

## Progress Care and Education Limited

# Woodlands

### Inspection report

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Date of inspection visit:

10 November 2016

11 November 2016

Date of publication:

15 December 2016

### 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 Woodlands on 10 and 11 November 2016. We gave the service 48 hours' notice of the inspection because it is a small service and we wanted to make sure the people living there and the manager would be in. Woodlands provides accommodation and care for up to four young adults who have a learning disability. At the time of the inspection there were four people living at the service.

Bedrooms and facilities at the home are located over two floors. All bedrooms are single occupancy. There is a kitchen, dining room, lounge, bathroom and shower room. There are gardens to the front and rear of the property.

At the time of our inspection there was a registered manager at the service who had been in post since 2011. 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.

At our last inspection on 19 July 2012, the provider was compliant with all of the standards that were reviewed at that time. During this inspection we found that the service was meeting the current regulations.

Relatives told us their family members were kept safe at the home. The staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abusive or neglectful practice.

Records showed that staff had been recruited safely and their suitability to support people living at the home had been checked. We found that staffing levels were appropriate to meet people's needs and relatives and staff were happy with the staffing levels at the service. Staff received a thorough induction, effective training and regular supervision. They told us they felt well supported by the registered manager.

There were appropriate policies and procedures in place for the management of medicines and we observed people receiving their medicines safely. The relatives we spoke with were happy with the way people's medicines were managed. People were supported with their healthcare needs and were referred appropriately to a variety of healthcare services. A local healthcare professional gave us positive feedback about the care provided at the service.

One person living at the home told us they were happy living there. The relatives we spoke with were happy with the care provided to people living at the home and felt staff had the knowledge and skills to meet people's needs. Staff responded to people's needs quickly and we saw evidence that people's needs and any risks to their health and wellbeing were reviewed regularly.

Risks relating to people's nutrition and hydration were assessed and managed appropriately. We observed

people being supported appropriately with their meals.

The service had taken appropriate action where people lacked the capacity to make decisions about their care and where they needed to be deprived of their liberty to keep them safe. Relatives told us they were involved in decisions about their family member's care.

One person living at the service told us the staff were nice. Relatives told us the staff who supported their family members were caring. They told us staff respected people's privacy and dignity and encouraged them to be independent. We saw staff treating people with kindness and affection and saw that people were relaxed and comfortable around the staff who supported them.

People took part in a variety of activities within the home and staff supported them to participate in a variety of activities in the community regularly. Staff encouraged and supported people to maintain regular contact with their relatives wherever possible.

Relatives felt the registered manager managed the service very well and they felt able to raise any concerns with her. Staff told us the registered manager was very approachable and supportive.

The registered manager and service provider completed a variety of audits which were effective in ensuring that appropriate levels of care and safety were achieved and maintained at the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people living at the home.

Staff received training in safeguarding vulnerable adults from abuse. They were aware of the action to take if they suspected abusive or neglectful practice was taking place.

Staffing levels at the service were appropriate to meet people's needs. Relatives and staff told us there were always enough staff on duty to keep people safe.

People's medicines were managed safely. There were appropriate policies and procedures in place and medicines administration records were completed appropriately by staff. We observed staff administering people's medicines safely.

Good ●

### Is the service effective?

The service was effective.

Staff received a thorough induction and effective training which was updated regularly. Relatives told us staff were able to meet people's needs.

People's mental capacity had been assessed and where appropriate relatives were involved in best interest decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority.

People's nutrition, hydration and healthcare needs and risks were managed well. People were referred to healthcare professionals when appropriate. A local healthcare professional provided positive feedback about the care provided at the service.

Good ●

### Is the service caring?

Good ●

The service was caring.

Staff were friendly and affectionate with people and it was clear that people living at the home were relaxed and comfortable around the staff who supported them.

Staff communicated with people in a light hearted and friendly way. Communication aids were used to support effective communication with people.

Staff respected people's privacy and dignity and encouraged them to be as independent as possible. People were encouraged to make everyday decisions about their care, such as what they wore and where they went on trips out.

