Healycare Limited

Rosedale

Inspection report

42A Manchester Rd
Rossendale
Lancashire
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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

We carried out an inspection of Rosedale on 29 March and 4 April 2016. The inspection was unannounced. We last inspected the home on 26 February 2015 to check whether the improvements we asked the provider to make following our inspection on the 23 June 2014 had been made. These were in relation to cleanliness and infection control, suitability of premises, staffing and assessing and monitoring the service. We found the provider had made the required improvements. .

Rosedale is registered to provide residential accommodation for six adults who have mental ill health. The home is a large terraced house situated in the centre of Haslingden town centre. Accommodation is provided in six single rooms, most of which have en-suite facilities. There is a communal lounge, dining room, and laundry room and kitchen area. A small enclosed courtyard is accessible at the rear of the property. At the time of the inspection the service was providing support to 4 people.

The service was managed by 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.

People living in the home told us they felt safe and well cared for. They did not express any concern over the care and treatment they received and they described staff as being "very good" "kind" and "caring".

People were cared for by staff that had been recruited safely. Appropriate checks had been carried out to make sure staff employed were of good character. People using the service were involved in recruiting staff.

There were sufficient numbers of suitably qualified and experienced staff to support people. Staff were both trained and receiving training to support them in their duties. This helped to ensure the staff team had a good balance of skills and knowledge to meet the needs of people using the service and to provide a reliable and consistent service.

People's medicines were managed safely and were administered by staff who were trained and competent.

There were good systems and processes in place to keep people safe. Staff had a good understanding of risk management. Risks to people had been identified, assessed and managed safely. People were encouraged to live their lives the way they chose and supported to recognise this should be done in a safe way.

We found the premises to be clean and hygienic and maintained. Regular health and safety checks were carried out.

The service liaised with other service sector professionals such as GP's, care co-ordinators and psychiatrists. This helped to make sure people received co-ordinated and effective care and support.

The registered manager and staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act (MCA) 2005. Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected.

People's nutritional needs were met and they were involved in menu planning and basic food preparation. Healthy options were promoted.

People told us they had their privacy respected by all staff. Each person had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person.

People's individual needs were assessed and care plans were developed to identify what level of care and support they required. People's care and support was kept under review and people were consulted about their care to ensure their wishes and preferences were met and their independence was promoted.

People were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed.

Staff were knowledgeable about people's individual needs, backgrounds and personalities and supported people to maintain their relationships with their friends and relatives.

People were supported to participate in a range of appropriate activities and to pursue their personal hobbies and interests.

People told us they were confident to raise any issue of concern with the registered manager and staff and that issues they raised would be taken seriously. They had weekly house meetings to discuss any matter that affected them. They also had contact details for other agencies they could approach to help them raise complaints.

People had also been encouraged to express their views and opinions of the service through regular house meetings, care reviews, and during day to day discussions with staff and management.

People said the management of the service was very good. There were opportunities for people to give formal feedback about the service, the staff and their environment in quality assurance surveys. Recent surveys showed overall good satisfaction with the service provided.

There were systems in place to monitor the quality of the service and evidence the findings supported business planning and development.

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.

People told us they felt safe. They were cared for by staff that had been carefully recruited and were found to be of good character. There were sufficient numbers of staff at all times to meet the needs of people living in the home.

People's medicines were managed in accordance with safe procedures.

Staff had been trained in safeguarding people and were aware of their duty and responsibility to protect people from abuse and follow the correct reporting procedure if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with current guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective

People were supported by staff that were well trained and effectively supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

People told us staff were very kind and caring. They were

respectful to them, attentive to their needs and treated them with kindness in their day to day care.

People were able to make choices and were involved in decisions about their care. People's views and values were central in how their care was provided.

People were involved in making decisions about how the service was run.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were knowledgeable about people's needs and preferences and supported people to remain as independent as possible.

People were supported to keep in contact with relatives and friends and visiting arrangements were good.

People felt able to raise concerns and they had confidence in the registered managers and staff to address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and changes had been made as a result of this.

Checks on systems and practices had been completed and matters needing attention had been recognised or addressed. The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Rosedale

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 29 March and 4 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

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 contacted the local authority contracting unit and health care professionals for feedback about the service. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with four people who used the service, the registered manager and three care staff.

