Boars Tye Residential Home Ltd

Boars Tye Farm Residential Home

Inspection report

20 Boars Tye Road
Silver End
Witham
Essex
CM8 3QA

Tel: 01376584515
Website: www.boarstye.co.uk

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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

Our inspection was unannounced and took place on 11 May 2017. Boars Tye Farm Residential Home provides personal care and accommodation for up to 27 older people, many of whom are living with dementia. At the time of the inspection there were 21 people living at the service. The service is spread across two floors, with communal lounge and dining areas located on the ground floor. Some bedrooms were located on the ground floor but a majority were situated on the upper floor and accessed via stairs or a passenger lift. The service had two double rooms, both of which were occupied by two people at the time of the inspection.

The service had a registered manager in post. 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.

During our previous inspection on 10 February 2016, we found several breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. We found that the service was not consistently working within the principles of the Mental Capacity Act (MCA) 2005 and improvements were required in the management's oversight of the service. We also identified improvements were required with regard to the monitoring of the safety of the environment and ensuring that people had their medicines administered safely. We gave the home an overall rating of requires improvement. The provider sent us an action plan, setting out the actions they planned to take to improve the quality of the service. At this inspection, we looked to see whether they had implemented the action plan. We found that since our previous inspection the provider had made the required improvements to improve the standard of care and they were no longer in breach of the regulations.

Records showed that there had been an improvement in the frequency and effectiveness of quality assurance checks. This meant that the management team had a clear oversight of the service and were able to effectively monitor and manage the service and drive improvement.

Improvements had also been made to the storage and management of medication. Effective systems were in place to safely manage and administer people's medicines. Some people had been prescribed 'as required' medicines, information relating to why and when these should be given was clearly documented in people's care plans.

The service was consistently working within the principles of the MCA. The 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 management team understood their responsibility to comply with the requirements to comply with the MCA and this was reflected within people's care plans. People were supported to make choices and no unnecessarily restrictive practices were in place.

The service kept people safe from harm. Staff had completed safeguarding training. They understood their responsibilities to protect people from harm and were confident about how to raise concerns in line with the provider's safeguarding and whistleblowing policies.

Risks to people's daily lives had been assessed and measures were taken to prevent avoidable harm and to help ensure that people's freedom was supported and respected.

The service had a process in place for recording, monitoring and analysing accidents and incidents and action had been taken to mitigate the risk of reoccurrence.

Robust recruitment and selection procedures were in place and the management ensured that appropriate checks had been undertaken before staff began work. New members of staff were introduced to the service through an induction programme and were required to complete a probation period to ensure that they had acquired the necessary skills to care for people.

Staff were well-trained and worked together as an effective team. Records confirmed that staff had access to regular supervision sessions and received annual appraisals.

There were sufficient staff available to effectively care for people in a meaningful way. People received individualised care and support from staff who were kind and patient. They knew people well and understood their choices, likes and dislikes and were committed to ensuring people received good quality care.

Staff supported people to maintain a healthy diet and to access drinks throughout the day. People were encouraged to be as independent as possible and where appropriate staff assisted people in a patient and kind manner.

Staff worked alongside health and social care professionals to meet people's needs and sought specialist advice and support when the need arose.

The service was managed by an established team who were supportive and visible and staff had confidence in their ability to promptly deal with issues raised. The management team were aware of their responsibility to send notifications as required, so that we could be made aware of how incidents had been responded to.

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.

Staff understood how to recognise signs of abuse and were confident about the action that they would take to protect people from harm.

Risk assessments were in place and reflected people's current needs.

Effective systems were in place to ensure that the environment was safe,

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

There were sufficient staff available to effectively care for people in a meaningful way.

The provider supported staff to continue to develop their knowledge through regular training, supervision and annual appraisals.

People were supported in line with the legislation of the Mental Capacity Act and no unnecessarily restrictive practices were in place.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind and patient.

Staff knew people well and understood their choices, likes and dislikes and were committed to ensuring people received good quality care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received person centred care and support from staff who knew them well.

People were supported to participate in activities that they chose and which were fulfilling and meaningful to them.

People and their relatives knew how to raise concerns or make a complaint.

Is the service well-led?

Good

The service was well led.

The management team were accessible and supportive and well regarded by staff.