People were supported by staff they knew and who were familiar with their needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Relatives were involved in decisions about people's care and people's needs were reviewed regularly. Relatives told us they were kept up to date with any changes in people's needs.

People were supported regularly to choose and take part in a variety of social activities at the home and in the community. Where possible, people were encouraged to maintain regular contact with their relatives.

The service provider sought feedback from relatives about the care being provided at the home. A high level of satisfaction was expressed about all aspects of the service provided.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a statement of purpose that was promoted by the registered manager and the staff, which focused on promoting people's choices, rights and independence and providing a person centred service.

Staff felt well supported by the registered manager. They told us she was very approachable and supportive and they could raise any concerns with her.

The audits completed by the registered manager and the service

provider were effective in ensuring that appropriate levels of care and safety were maintained at the home.

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# Woodlands

## 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.

The inspection took place on 10 and 11 November 2016. We gave the service 48 hours' notice of the inspection because it is a small service and we needed to be sure that the people living there and the registered manager would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications received from the service and previous inspection reports. A statutory notification is information about important events which the provider is required to send us by law. We contacted two community healthcare agencies who were involved with the service for their comments, including an orthotics service and a consultant psychiatrist. We also contacted Lancashire County Council contracts team for information. We did not receive any negative feedback or concerns about the service from the agencies we contacted.

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

During the inspection we spoke with four support workers, the housekeeper and the registered manager. We spoke with one person living at the home about the care and support they received. It was not possible to gain the views of other people living at the service due to their complex needs. Following the inspection we spoke with three relatives who gave us feedback about the care being provided at the home.

We observed staff providing care and support to people over the two days of the inspection. We reviewed in detail the care records of two people living at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits and fire safety and environmental health records.

# Is the service safe?

## Our findings

The relatives we spoke with told us their family members were kept safe. One relative told us, "[My relative] is always safe. There are always enough staff". Another said, "Staff always keep [my relative] safe. There have been incidents over the years but nothing serious. Staff manage [my relative's] risks well".

Records showed that all staff had received training in safeguarding vulnerable adults from abuse. Staff confirmed they had completed safeguarding training and understood how to recognise abuse. They were clear about what action to take if they suspected abusive or neglectful practice was taking place. There was a safeguarding vulnerable adults policy in place which included the contact details for the local safeguarding authority. All staff had signed to confirm that they had read and understood it. Information about how to raise a safeguarding alert with the local authority was also displayed on the notice board in the office.

We looked at how risks to the health and wellbeing of people living at the service were managed. We found that there were detailed risk assessments in place for each person. Each assessment included information about the nature of the risk and how it should be managed by staff. Risk assessments were completed by the registered manager and were reviewed regularly.

Records were kept regarding accidents and incidents that had taken place at the home. The records were detailed and were signed and dated by staff. Information included the nature of the incident and the action taken by staff. Each incident record had been reviewed and signed by the registered manager, which meant that staff responses to incidents were checked to ensure that they were supporting people safely and appropriately.

Staff had completed moving and handling training as part of their induction. However, further training had not been provided to staff as no-one living at the home required support with this. The registered manager told us that if a person moved into the home who required support with moving and handling, staff would be provided with the appropriate training to ensure that they could meet the person's needs.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identity, employment history and references from previous employers had also been provided. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service and found that there were sufficient staff on duty daily to meet people's needs. The registered manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home. The staff and relatives we spoke with felt there was always enough staff on duty at the home to keep people safe and meet their needs. Staff told us that the service was short staffed when we visited and staff often needed to cover additional shifts when other

staff were ill or on leave. However, they were aware that four members of staff had recently been recruited and were due to start work at the home in the near future. This was confirmed by the registered manager, who told us that until the recent recruitment, the service had six vacancies. She told us that as a result, they sometimes employed a member of agency staff. She told us that the service used the same member of agency staff, so that they were familiar with the needs of the people living at the home. This was confirmed by the staff we spoke with and the staff rotas we reviewed.

During our inspection, we observed that staff responded to people's needs quickly. They had time to spend with people and people were not rushed when staff were providing them with support.