We looked at the care records of two people who used the service and other associated documents, including policies and procedures, safety and quality audits, quality assurance surveys, two staff recruitment records, induction and supervision records, minutes from meetings, complaints and medication records. We looked around the premises.

Good

Is the service safe?

Our findings

We spoke with all the people living at Rosedale. We asked them about their life at the home, what they did, the staff who supported them, their accommodation and what being safe meant for them. One person said, "If you're writing a report put in that (registered manager) is an angel. She looks after us very well and is more like a friend." Another person told us, "I like all the staff. They look after us very well. Since I've lived here I can do a lot more for myself. Everyone is kind."

We asked people using the service of their opinion regarding staffing levels. One person told us, "There is always staff here even during the night." Another person told us, "I always get one to one with (staff member) and we go out. When we are at home there is always someone here because we all do different things."

We looked at the staff rota for the week. This showed staff were deployed to cover times throughout the day and night when people needed the most support. For example people had commissioned one to one support and additional staff support was provided for this. We noted since our last inspection domestic support had been introduced. This had meant support staff had more time to spend with people. Staff we spoke with confirmed they had time to spend with people. Rotas were arranged to take into account the different activities people engaged in. We noted some staff worked long hours and regular weekends. The registered manager told us cover for sickness or annual leave was managed with existing staff. They never used agency staff and they were currently recruiting additional staff to alleviate the pressure of keeping the home fully staffed and create a better work/home life balance for existing staff. The registered manager also told us if people's needs changed or new people started using the service, the staffing levels would be reviewed to make sure people received the care and support they needed. This helped to ensure there were enough staff to provide a reliable and consistent service.

We looked at records of two staff employed most recently at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People using the service had been involved in the recruitment process. They had been able to meet applicants and take part in the interview process. This was part of the formal process. The service had provided them with guidance on interviewing people to ensure they asked suitable questions relating to their care and support. Following that, people using the service discussed their views of the interview with the team and a record was kept. We saw evidence their views supported the final decision whether to offer the applicant a job. Comments taken from interview notes included, "I'd give her a job" and "I want her back, she was nice." This helped to show a fair selection process had been used that embraced equal opportunity for everyone. One person using the service told us, "We picked (staff member) to work for us, we like her and she is good." The registered manager told us it was important they employed people with the right values and personality to meet people's needs. Being involved in the interview process enabled people using the

service help to choose staff they felt comfortable with and be able to build up trusting relationships with them.

People spoken with told us they were encouraged to raise any matters of concern in the weekly house meetings. We observed a meeting taking place. People were asked if they had any concerns or worries staff could support them with. Various issues were discussed and one person reminded other people using the service to be mindful of their house rule in keeping the kitchen clean and tidy after they had finished using it.

People we spoke with told us they had their own 'House Rules'. These were an agreed set of rules people had in place designed to support them to consider others and to protect themselves. The house rules included people having respect for each other's private space, no bullying, no borrowing monies and no gifts for staff. There were also individual contract agreements in place. We looked at one person's agreement which outlined health and safety matters and visiting arrangements for the protection and well-being of people using the service. We discussed the use of language in the contract as some of this reflected a more controlling environment for people, such as needing to 'declare details of property and other valuables brought in. Healey Care will arrange the storage of valuables in the homes safe'. The registered manager said the contract was outdated and did not reflect current arrangements as people using the service could use a lockable facility in their room for this purpose. A new contract was issued immediately to reflect this.

All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively encouraged to raise any concerns they had regarding people's health, welfare and safety as part of day to day practice. One support worker told us, "I wouldn't hesitate to report any abuse to the manager. I'd take it higher if I needed it to, I wouldn't ignore it." There were policies and procedures to support staff take the right action to deal with safeguarding issues and to protect people.

Staff were also aware of the service's whistleblowing policy and were confident the registered provider would deal appropriately with any concerns they raised. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies dealing with these issues. Information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported to the relevant authority.