There were systems in place to monitor the quality of service delivered and drive improvement.

The management team were aware of their responsibility to send notifications as required.

Boars Tye Farm Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 May 2017 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR), which was submitted by the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

To help us gain an understanding of people's experiences of using the service we observed the interactions between people and staff and saw care and support being provided. We looked at three care plans and associated care documentation and at records relating to how medicines were managed. We also looked at documentation relating to the management of the service including policies and procedures, staffing rotas covering the last six weeks, staff training records, a range of audits and the results of quality assurance surveys.

We spoke with four people living in the service, three relatives, four members of staff and two visiting health professionals. We also spent time discussing the service with members of the management team including the registered manager, the care managers and the office manager. We also looked at five staff files to see whether staff had been recruited safely and looked at complaints and compliments received by the service.

Some people living at Boars Tye Farm could not easily give us their views and opinions about their care. To help us gain a better understanding of people's experiences of living in the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

All of the people that we spoke with told us that they were well supported by staff and felt safe living at Boars Tye Farm. One person said, "Of course I'm safe here, this is my home." Another told us, "I feel safe and well looked after."

At our previous inspection we found that whilst there were a wide range of checks in place to monitor the environment and equipment, concerns identified during these checks were not always appropriately responded to. Systems to check that call bells were working and to monitor the hot water temperature were not effective and had failed to protect people from the risk of harm. During this inspection we found that the provider had implemented measures to address these concerns and ensure that the environment was effectively monitored and assessed as being safe for people to live in. Records showed that regular environmental audits were undertaken and where issues had been identified the action taken to resolve the problems were clearly documented. Since the previous inspection water taps in the communal areas had been fitted with Thermostatic Valve Controls, which regulated the temperature of the hot water taps. Records showed that the hot water temperature was regularly checked and recorded as being within a safe range and where concerns had been identified prompt action had been taken to address the problem. A system had also been implemented to test all of the call bells on a weekly basis. This meant that we were assured that people were being kept safe.

Regular fire safety checks were completed and a recent fire safety audit had been undertaken. Personal electrical appliance (PAT) testing had been carried out to ensure that electronic equipment was in safe working order and there were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. Where appropriate the company used external contractors to audit and ensure they met the legal requirements to keep people safe.

At our previous inspection we found that there were not effective systems in place to ensure that people had their medicines safely. It was not always evident what action the service had taken to address or mitigate the risk of reoccurrence of medication recorded errors and the stock control of medicines was not effective. During this inspection we found that all of these concerns had been resolved by the provider. Medicines continued to be stored in two areas; a cupboard located off the dining room and the treatment room. Systems had however, been implemented to record how many of any particular medicines there were in the building and to monitor the movement of stock between the two store rooms. We checked the stock of medicines and saw that they matched people's records. Formal medication audits were in place and we saw that where issues had been identified appropriate action had been taken to address the problem through the use of supervision and performance reviews. We saw the service supported people with their medicines and when medicines were administered a record was made in the person's medication administration record, (MAR). Staff told us that they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. Records confirmed that staff competencies were regularly reviewed through observational supervision sessions completed by

senior staff.

We also looked at MAR charts for creams; they were up to date and included a body map which showed staff where the creams should be applied. A member of staff told us they were responsible for keeping an audit of peoples MAR charts for cream. If they noticed that a chart had not been signed they emailed the member of staff concerned to check if the cream had been administered and to remind staff to always sign the chart.

The service had a protocol in place to guide staff when people needed to take medicines as required (PRN) and, although rarely used, for the administration of homely remedies. Homely remedies is another name for a non-prescription medicine used in a care home for the short term management of minor, self-limiting conditions, such as toothache, cold symptoms and headaches. We observed PRN pain medication being given to one person, the staff member asked if they were in pain and offered them medication. The staff member then dispensed the paracetamol into a cup, the person was given a drink with their tablets and we heard the staff member explain what the tablets were for.

On one occasion however, we saw that food/fluid thickening powder had been left out on the sideboard in a person's room. In 2015 a patient safety alert from NHS England had been released regarding the risk of accidental ingestion of fluid/food thickeners which had resulted in death from asphyxiation. Therefore care providers should consider how to keep people safe from this risk, including the safe storage of thickening agents. We made the management team aware of our observations and they took action to rectify the issue.