We looked at the management of medicines at the home. Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. The service used a monitored dosage system for most medicines. This is where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error. A medicines administration policy was available which included information relating to administration, storage, refusal, over the counter and 'as required' medicines. Staff had signed to confirm that they had read and understood it.

People's Medicines Administration Records (MARs) provided clear information for staff, including descriptions of medicines and details of people's allergies. Prescribed creams were included on people's MARs and clear information was available for staff about how they should be applied. Staff had signed the MARs to demonstrate that medication had been administered. MARs were checked daily to ensure that they had been completed correctly by staff and a full audit of medicines, including MARs, was completed weekly.

All staff who administered medicines had received medication training. However, some training had not been updated for some time. We discussed this with the registered manager who informed us that the pharmacy for the service had changed recently and updated training for all staff by the new pharmacy was scheduled to be completed shortly after our inspection. She contacted us following our inspection and provided evidence that this had been completed. We saw evidence that staff members' competence to administer medicines safely was assessed regularly. This helped to ensure that people received their medicines safely.

We observed a staff member administering medicines and saw that people were given their medicines safely. They were given time to take their medicines without being rushed. The staff member explained what they were doing and sought the person's consent. Relatives told us they were happy with how people's medicines were managed at the home.

We looked at the arrangements for keeping the service clean. A housekeeper was employed at the service and support staff were also responsible for completing some domestic tasks when on duty. During our visits we found the standard of hygiene at the home to be high. Liquid soap and paper towels were available in bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. The relatives and staff we spoke with told us the home was always kept clean.

Records showed that portable appliances were tested yearly and gas and electrical systems and appliances were serviced and tested regularly. Environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

Records showed that most staff had completed recent fire safety training and the remaining staff were due to complete the training in November 2016. Fire drills took place regularly and there was evidence that the fire alarm and fire equipment at the home were checked weekly. We noted that a fire safety audit had been completed and records showed that all actions had been completed to achieve compliance with the necessary standards. There were personal emergency evacuation plans in place for each person living at the home. Records showed that most staff had completed training in first aid. This helped to ensure that people living at the service would be kept safe in an emergency.

## Is the service effective?

### Our findings

We asked one person living at the home if they liked living at Woodlands and they said, "Yes, I'm happy". They told us they liked the food, the staff, their room and the other people living at the home. The relatives we spoke with were happy with the care provided at Woodlands and with the staff who provided support. They told us, "The care is absolutely brilliant. [My relative] is very happy there"; "The care has been good from day one. I hope they keep up the good work. It's home for [my relative]" and "The staff are absolutely wonderful with everyone in the home. It's good that lots of the staff are around [my relative's] age".

When they joined the service, staff completed a two week induction programme which included a variety of training such as safeguarding vulnerable adults, the Mental Capacity Act 2005 and understanding challenging behaviour. As part of their induction, staff observed experienced staff supporting people and were observed by experienced staff when they began providing care and support to people. This helped to ensure that staff had the knowledge and skills to provide people with safe care and could meet their needs. The staff we spoke with told us they had received a thorough induction.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. In addition to the training mentioned previously, many staff had also completed training in food hygiene, epilepsy and autism. Staff told us they felt well trained and could request further training if they needed it.

Verbal and written handovers took place between staff a number of times throughout the day and prior to each shift change. We reviewed handover records and noted they included information about people's mood, behaviour, activities, meals and personal care. This helped to ensure that all staff were aware of any changes in people's needs or risks to their health and wellbeing.

Records showed that staff received regular supervision, which addressed their performance, what was going well, any areas for improvement and any training or development needs. Staff confirmed that they received regular supervisions and told us they were able to raise any concerns they had during their supervision sessions.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

MCA and DoLS policies and procedures were in place at the service. People's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that

people needed to be deprived of their liberty to keep them safe. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests. Staff understood the importance of gaining people's consent when providing support. They told us they ensured people were encouraged to make decisions about their care when they could and they provided the support necessary for people to make those decisions. Staff understood that people had the right to refuse care and support and told us they tried to encourage people sensitively, for example when they refused support with personal care.