We looked at how the service managed risks to people's welfare and safety. Risk assessments were in place to ensure the safety of both staff and people using the service. These included for example mental and physical health, medication, smoking, social skills, malnutrition, accessing the community, financial exploitation, front door key holding and verbal and physical aggression. We found risk assessments were proportionate and centred around the needs of people using the service. They were well written with risk management strategies seen that included signs and triggers for staff to be aware of. All risk assessments were being reviewed regularly.

People were encouraged to live their lives the way they chose. Information within the Provider Information Return (PIR) stated risk assessments were carried out with the inclusion of people. We discussed with the registered manager how they could further develop a more person centred approach to risk management by reflecting on people's views to risk and to raise their awareness, particularly when they challenge others. This would help people understand the impact of actions or behaviours they presented with that placed them and others at increased risk, what the risk was and potential consequences, for example when in the community. Staff we spoke with had a good understanding of risk assessment processes and of the agreed

risk management strategies in place for each person using the service. There were policies and procedures for managing risk staff could refer to.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date. The MAR provided information on the prescribed items, including a description of the medicines, dosage instructions and a photograph of the person. Staff had instructions on administering medicines prescribed "as necessary" and "variable dose" medicines.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had not all been trained. The registered manager told us training was booked for the day of our visit and had been cancelled by the trainer. A further date was arranged for the following week. Regular audit of medicine management was being carried out and this included daily checks. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. Two people collected their own medicines and handed these in to staff on duty to check and verify. People we spoke with told us they received their prescribed medicines on time.

We looked at how the service managed risk relating to the environment. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, Legionella testing, water temperature monitoring, and fire equipment and fire alarm testing. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEP) for each person living in the home and fire safety procedures were discussed at house meetings. People using the service told us fire alarms were tested regularly. Heating, lighting and equipment had been serviced and certified as safe. There were accident and fire safety procedures available and we noted the fire safety procedures were regularly discussed at the residents' house meetings. Health and safety training was provided for staff but this had not been updated. The registered manager told us arrangements had been made for staff to have refresher training in this topic.

We found the service to be clean and free from unpleasant odours. We viewed a toilet facility on the ground floor. We noted it was in need of a complete refurbishment. The registered manager told us, the work was commissioned to start on the following Friday and provided an email of confirmation. We also observed no paper towels were provided in the toilet and people used a hand towel they shared after washing their hands. This was not hygienic. The registered manager told us they had purchased paper towel dispensers and were waiting for them to be fixed to the wall. Following our visit we received confirmation all this work had been completed.

Good

Is the service effective?

Our findings

The people we spoke with told us they were happy with the care they received at Rosedale and told us they had confidence in the staff that provided their support. Their comments included, "I can do a lot more for myself since I came to live here" and "I get all the support I need to do things I want to do. (Staff member) helps me plan my week." "I get anxious and worried about different things and I can't always manage to do what I want to. They (staff) help me and are very understanding and it helps me feel better." A care coordinator told us, "I have no concerns regarding the placement at Rosedale."

We looked at how the service trained and supported their staff. Information we received in the PIR indicated all staff had been trained. They said "The staff are all currently in the process of working their way through the Care Certificate to help to increase knowledge and awareness and to encourage staff motivation, interest and focus on meeting the changing needs of the service users." The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

From our discussions with staff and from looking at records, we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. The service supported staff as appropriate, to attain recognised qualifications in health and social care. All the staff at Rosedale had attained a Level 2 or 3 NVQ (National Vocational Qualification) in health and social care and the registered manager was currently training to an NVQ level 5 for management.

Training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), drug awareness, management of medicines, nutrition, moving and handling, fire safety, first aid, food safety, equality and diversity, health and safety, infection control, challenging behaviour, safer food, risk assessments, epilepsy and nutrition. However we noted some of this training had not been renewed. The registered manager told us staff had all signed up to the 'Care Certificate' as 'refresher' training.

From our discussions with staff and looking at records we found there was an in depth induction programme for new staff. This would help to make sure they were confident, safe and competent. Staff told us they were supported by the registered manager and provided with regular supervision. There was always a senior member of staff on duty. Staff we spoke with commented, "I completed my induction over 6 weeks. I had plenty of guidance and support. (Registered manager) is brilliant. When I did my first aid training I got paid to attend because it was my day off." And, "I'm doing the care certificate. I absolutely love this job. We are very well supported and if we are unsure about anything we just contact (registered manager) and get the support we need."