People were kept safe because staff had a good understanding of the different types of abuse and knew how to respond should they suspect someone was being abused, mistreated or neglected. Staff had completed training on how to safeguard people from harm and were confident about the procedures to follow, both internally and externally, if they had any concerns. All said that they would not hesitate to raise any suspicions or concern to any of the management team and were confident that these would be taken seriously and resolved. The management team also understood their role in safeguarding the people in their care and their responsibility with regard to reporting incidents in the service to the local authority and the CQC.

The service had taken the necessary measures to manage and minimise the potential for harm in people's everyday lives. Individual, personalised risk assessments had been completed and were regularly reviewed. Risks monitored included; falls risks; risks related to eating and drinking; risks to people's skin integrity and risks associated with urinary tract infections (UTI's), which could be particularly problematic to people living with dementia. Staff were trained to recognise the early signs of UTI's to support people to be treated promptly to prevent further complications. Each assessment provided detailed guidance for staff to follow to support people in accordance with their expressed preferences and to minimise the risk of harm. For example, one person had a risk assessment in place for choking which advised staff to use thickened fluids if the person showed signs of inhaling food or drink. We asked staff how they assessed the person to decide whether this was necessary. Staff told us that they had worked with speech and language therapists (SLT's) and been shown what to do. One staff member told us that this person was at higher risk of choking after having a seizure so during these times staff would routinely thicken the person's fluids to minimise the risk of choking. People who had been assessed as requiring a hoist for transfers had been provided with their own sling and the service completed weekly sling audits to ensure that the slings were safe for use.

The service had signed up to the 'Prosper' programme a local initiative aimed at improving safety and reducing the risk of harm to vulnerable people. The benefits for people using the service were that their health and wellbeing was managed more safely through daily monitoring. The care manager told us that one member of staff had been awarded the Prosper champion of champions award by the local authority

for the work that they had undertaken in promoting and supporting the campaign in the service.

All the staff that we spoke with knew the details of people's care plans and told us that information shared at daily handovers kept then up to date on any changes that were made. Staff knew the procedure to report on risk and described the actions they would take if faced with an emergency situation.

At the time of the inspection the service was fully staffed. This meant that people received support from regular, permanent members of staff who understood the needs of the people that they cared for and knew them well. On the day of the inspection we found that staff were visible around the service and both people and staff told us that they felt that there were enough staff available. Staff completed regular checks on people who were unable to use their call bells. We saw records which showed those people were checked every hour. People who could use call bells told us that if they used them staff came quickly. One person told us, "I was sick once, I called for staff and they came immediately and helped me change my clothes and bed sheets." On the day of inspection we observed people calling for assistance and saw that staff responded promptly. We saw that people had their call bells within reach, for example, in front of people on tray tables in communal areas.

Plans were in place to advise staff about what action to take if an emergency situation arose and staff told us that they felt confident in the senior on-call system which provided additional support overnight and at the weekends.

A robust recruitment policy was in place to ensure that staff were recruited safely. Each staff member had to attend a face to face interview and all the required employment background checks, security checks and references were reviewed before they began to work for the organisation. This process ensured that the provider made safe recruitment choices. We looked at the recruitment files of five staff members. Each file contained a copy of the member of staff's job descriptions and contract clearly stating the terms and conditions of employment, references and proof of identity. New employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

Good

Is the service effective?

Our findings

People living at the service and their relatives told us that they were very happy with the support that they received and had confidence in staff's ability to care for them.

During the last inspection we found that the service was not consistently working within the principles of the Mental Capacity Act (MCA) 2005. The 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.

At this inspection we found that the service was consistently operating in line with the legislation. All the staff we spoke with understood their responsibilities to ensure people were given choices about how they wished to live their lives. We found completed mental capacity assessments in people's care plans that were personalised to each individual and were decision specific. We saw that family members and other professionals had been included in best interest decisions as appropriate. For example, there were two double occupancy bedrooms at the service, both of which had two people living in them. We saw that mental capacity assessments, and where appropriate best interest decisions, had been completed for these people. Where people had granted a representative with a lasting power of attorney (LPA) this was recorded in the person's care plan and the representative was recognised and consulted as the decision-maker in any best interest decisions.