As part of their induction and on a yearly basis, staff completed Positive Behaviour Support training. This addressed skills and techniques which could be used to support people living at the home if they displayed behaviour that could challenge the service. The course included guidance for staff on how to support people to become calm and physical interventions to be used as a last resort where there was a risk of harm to the person being supported or to others. Staff told us they found the training helpful and advised that physical interventions were only used as a last resort, when all other support techniques had proved ineffective. One member of staff told us, "Physical intervention is rare here. It's a last resort. I've been involved in one incident in the last two years".

We reviewed the records of incidents that had taken place at the home. Records showed that staff adopted a variety of techniques to support people when they were unsettled or agitated, including distraction techniques. We noted that the use of physical intervention was documented clearly and included the reason for the intervention, the range of actions taken by staff prior to the physical intervention and the names of the staff involved. All incident forms had been reviewed and signed by the registered manager. During our inspection we observed staff supporting people sensitively who were unsettled or upset.

We observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines. The care plans we reviewed were very detailed and documented people's needs and how they should be met, as well as their likes and dislikes. Information about people's interests and activities they enjoyed was included, as well as the support that was needed from staff to enable them to participate.

We looked at how people living at the service were supported with eating and drinking. We reviewed the home's menus and found that people were offered a choice at meal times. We observed meals during our visits and saw that people were supported sensitively by staff. The atmosphere was relaxed during meal times and staff engaged with the people they supported and each other.

Care records included information about people's dietary preferences and the support that they needed at mealtimes. Risks relating to nutrition and hydration had been assessed and information about how risks should be managed was available. Information was also available about whether people could be supported by staff in the kitchen to prepare meals or drinks and the nature and level of support that was needed. Relatives told us they felt people's nutrition and hydration needs were met at the home.

We looked at how people living at Woodlands were supported with their health. Each person had a healthcare file which included information about their medical history, any medical conditions and medicines. Care plans and risk assessments included detailed information about people's health needs and how they should be met. We saw evidence of referrals to a variety of healthcare agencies including GPs and the speech and language therapy service. Healthcare appointments and visits were documented. This helped to ensure that people were supported appropriately with their health. Relatives told us people's health needs were met and they were kept up to date with information about healthcare appointments and any changes in people's health. One relative told us, "They always ring me if [my relative] is unwell". Another

said, "The staff are very good. I get told about any doctors or dentist appointments".

We received positive feedback about the service from a local healthcare professional. They told us, "Staff have a full understanding of their client's needs. They are proactive in his care and he is always well turned out and in good spirits. The carers are positive in attitude, focus on their client and are driven to ensure he is cared for in an extremely professional manner. The team which cares for him are a pleasure to work with and have always promptly raised queries to ensure he is not at risk".

## Is the service caring?

### Our findings

One person living at the home told us the staff were always nice to them. Relatives told us the staff at the home were caring. One relative said, "[My relative] trusts the staff and his keyworker is great with him. He's very patient". Another told us, "The staff are great. They're like extended family".

We observed staff supporting people in various ways throughout the home. Staff communicated with people in a kind and caring way and were patient and respectful towards them. The atmosphere in the home was relaxed and staff interacted with the people living there in a light hearted and friendly way. We observed staff being affectionate and tactile with people. It was clear that staff knew the people living at the service well, in terms of their needs, risks, personalities and behaviours.

We saw that the people living at the service were relaxed around the staff who supported them. We observed people smiling, laughing and being playful with staff. One person living at the home told us she liked the staff there.

During our visits we saw that people living at the home were encouraged and supported by staff to make choices about their everyday lives. One staff member told us, "It's an important part of the ethos here and how we interact with people". We observed staff discussing with people what they wanted to do each day and where they wanted to go on trips out. Staff were knowledgeable about the decisions people could make for themselves and the support they needed to help them make decisions. Communication aids were used to support effective communication with people.

The registered manager told us that where it was possible, people were encouraged and supported to have regular contact with their relatives. We saw records of this and the relatives we spoke with told us that staff at the home facilitated this wherever they could. Contact included phone calls and Skype calls. One relative told us, "We Skype sometimes. It's only brief but it's good". Relatives told us they were always made to feel welcome by staff and the registered manager when they visited the home and were often invited to join their family member for a meal.