Records showed checks had also been completed on staff working practice. These checks help to identify any shortfalls in staff practice and support the manager to identify the need for any additional training and support required. All staff had received regular supervision and an annual appraisal of their work performance. We looked at records of supervision. The supervision given was well structured and had provided staff with the opportunity to discuss their responsibilities in providing care and support of people who used the service and to discuss their work and career development.

Staff told us handover meetings were held at the change of every shift. A communication diary and daily diaries helped them keep up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff we spoke with had a good understanding of people's needs. One member of staff said, "We have a good team; we all work well together. Our work is flexible to accommodate individual needs and choices."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff had an understanding of the relevant requirements of the MCA and understood the importance of gaining consent from people and the principles of best interests' decisions. Care records showed people's capacity to make decisions for themselves in all aspects of their lives had been assessed on admission and kept under review. We looked at decisions that had been made, for example sharing of information, medication administration, support with personal and social care, health monitoring and personal environment. We noted in every decision taken the person was involved throughout the process. Staff we spoke with said they monitored this and would report any changes in people's ability to make decisions. Policies and procedures in relation to the MCA and human rights were available for staff reference and all the staff had signed to say they had read them.

We looked at the decision making process around staff escort for people accessing the community. In one person's care plan we found the language used suggested this decision was imposed on the person. We did not see options that had been discussed and if this action was what the person wanted. The registered manager told us that although this decision was recorded, the person had agreed to the support and could choose if they so wished, to go out independently. If their decision was not in their best interest an application would be submitted for a DoLS. The registered manager updated the person's care plan to reflect the person's decision making evaluation during our visit.

Rights and choice was discussed with people using the service at their house meeting. We were invited to attend a meeting during our visit. Service user rights were discussed with people and the theme for the week was using Advocacy Services. One person expressed an interest in using an advocate. Other decisions were being made such as menus for the week with healthy options for meals suggested and personalised and group activity.

People had been given a contract which outlined the terms and conditions of residence. These had been signed in agreement by people using the service. One person's contract was dated 2013 and was outdated in content. The registered manager reviewed contractual arrangements during our visit to bring them in line with current practice. Care plans and care reviews we looked at, had been signed as agreed with people.

The care planning process took into consideration people's dietary needs, food preferences, likes and dislikes. Processes were in place to assess and monitor this and nutritional screening assessments had been carried out. We saw for example times people preferred to eat, foods they enjoyed and special dietary requirements such as diabetic diet were noted and catered for. People were encouraged to choose healthy options for meals and menu planning was discussed at their weekly house meetings. People's weight was checked at regular intervals and food diaries were completed. This helped staff to monitor risks associated with a poor diet and support people improve with their diet and food intake.

We observed people were given the support they needed to develop and maintain skills in the kitchen by preparing meals and drinks where appropriate. One person told us, "I love cooking. Staff have helped me gain confidence in my ability to make meals. I've come a long way since I've lived here and it's all down to the staff and their patience." Another person told us, "I can make drinks whenever I want. I enjoy my food and we all have a say in the menu. If we don't like what others have chosen we can have something else."

Food was a regular feature in quality monitoring and everyone had expressed satisfaction with the provision of meals and considered they were involved in choosing the meals served. In addition to this, diet and nutrition was being managed on a personal level for each person. Care planning showed people were fully supported to have control over their nutritional needs and work was being carried out to promote healthy eating. Staff we spoke with told us, food was ordered on line. There was no limitation on what people could have. Fresh produce was purchased such as meat and vegetables and petty cash available for other supplies if people requested different. One person using the service told us they missed going out shopping for the food but enjoyed organising and putting away the food when it was delivered.
People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs and these were kept under review. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at the way the service provided people with support with their healthcare needs. There were 'okay health checks' and 'staying well plans' in place for each person. People we spoke with told us they went to their GP, had dental treatment and indicated they had received attention from healthcare professionals at the hospital. One person told us, "I go to the hospital myself to have my blood checked. (Staff member) will go with me if I feel I need some support. They always ask me before I go if I'm alright." Another person told us, "(Staff member) will help me sort out my appointments and put these on my calendar so that I don't forget when they are." People were encouraged to access healthcare in community settings. This meant people had the opportunity to gain confidence in managing their own healthcare. Where people experienced difficulty to manage this, alternate arrangements were made to ensure their healthcare needs were not overlooked.