Records showed that staff had completed training in respect of the MCA and DoLS and were able to demonstrate how they applied the principles of the legislation in their daily practice to support people and communicated in ways that helped people to understand what was being asked of them. One staff member told us, "We would always verbally ask people but if they can't understand we use pictures to help people make choices." We saw that one person had a key fob with laminated picture cards in their room. This included pictures of food items, clothing and activities. Staff told us they showed the person these pictures to help them make day to day decisions.

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). We checked whether the service was working within the principles of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had correctly identified when people may require a DoLS and had made the necessary applications to the local authority, for example, if people were not free to leave the service unaccompanied or if they required the use of bed rails but were unable to consent to their use. Staff were aware of the importance of avoiding restrictive practice and having the necessary DoLS authorisations in place. For example, one staff member told us, "Restraint can be being pinned down or something as simple as a table placed in front of someone or a blanket put on them that it is too tight; under DoLS we need to consider the least restrictive options to keep people safe."

The provider placed an emphasis on continual learning and staff were encouraged to develop their skills and knowledge in order to meet the needs of the people using the service. Records confirmed that staff were supported to access a variety of training sessions including, health and safety, fire, equality and diversity, first aid, medication and risk assessment, Staff were positive about the training they received and as a result felt confident in their ability to fulfil their roles.

A robust induction programme was in place to support new members of staff when they first joined the service. All new starters were issued with an employee's handbook which provided them with information about the organisations policies and procedures such as how to report absences. During their induction new starters worked alongside more experienced colleagues before they provided care for people. This ensured that new staff members became familiar with people's needs and how they wished their support to be delivered. Staff told us that during their induction they were allocated time to read the care plans of the people living in the service. One staff member said, "I learnt all about people when shadowing." The induction process also included training in mandatory subjects, for example, health and safety, manual handling and food hygiene and in topics that were relevant to the people who used the service, such as, catheter care. Some of the training was accessed on line and some, such as manual handling, was provided in a class room setting. A staff member spoke to us about their manual handling training. They told us, "We get the hoist out and practice, we go in the hoist so we know how it feels." They went onto explain that after the training staff were observed to check their competence in using the equipment. Records showed that throughout the induction process new starters were monitored and observed by senior members of staff to assess their skills and knowledge to ensure they were competent in their role.

Staff told us they enjoyed working at the service and felt well supported. We saw evidence that annual appraisals of staff performance had been completed and that staff had access to regular formal supervision sessions. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. The service had signed up to the Social Care Commitment and were using this to initiate discussion during supervision sessions. The Social Care Commitment is a government initiative to ensure that people are provided with the best care and support possible. One staff member said, "We get a yearly appraisal yearly with [registered manager]. And we've been signed up to do the social care commitment. I feel really well supported. We are emailed prior to appraisal to look through questions."

Effective systems were in place to share information with each other about risks to people. Staff completed written hand-overs at each change of shift which all staff read. Staff also used their electronic system to send each member of staff email updates., For example, letting staff know if a person had a fall.

Staff supported people to maintain a healthy diet and to access drinks throughout the day which was in line with their preferences and health needs. One person told us, "They know what I like and don't like and if they don't know, I soon tell them." A member of staff had developed an innovative scheme to promote good hydration for people. People were assigned different coloured cups to identify who needed help or prompting to make sure they drank enough. This scheme had been embraced by all who worked at the service. Throughout the day staff we spoke to told us, "Pink for drink." This meant that when staff saw that a person had a pink cup they knew that they needed to closely monitor and encourage that person to drink enough to prevent them from becoming dehydrated and being at risk of contracting a urinary tract infection.

People and their relatives were positive about the food and the support they received from staff. One person told us, "The food is good; we get a choice and they will always give me something else if I don't like it." Another said, "We get asked what we want to eat and it's usually quite nice." A staff member explained to us

how they supported people to choose their meals. They told us, "We use picture cards to help people choose what they want to eat; people choose their meals the day before but they can always have an alternative as we will always make them something else." We saw that this was the case as one person didn't want their dinner so they were made egg on toast instead. At lunch time we observed staff supporting and encouraging people in a patient and appropriate manner. Staff told us that extra staff came in at meal times to ensure people had the support needed to have enough to eat and drink. People could choose where they wanted to eat, some sat in the living rooms eating from tray tables whilst others sat in the dining area. We saw that some people had adapted cutlery to support them to be independent with eating and drinking. We observed staff giving people the time to eat at their own pace and that people with specific dietary requirements, such as pureed meals, had their needs met appropriately.