We observed staff supporting people with activities and with their meals and saw that they were patient and supported people sensitively. We noted that people were encouraged to do as much as they could to maintain their independence. People were supported to develop and maintain life skills and completed domestic tasks such as washing up and tidying their room when they were able to.

Staff respected people's dignity and privacy. They knocked on people's bedroom doors before entering and explained what they were doing when providing care or support, such as administering medicines. Staff ensured that doors were closed when people were being supported with personal care. Relatives told us they felt their family members' dignity and privacy was respected.

Records showed that people received daily support with personal care and we noted during our inspection that the people living at the home looked clean and comfortable in what they were wearing. People's

clothing was age appropriate and staff told us it reflected how they wanted to look. Staff told us people were encouraged to choose their clothes and one member of staff gave examples of how he had supported one person living at the home to choose and buy clothes online, to create more choice for them. We noted that people's care plans included information about their appearance and the support they required to maintain it, such as visits to the hairdresser and assistance with shaving.

Information about local advocacy services was displayed on the notice board in the office. Advocacy services can be used if people do not have anyone to support them or if they want support and advice from someone other than staff, friends or family members. The registered manager told us that no-one was accessing advocacy services at the time of our inspection.

## Is the service responsive?

### Our findings

The relatives we spoke with felt their family members' needs were being met at the home. They told us, "[My relative] has a really good life at Woodlands. The staff know he needs to be active and they make sure he gets out lots" and "I know [my relative's] well looked after and staff will ring me if they need to". Another relative told us, "The consistency of staff over the years has been really good. The same staff and the same type of support"

We saw evidence that where people were able to make decisions about their care, they were encouraged and supported to do so. Relatives told us people's care plans were discussed with them and they were involved in regular reviews. This helped to ensure that staff were aware of people's needs and how to meet them.

Everyone living at the home had been allocated a key worker. A keyworker is a member of staff assigned to a person to promote continuity of care. This helped to ensure that the care provided was consistent and that staff remained up to date with people's needs. We spoke with the keyworkers of some of the people living at the home and it was clear that they knew the people they supported well. They spoke affectionately about the people they supported and were able to give examples of people's needs and risks, how these had changed over time and how staff could best support them.

Care plans and risk assessments were completed by the registered manager and were reviewed regularly. The care plans and risk assessments we reviewed were detailed, individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Care plans provided detailed information about behaviours that people displayed which could result in a risk to themselves or others and how staff should support them.

During our inspection we observed that staff provided support to people where and when they needed it. People seemed comfortable and relaxed in the home environment and could move around the home freely. People could choose whether they spent time in their room, the kitchen, the lounge or the garden. When people wanted time alone staff had clear strategies for ensuring that this choice was respected while ensuring that they were kept safe.

We saw that staff were able to communicate effectively with the people living at the home and people were given the time they needed to make decisions. Communication aids were used where appropriate. When people were unsettled or upset staff reassured them sensitively. Interaction between staff and people living at the home was often light hearted and playful. It was clear from our observations that staff knew the people they were supporting well and were familiar with their needs and how best to support them. Relatives told us communication from staff was good and staff updated them regarding any changes in people's needs or risks to their health or wellbeing.

Each person living at Woodlands had a weekly activity plan which included information about their routines and interests. With support from staff, people decided what activities they took part in and where they went

on trips into the community. People's activities included music, games and puzzles, walks, baking, arts and crafts, exercise classes and shopping. The planner included daily trips into the community to local parks, cafes, shops and leisure centres. People were also supported to complete domestic tasks and assist with preparing meals.

During both days of our inspection, people living at the service were supported to go out into the community. Staff told us people were supported to go out most days unless they did not want to or there was a problem, such as severe weather conditions. The relatives we spoke with told us people were supported to go out regularly and they were happy with the activities available at the home.

The registered manager told us that staff sometimes accompanied people when they visited their relatives or when people went on holiday with their relatives. This was confirmed by the relatives we spoke with. One relative told us, "They bring [my relative] home regularly. It's great. They know him well". Another said, "We've had holidays when the staff have come and we've really enjoyed it".