People spoken with were satisfied with the accommodation and facilities available at Rosedale. One person invited us to look at their room that had been refurbished. They told us, "My room is really nice since it has been done up for me. I've got plenty of space and (staff member) has helped me put most of my things back as I like it." Another person told us, "I like my room since it's been decorated. It has everything I asked for and staff help me keep it tidy." We noted upgrading and refurbishment of the premises was on-going and nearly all the work had been completed. People using the service had been consulted and involved with the choice of colour schemes and furnishings.

Good

Is the service caring?

Our findings

People we spoke with said they were cared for very well. They were happy with the staff who they described as "very nice", "good" and "my friends". One person commented, "I have a good support team. I like (Registered manager) working with me, she's an angel." Another person told us, "I like all the staff; I can talk to them if I have any worries. I worry a lot, I can't help it. They always listen and help me sort things out. I like living here." And, "I can talk to any of the staff they are friendly and helpful. They are always there for us and they are really kind. We get all the help we need."

During our visit we observed how people were treated with dignity and respect. People were called by their preferred names and the staff and people chatted happily together. We did not see any institutional practices and observed people spent their time as they wished. There were no restricted areas in the home and people could spend time alone or in the company of others.

We asked people about privacy issues and what that meant for them. We were given good examples that demonstrated people's privacy was considered all the time. People told us they could lock their room. Staff always asked for permission to go in their room. They had their own bedlinen and their laundry was done separate to others. Most people had an en suite facility they told us they liked very much because they didn't have to share this with other people.

We were told mail was received unopened and when staff discussed people's care and support with them, this was done in private. People using the service were also confident they could speak to staff in private any time they wanted and that staff were good at keeping information confidential. Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. People's records were kept safe and secure.

The service had policies in place in relation to privacy and dignity and a charter of 'resident's rights'. Staff were expected to familiarise themselves with these and induction training covered principles of care such as privacy, dignity, independence, choice and human rights. From our discussions and observations it was clear staff had a good understanding of people's needs, interests and preferences.

People we spoke with told us they valued their independence. Staff supported them to achieve this. One person told us, "I do most things for myself. I can't manage everything. Staff give me the help I need and I know I am getting much better." Another person told us, "It would be nice to move to independent living like (named person). I'm not thinking about it though because of my health. I don't think I could manage and I'd be worried. I'm happy to be able to do the things I want, and staff give me that extra help to achieve this. I have a good life here."

Care plans were centred on people's views and wishes for their care and support. Attention was given to detail in care plans regarding what people wanted and needed. We saw evidence people's independence

was being maintained and daily living skills were being assessed and monitored. It was clear from information within care plans people's right to be self-determining in their lifestyle was acknowledged and respected. People's care and support was planned and delivered in a way that protected them from any unlawful discrimination. People were not excluded from community involvement and were supported to live as valued members within the home and wider community.

The service provided personalised support for people through the use of a key worker system. This meant that staff were delegated to oversee people's care and support. The registered manager told us people could choose who they wanted to support them and other staff members in the group provided support for specific activities where gender of carer needed to be considered. Staff we spoke with explained their role as a key worker. The system helped them support people in a person centred way. For example one staff member told us, "It's good for relationship building with people. It means we can spend more time with people and get to know and understand them better. Trust is something you build on and takes time." Another staff member told us, "If I can make a difference in someone's life then I am doing my job. People living here are valued and we support them to live as independently as is possible."

The registered manager told us people were aware of, and were supported to access advocacy services. An advocacy service is provided by an advocate who is independent of social services and the NHS, and who isn't family or friend. They support people, especially those who are most vulnerable in society, to have their voice heard, access their rights and have more control over their lives. We were told this service had been used at times for people needing this level of support.

