had led to anxiety responses. However we saw that where there were changes to people's plans these involved people in the decision making and staff were then encouraged to consistently carry the changes to minimise the adjustment periods.

During our inspection we observed staff knocking on people's doors and asking if they could enter. Where people refused staff respected their decision. This meant staff respected people's privacy.

People's confidentiality was also observed; staff adjusted their voice levels if they spoke about anyone to us. We saw people opened their own mail.

We saw that people had advocates who were able to speak up for them and saw the advocates reported back to the commissioners on their findings including any changes to a person's care needs. Two professionals spoke to us about people having Relevant Person Representatives (RPR); these are people who maintain contact with people who subject to DoLS and check on their well-being and act on their behalf when required. Both professionals told us they had only received positive comments about the care provided at Whitwood House from the RPRs

Staff worked with the inspector on this inspection to ensure the requirements of the inspection did not

impact on people's well-being. They used their knowledge of people to engage the inspector in ways which were meaningful to people and did not raise their anxiety. This included giving the inspector phrases from people's scripts to engage people in ways which were meaningful to them.

We saw in one person's file there was a list of their family member's birthdays. In the auditing of the service we saw it had been noted a birthday list was missing. Staff explained people were supported if they wished to send birthday cards to their family members. This meant people were supported to act as family members within their own family.

We found the service addressed equality and diversity issues. People were supported irrespective of their beliefs or their disabilities to lead the life they wanted. One person expressed an interest in the Muslim community and wanted to visit a mosque. This was arranged by the staff and meant staff were open to supporting people learning about other's people's religions.

One person described to us how they were supported by staff to be independent. They said, they can, "Go out whenever they liked" and told us about the places they liked to go. We saw that people's independence was promoted. People's plans supported them doing things for themselves and gave guidance to staff on how they should support the person. For example people dressed themselves; however one person as supported to ensure their clothes were put on the right way. Another person had in place a plan for making a cup of tea; this meant they were involved in making their own drinks.

People had been supported to personalise their bedrooms. We saw people's bedrooms reflected their personal interests and contained photographs of family members. People spoke with us about their bedrooms and demonstrated their bedrooms reflected their personal likes and dislikes. We saw one person's room was set out as an office whilst another person's room reflected their favourite TV programme.

We found that where possible people who used the service were encouraged to participate in house meetings. The house meetings included issues such as menus and activities. Relatives told us they felt involved in the service and they were kept informed about their family members. One person told us they had been involved in helping recruit their own staff. This meant people and their relatives were involved in the service.

Is the service responsive?

Our findings

We found evidence the service delivered person-centred care to achieve improved outcomes for people who used the service. Person centred care means people receive care which is specific to them and meets their individual needs and preferences.

Professionals were very positive about the service; one professional told they had visited a person and found them to be a settled frame of mind, they described the person as being mentally, "In a good place." We found the service was constantly responding to people's needs. One professional said the service had, "Done some great work" and a person had begun to "Thrive." Professionals told us the service recognised people develop at their own pace and gave us an example of a person was previously unable to have access to their personal items without destroying them but is now able to tolerate them. Staff spoke to us about one person who repeatedly destroyed their personal items; they found the solution was to repeatedly give them new versions of exactly the same items until they learned they were not criticised for their actions.

Professionals and family members alike described the service as being able to meet people's highly complex needs. One professional said the service did a lot of, "Head scratching" to understand people in their care. Each person had in place a rationale for their care. The rationales included how people see the world around them. They described to staff why people needed very specific responses in their care delivery. This meant the Registered Provider had ensured the service carried out an in-depth assessment of people's needs and staff were supported to understand the people they cared for. It also meant person-centred care was evident through all aspects of care planning documentation.

Relatives told us about how people who used the service had previously been unhappy living in other services. Commissioners and staff told us about people who had difficulties forming trusting relationships with staff. The management team described to us how people had developed the trust with the support from staff. This included people feeling confident to go out with staff and participate in activities. Staff had been able to develop mutually trusting relationships with people by developing consistent and predictable approaches to people which made people feel at ease. This meant the people who used the service were less anxious and lived in a stable and caring environment.

Relatives told us the service had been able to achieve this stability. Two relatives told us when staff supported their family to visit them their family members were keen to get back to the service and spoke about, "Going home." One relative said, "He loves to come here (meaning family home) and he loves to come back." Family members expressed relief that their relatives wanted to go back to the service because this demonstrated to them that people felt the staff were reliable and could meet their needs. All the relatives we spoke to told us people were very happy living in the home.