Nutritional assessments had been completed and where people were found to be at risk of malnutrition the service monitored their food and fluid intake. When people were cared for in bed they had the added measures of having their fluid output monitored as these people were at particular risk of becoming dehydrated. This information was analysed and appropriate referrals were made to the relevant health professionals. People had keyworkers who were responsible for monitoring people's weight. We saw that this system was effective at ensuring people received timely medical input when required. For example, where a keyworker had observed that a person had put on weight they had shared the information with the GP to check whether the person's food supplements should be stopped.

Staff supported people to access healthcare professionals when needed. One person told us, "If I'm not well they get me the help I need." Care records showed that people had regular reviews from opticians, chiropodists and the dentist. Where people were experiencing psychological distress we saw that the service had referred them to the community mental health team to promote their wellbeing. Staff were vigilant and noticed and responded promptly to people's changing health needs and visits from the GP and referrals to other specialist healthcare professionals for additional advice and support had been made in a timely manner. For example, we saw in one person's daily notes staff had noticed that a person was a little shaky which was a sign that they might be about to experience a seizure. The staff member had reported it to a senior who had already spoken to the staff member responsible for administering medication and the person had been given anti-seizure medication as a preventative measure. During the inspection we spoke with two visiting healthcare professionals they told us, "People receive very good skincare." We saw that staff kept records of changes to people's skin condition on a body map and if changes were noticed, referrals to relevant health professionals were made. For example, we looked at one person's care plan and saw that staff had noticed a red area on a person's bottom; they had immediately sent a faxed referral request to the district nurses. We saw that people had pressure relieving equipment in place which was used correctly. For example, we checked the settings on the pressure relieving mattresses and saw that they were set at the correct pressure for people.

Good

Is the service caring?

Our findings

People and their relatives were all extremely happy with all aspects of the care that they received. A relative told us, "As soon as you walk in it's the warmth that you feel." People told us, "The girls here are lovely." And, "They [staff] are so kind, they are like family." Another person said, "They look after us well. Always someone here to help. They always have a smile." A district nurse told us, "Staff are friendly, warm and kind."

People told us they were involved in how their care and support was provided and they felt listened to. One person said, "Nobody could make me do anything I didn't want to, I'm bossy, I say what I want and they listen to me." This view was also echoed by relatives who described staff as, " Enthusiastic and keen to get things right." Another relative spoke with us about a time that staff had supported them through a crisis and how at times they had visited the service feeling low but always left feeling positive. They went onto explain how staff had ensured that the necessary measures were in place to support their family member when they had become unwell. Staff kept daily notes about people and we saw these were written in a kind and caring way which were person focussed rather than task focussed. For example, we saw an entry which stated, "[person] has been in an amazing mood today, laughing and joking with the care staff."

Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. Throughout the inspection we observed that staff were kind and caring. We saw staff having a laugh and joke with people with appropriate use of touch to comfort people and demonstrate warmth and affection. Because staff knew people well they knew how to support people who had become agitated and diffuse potentially difficult situations. For example, one member of staff told us how they supported a person who could sometimes become aggressive due to his seizures. They told us, "We speak to [person] reassure them, they love jelly babies, we sit and talk to them, take the time, this makes them feel better." Staff also knew how to support people who were upset. A staff member told us, "[person] is very chatty and loves hand holding, if they are upset they like to have their hand held, they also love their dolls, this makes them feel better."

Written records showed that people and their family members were involved in the planning and delivery of their care. Records showed people had been consulted about how they wished their care to be provided. The management team had undertaken work to ensure each person's care plan was personalised and included people's wishes. Staff knew people's preferences and knew how to support people in their preferred way

Staff were aware of the importance of supporting and promoting people's independence. A member of staff told us, "We verbally prompt to encourage people to be independent but will step in when needed." People's care records promoted their independence providing guidance to staff on how to help people remain as independent as possible. For example, in one person's care plan we saw instructions for staff which stated, "[person] can wash their own hands, face and brush their teeth; to help promote independence show [person] how to do it by mimicking the actions; With encouragement [person] can pick out their own clothes."