People were encouraged to express their views during daily conversations, house meetings and satisfaction surveys. We were invited to observe a house meeting taking place during our visit. The meeting was informative and provided people with an opportunity to make shared decisions and have an update on forthcoming events such as the service initiative towards improving people's health. Staff reminded people of the complaints procedure, discussed their rights and recorded people's choice for the week's menu. People using the service contributed to the meeting and raised other topics that were discussed.

Good

Is the service responsive?

Our findings

We asked people using the service how they were involved in determining the level and type of support they needed and wanted. One person told us, "I have chats with my key worker and with (registered manager) to see how things are and if I have any difficulties that need sorting out. We go through all the things I do. If I want to do something different they help me arrange this." Another person told us, "I like things to be organised. I do talk to staff and discuss my support. We plan together what sort of help I need and talk about what I am managing to do. The staff are always helpful."

We looked at the way the service assessed and planned for people's needs, choices and abilities. We looked at two people's assessment, care and support plans. These were thorough and were focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and included information from other relevant sources, including the person's social worker and psychiatrist involved in the persons care.

The registered manager told us all admissions were planned. This allowed for people to be properly assessed and helped to support a decision to offer a placement at the home that would benefit the person and make sure staff had the right skills to meet their needs. People had the opportunity to visit the home and spend some time there including overnight stays getting to know other people living in the home and the staff team.

We looked at the assessment records of people using the service and found they covered a wide range of needs, such as interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs,. abilities, choices and behaviours.

We found evidence in care records that people had been involved in setting up their care and support plan. Care plans we saw were very well written and provided in-depth and detailed guidance for staff on how to provide care and support that met with people's needs. Care records clearly detailed people's routines, likes and preferences and provided good evidence to show people were at the centre of their care. The plans also provided staff with insight into what was important to each person and what they should be mindful of when providing the support people needed. This meant any changes in need such as deterioration in mental health could be identified more easily, and changes to people's support managed well.

The care and support plans were underpinned by a series of risk assessments. The care plans identified desired outcomes for people and a structured plan for achieving this. For example one aim was 'forming and maintaining relationships'. Actions were recorded such as 'To engage in therapeutic discussions about different types of relationships', 'engage in discussions about boundaries'. People's vulnerability in achieving this aim was considered and actions put in place to address this.

The care plans had been updated on a monthly basis and in line with any changing needs. It was clear care plans responded to individual needs and any changes made to people's support was managed well. One

person told us, "I am in a better place than I was the last time you visited. The staff are wonderful in how they have helped me. I'm doing a lot more things than I used to. It's all about having confidence." Staff maintained records of people's daily living activities, their emotional health and well-being and the care and support provided to them. People using the service also had personalised contracts of support. For example written into one persons' contract were specific quiet times, structured evening routines and support for maintaining a safe environment. These actions were to support the person lead a fulfilling lifestyle that minimised any risk to their well-being. The contract had been signed as agreed with the person involved and provided staff with a structured approach to their support.

Staff we spoke with told us they were familiar with people's care plans. They told us there was a regular handover meeting at the start and end of each shift. This meant they were kept well informed about people's needs. Staff told us when they had been off for a couple of days or on holiday they were always briefed about people's needs when they returned to work. We were told there was an additional document called 'Individual change in need' was completed as people's needs were reviewed. It was also used at CPA (Care Programme Approach) meetings with the persons care co-ordinator. CPA meetings is a way that people's support arrangements are assessed, planned for, co-ordinated and reviewed.

We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and friends. The home had a cordless phone which enabled people to make calls in private. We also saw that people were supported to manage their own mobile telephones. Staff supported people for example to keep the credits topped up and to charge the phone. This meant people could independently keep in contact with friends and family.

Each person had a personalised programme of activities. One person told us, "I'm in the veteran's community choir. (Staff member) takes me to choir practice. I enjoy using my computer." We were shown a selection of photographs stored on the person's computer. The person also told us they used a passport to leisure and attended the gym and joined in rambling activities with a member of staff. People we spoke with told us how they were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. This included shopping trips, outings, cinema and baking. One person told us they attended a local church and was involved in their socials.