One person spoke with us about their holidays and told us they had been to London. In another's person's records we saw staff had taken them on holiday and the service was supporting them to readjust back in the home. The registered manager explained that this would have been unheard of for one person in a previous service to go away on holiday due to their behaviour which had previously challenged the service. They told

us the person had enjoyed their new experiences.

We saw the service had gathered information about people prior to them living in the home. At the start of each person's care file we saw a one page profile for each person which included responses to, "What people like and admire about me" and "What is important to me." We saw these were detailed and specific, for example one person liked to write their Christmas list in November. A visiting professional had commented in an email to another professional they found the support plans were, "Very informative" and they enabled new staff to know what the person's needs were. Staff, irrespective of their role, were able to describe to us in detail people's needs. This meant the registered provider and registered manager had successfully ensured staff were given guidance and support to meet people's individual needs.

The staff at the home ensured they were able to pursue activities meaningful to them. One person told us on our arrival they wanted to go out that day to see some animals. We later met them and they gave us a description of a farm they had just visited. One relative told us their family member, "Goes out nearly every day." This meant people were given the opportunity to out to places they wanted to see. Another person showed us their room which had been adapted with them to meet their personal interest of their preferred working environment. This meant the person was supported by staff to be extremely comfortable in their environment. In one person's file we found they liked to visit a local pub. Their preferred route to the pub was documented and a map was provided for staff. This meant staff responded to people's wishes and had in place detailed action plans to ensure people's interests were met.

We found detailed information was also given to staff about people's responses to others and environmental changes. In one person's rationale we read, "Once [person] learns all people supporting them will do the same and do what they say they are going to do they will experience much less anxiety and feel safer to be supported by everyone." To achieve this staff were given scripts for people to provide consistency and reduce people's anxiety. People learned they would receive the same approach from each member of staff which did not then trigger distress. We observed staff using these scripts. We saw people were comfortable with the responses. This meant people who used the service were more at ease with their carers

The home utilised the services of a psychologist who met with staff on a regular basis to discuss people's needs. We saw the notes of these meetings. The solutions were reviewed and either fully implemented or better tweaked to meet people's needs. We found the service was looked for ways to adapt and respond to people in their care, this demonstrated a commitment to continuous learning and improvement. The staff worked pro-actively with other professionals to identify and respond to people's needs subtly and positively rather than reacting to anxious behaviours that may challenge them later on. This meant people who used the service were well supported. With an emphasis on positive behaviours people were able to have greater periods of stability.

The service had in place a lead for positive behaviour and people's care plans reflected this positive approach. This meant staff focussed on the person and making changes to their environment to support new behaviours. We noted where incidents had occurred written responses to the incident utilised a positive behaviour approach to analyse people's needs and review their care planning. This meant the approach was embedded in the service.

During our visit we saw staff wearing hand-made badges with people's photographs on them. The staff explained this was to enable people to identify the staff who were allocated to caring for them for the day. This meant people were able to focus on particular members of staff to support them and were able to approach their staff for the day to meet their personal needs.

Staff promoted contact between people and their relatives. This was not always possible at the times required by people due to their family having commitments. The service had worked with family members to put in place arrangements using a mobile phone message where the person always got a response from their relative at the time they needed it. This meant the person was able to choose when they contacted their family, and prevented from feeling isolated from them.

In keeping with NICE guidelines on caring for people with learning disabilities and behaviours which challenge, the service had in place activities plans. The plans established structured activities for people which met their needs and where they were likely to respond well. On completion of the morning activities to establish a positive baseline for the day people were given a choice according to their plan. The managers explained to us that their approach was, "Less is more." This meant people were not subjected to sensory overload leading to them becoming distressed but were able to choose activities which met their needs.

Some people had in place pictures to demonstrate what they were doing now and what they would do next. People were able to demonstrate to us this process and used hand signals to communicate their wishes. We found guidance was given to staff about if one person missed an activity if another one over ran. In one person's plan staff were told never to go back to a missed activity. This meant people were able to feel secure in their daily routines and not become confused about their day.

The registered provider had in place a complaints policy. Relatives told us they knew how to make complaints but did not feel the need to do so. We saw two complaints had been made this year and these had been fully investigated. The complainants had received an outcome to their complaint. The registered manager kept an electronic record of complaints and these were monitored by the registered provider. One relative told us they had, "No concerns", about the service.