We found that where possible, people's bedrooms had been personalised with pictures, photographs, soft toys, ornaments and keepsakes. Where possible people had been involved in choosing the decoration of their room and the curtains and bedding. The registered manager told us that further decoration of some people's rooms was planned and we observed conversations with people living at the home about how they wanted their room to look.

A complaints policy was available and included timescales for investigation and providing a response. The registered manager told us that no complaints had been received about the service in the previous 12 months.

The relatives we spoke with told us they felt able to raise concerns and they would speak to the staff or the registered manager if they were unhappy about anything. Two relatives told us they had raised minor concerns with the registered manager in the past and they had been resolved quickly and to their satisfaction. Relatives also told us they would feel able to make a complaint if they needed to.

We looked at how the service provider sought feedback about the care being provided at the home. The registered manager told us that annual satisfaction questionnaires were issued to people's relatives. We reviewed the questionnaires issued in October 2016 and noted that four questionnaires had been issued and so far two had been returned. Both relatives who had responded had expressed a very high level of satisfaction with all aspects of the care provided, including staff knowledge about the care, treatment and support needs of people, the home environment, reviews of care needs and satisfaction with activities. One person had commented on the questionnaire, "I am extremely happy with [my relative's] care. Staff are like extended family to us all".

We also reviewed the questionnaires from March 2015 and noted a similar high level of satisfaction with all aspects of care and support provided at the home. No suggestions for improvement had been made.

## Is the service well-led?

### Our findings

One person living at the home told us they liked the registered manager. Relatives we spoke with felt the service was well managed. They told us, "The management are good. I've got a lot of time for the manager and the deputy" and "The management are approachable and helpful. I've had no issues".

The provider's statement of purpose focused on 'making things happen for people with severe learning disabilities, Autism and associated challenging behaviours by promoting choice, rights, Independence and delivering a person centred service'. We saw evidence during our inspection that the statement of purpose was promoted by the registered manager and the staff at the service.

We noted that the registered manager held monthly meetings with staff. The meetings were used to address issues relating to the care provided at the home, updates about the people living there, incidents and accidents, health and safety, service provider updates and any staff issues. We saw evidence that staff were able to raise concerns during the meeting and their concerns were listened to and responded to. The staff we spoke with confirmed that staff meetings took place and told us they were able to raise any concerns during the meetings.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident that the registered manager would take appropriate action if they raised concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high.

During our inspection we observed that the people living at the home were able to approach the registered manager directly and she communicated with them in a friendly and affectionate way. We observed staff approaching the registered manager for advice or assistance and saw that she was friendly and supportive towards them. Staff told us they felt well supported by the registered manager and they thought the service was well managed. They told us, "The manager is great. She's approachable and very supportive", "I couldn't ask for a better manager. You can go to her about anything" and "The manager is lovely. She's very calm. The deputies are very involved and feel like members of staff".

The registered manager audited different aspects of the service regularly. This included checks on medicines records and stock, standards of hygiene and the management of accidents and incidents. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained at the home.

The registered manager told us the service provider made sure that appropriate resources were available to ensure that people's needs were met at the home. We saw evidence that the service provider visited the service and carried out audits of the care being provided. This also helped to ensure that appropriate standards were being maintained.

Our records showed that the registered manager had submitted statutory notifications to the CQC about the

service, in line with the current regulations. A statutory notification is information about important events which the provider is required to send us by law.

The service had a major incident contingency plan in place which provided guidance for staff in the event that the service experienced disruption as a result of fire, loss amenities such as gas, electricity or water or severe weather conditions. This helped to ensure that people's needs were met if the service experienced difficulties that could cause disruption.

The registered manager told us that a number of improvements to the home environment had been completed recently, including a new kitchen, a new dining room table and chairs and new comfortable chairs in people's rooms. She told us that further improvements were planned, including a new front door, the decoration of two people's rooms and the introduction of an annual staff questionnaire to ensure that there was a formal process in place to receive staff feedback.