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with were all very much aware of the service's complaints procedure and processes. This was discussed in the meeting we were invited to. One person raised a concern people were not leaving the kitchen tidy after they had used it. Staff discussed this with them and suggested ways on how this could improve. Suggestions such as 'reminding people' and 'putting a sign up' were made.

One person we spoke with said, "They ask us every week at our house meeting if we have any complaints." We asked the person if they knew how to contact the Care Quality Commission (CQC).They told us they had numbers to use that were on the notice board. All the people we spoke with told us if they had any complaints staff would deal with it. Comments included, "I would tell (registered manager)" and "I'd tell staff." They were confident their complaint or concern would be dealt with. There was a copy of the complaints procedure for people to see. The procedure was also included in the guide to the service. Staff spoken with expressed an understanding of their role in supporting people to make complaints and how to respond to them.

The complaints procedure provided guidance on making a complaint. The procedure explained how complaints would be managed, including the expected timescales for the investigation and response. Reference was made to raising concerns with the CQC and the appropriate contact details were noted.

There were complaints forms available for people using the service to use.

Information within the Provider Information Return (PIR) indicated there had been one complaint at the service in the last year. The complaint was about new bedding required within the home, including quilts and pillows. This was rectified and new bedding was ordered. This showed that matters raised were being taken seriously and responded to.

Good

Is the service well-led?

Our findings

We asked people for their opinion in how the service was managed. One person told us, "(Registered manager) is great. I can always go to her if I need anything. She always listens to me." Another person told us, "When we need anything or want anything we get it. (Registered manager) is fantastic. I would say the place is run well, I have no complaints at all." And, "She (registered manager) thinks about us and is always there to help."

There was a manager in post who had been registered with the Commission since 2011. She was qualified, competent and experienced to manage the service effectively and was currently undertaking QCF (Quality and Credit Framework) diploma in health and social care level 5. The registered manager was supported in her role by the service provider, another registered manager within the organisation and by senior staff. Throughout all our discussions it was clear she had a thorough knowledge of people's current needs and circumstances and was committed to the principles of person centred care. She expressed a commitment to the on-going improvements and explained the plans in place to develop various systems and processes to support this.

We were told newly devised quality assurance surveys would be conducted on staff/ relatives and visiting professionals to evaluate their views and opinions. The home would introduce reviewing systems that covered the twelve domain areas within the services. Presently every person using the service had a reflective rehabilitation package which identified progress made and identified their needs. This was reviewed monthly with people to encourage them to have as much control over their life as possible. A newsletter had been published. This was informative and had an added touch of humour.

People were actively encouraged to be involved in the running of the home. We saw weekly house meetings were held and a range of issues had been discussed. Surveys were carried out at regular intervals and an analysis of the results completed. All the outcomes evaluated showed a good level of satisfaction of the service provided.

Staff we spoke with were very complementary about the management of the service. They told us the registered manager worked alongside them and was very approachable, a good listener and appreciative of their work. One staff member told us, "The service is well led. (Registered manager) is very good at her job and will listen to what you have to say and is open to suggestions. I can approach her for advice and support any time." Another staff member told us, "She (registered manager) is approachable. I wouldn't hesitate to go to her if I had a problem. People living here have a good life and we are very well supported and trained to do our job. We get regular supervision and our work is flexible. Together as a team we try our best to provide a good service for people."

Staff we spoke with also had a good understanding of the expectations of the registered manager and provider. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff

team took a professional approach to meeting people's needs.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. The registered manager told us these were reviewed periodically to make sure they were updated and to reflect any necessary changes. Staff were expected to be familiar with these and follow procedures as standard practice. The registered manager made sure staff were familiar with these and followed procedures in practice. Procedures were in place to deal with staff who did not comply with company policies.

We saw evidence the registered manager monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. This meant there was constant oversight in all areas such as infection control, health and safety, safeguarding, incidents/accidents and nutrition. Where shortfalls were identified action was taken to address any matters requiring attention. The registered manager told us the registered provider was good at responding to and dealing with areas found to need improvement. The home had been refurbished and work on upgrade was near completion. We were told "(Registered Provider) is pretty good at providing anything we need. She always listens to suggestions. When we put a request in for things we need or want, she provides the best. We discuss plans for improvement at our management meetings and are involved in the business planning within the company."