Is the service well-led?

Our findings

Staff told us their managers were, "Approachable". One staff member told us the managers were always contactable day or night and they always got a response if they needed to raise any concerns. Relatives were able to identify the members of the senior management team to us and felt they were able to approach the registered manager, they told us, "I can always go to [registered manager] if I have a problem." Professionals were complimentary about the management team. One professional told us, "[Manager] has his finger on the pulse."

There was a registered manager in post. The registered manager and the deputy managers were able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow.

The registered manager demonstrated to us they were passionate and committed to the service. We found the registered manager and their management team espoused putting people first and the staff had caught and were able to demonstrate the values of the managers. In the staff handbook we read, "Each person we support is an individual and has the right to be treated as such. We will therefore adopt a person centred approach to all of the work we do. This includes working with people to create their own person centred plans, taking into account individual wishes, preferences, aims, ambitions, approaches and needs." We found the staff handbook contained the fundamental values expressed to us by staff. One staff member said, "

This meant the people were the focus of the service

We saw the registered manager had in place an extensive work book. The work book was an online tool which covered all aspects of service delivery including managing resources, managing people and their performance. The registered manager had oversight that the building and its contents were well managed. For example they carried out audits to ensure carbon monoxide detectors were in place and electrical appliances had been visually checked each month. All of the audits fed into a, "Driving Up Quality Improvement Plan". We saw this plan contained actions which were due to be carried out. This meant there was a continuous service improvement plan in place.

The registered manager had oversight of employee related activity and was able to demonstrate progress against agreed staff activities including staff reaching the end of their probationary period, completing their induction portfolio and their medication competency observation. This meant the registered manager had a system in place to monitor key points in a staff member's employment. The work book contained staff supervision and training. This meant the registered manager had in place oversight to check if staff were able to perform to the required level.

The registered manager had also allocated responsible managers who carried maintained people's files and ensured review meetings were in place and plans were accurate and up to date. These included if people had a chance to be involved in a tenants meeting. We found the deputy managers carried forward their delegated responsibilities and saw evidence to show tasks had been achieved.

The registered provider also had in place a dashboard system which showed the registered manager had carried out the work which was required to manage the home. For example the dash board showed that where staff needed to update their training the registered manager had a plan in place to accomplish the task. According to the dashboard the registered manager had ensured all capacity assessments, best interests' decisions and DoLS were up to date, person specific training for all employees had been achieved and all incidents from the previous month had been reviewed. This meant the registered provider had in place a system for monitoring the performance of the registered manager who in turn was able to demonstrate they were meeting the performance requirements.

We saw the registered provider had carried out a survey to establish the quality of their service. The management team expressed concern that the survey had not been responded to in sufficient quantities to enable them to measure the service. They had opted to visiting families around the country in their own homes to establish if they were meeting people's needs.

The registered provider had regional managers in post who conducted site visits to the different homes in the company to carry out audits. We saw each area of the audits were scored against the CQC five key questions. The audits resulted in an overall rating score and an action plan. We saw the action plans were detailed and person centred. For example on person did not have their relative's birthdays on file. The action was put in place to see the birthdays of family members and buy birthday cards.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service. The statement of purpose accurately described the functions of the home.

We saw there were staff meetings in place with the staff groups for each house. These were led by the deputy managers and people using the service were discussed in turn. Practice was questioned in the service and people's behaviours were discussed, agreements were made on how to support people and actions were put in place to enable people to move forward. These included staff taking a chocolate bar on an outing for someone and health eating to be promoted in the service. We found the management team steered the direction of the service in meeting people's needs.

Information we required during our inspection was easily accessible and made available to us at the time we requested it. We found people's records were stored confidentially. The records were up to date and accurately reflected people's needs.

We found there was partnership working between the service and other services. For example the Speech and Language Team had been involved in assessing people's needs. Their findings were incorporated into people's care plan. People had been supported to attend hospital appointments at local hospital services. A psychologist was regularly involved in reviewing people's needs and actions from these meeting were developed.

We saw the service had links with local community services including health provision for example doctors and dentists. Staff encouraged the people to use local services including public transport and shopping facilities. These were included in people's plans with specific shops noted to but people's preferred items. People also accessed local recreational services for example one person went bowling, another preferred to go for a walk. People's activities in the community and the support they required were discussed in team meetings.