Peoples care records included a section which focussed on their strengths and set objectives and actions for staff to help people remain independent. For example, in one person's care plan it was recorded that the person enjoyed dancing and was able to walk on their own. The objective was to maintain the person's abilities by ensuring the environment was free of obstacles and that the person was provided with encouragement and reassurance by staff.

Observations of staff interacting with people showed that people were treated with dignity and respect. Prior to staff entering people's rooms they knocked on the door and waited for a response before entering. Relatives that we spoke explained how staff were respectful of people's privacy and gave them time to visit with their loved ones in private. Staff responses to our questions demonstrated positive values such as ensuring curtains were drawn and covering people up to protect their modesty when providing personal care and providing any personal support in private.

We saw that discussions had taken place with people and their families in relation to making important decisions such as whether they wanted to be resuscitated in the event of a cardiac arrest. We saw that DNACPR orders had been completed appropriately in people's care files. We also saw that some people with the help of their family members had completed preferred priorities of care forms. These provided people with the opportunity to share information with those who supported them how and where they would like to be cared for in the last days of their lives and any preferred funeral arrangements.

Good

Is the service responsive?

Our findings

The service provided care which was person-centred, which means that the support was tailored around people's needs rather than the needs of the service. One staff member told us, "Family help us find out about people's preferences, it's about realising we're all different." People told us they were supported to maintain routines of their choosing and were to be able to get up when they wanted to and do what they wanted to do.

People and their families were involved in their care and support planning and had given consent to their care plan. Staff told us that the emphasis was on ensuring that care plans were person centred and focused on the individual needs and preferences of the person. Care plans and risk assessments were reviewed regularly and amended as required. Where appropriate relatives were invited to yearly progress reviews to give their feedback and input into how care and support was delivered.

People received personalised care from staff who knew them well. We asked staff what they thought person-centred care meant and how they provided a person-centred approach. - They told us, "Person-centre care, it's all about them, how they like things done." And, "We look in people's care plans, talk to people and their families to find out how people like things done; don't be task-focussed, give people choices." All of the staff we spoke with demonstrated a good knowledge of people's life histories and used this knowledge to engage with them in meaningful ways. For example, when staff had discovered that a person used to be a tailor they had provided the person with some cloth and chalk so they were able to make a jacket.

We reviewed care plans and saw that they were personalised and written in a person-centred way. Each person had an "About Me" section which provided staff with a detailed life history which included the person's likes, dislikes, routines, family, interests and hobbies and preferences. For example, one person's care plan recorded that they had completed a zip wire aged 81 and had swam with dolphins. Staff used this information to provide a person-centred approach. For example, a member of staff told us, "[person] loves their hair being coloured, they like hand massages and having their nails done. They also love shopping so we take the lap-top to them so they can shop on-line."

The service was responsive to people's needs whilst at the same time meeting their duty of care to keep people safe from harm. For example, where a person liked to have a particular object with them at all time but had hurt themselves with it due to its hardness. The service had replaced the wooden object with a crocheted version so that the person could experience all the comfort that having the object gave them without the risk of harm.

The service employed an activities co-ordinator who demonstrated an excellent awareness of person-centred care and providing people with opportunities for meaningful occupation. For example, we saw one person taking part in a knitting group and teaching the staff member taking part in the group how to knit. They took a flexible and responsive approach to planning activities and met with people at the beginning of each week to find out what people wanted to do rather than planning a structured programme. Whilst there were some group activities available to people the activities co-ordinator was sensitive to the fact that group

activities could highlight people who were less able, so was not always appropriate. Instead, they took a more holistic approach and tried to involve people in normal everyday activities that they enjoyed. For example, we saw one person who liked washing up and the service supported them to do this after mealtimes.

The people we spoke with told us that they knew how to raise any concerns or complaints. One person said, "I know how to complain, but I would get my daughter to do it for me." Relatives we spoke with told us any issues they raised with the staff were always dealt with quickly and to their satisfaction. The service had a complaints procedure in place. We looked at the complaints log and found that, whilst there were very few complaints received, they had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

People and their relatives said that the management team were approachable and visible around the service. A visiting healthcare professional told us, "The managers are visible out on the floor, mucking in, it's not them and us, they are all in it together." Staff were consistently positive about the management team and how the service was run. They described the registered manager as a good leader and had confidence in the management team as a whole. One staff member said, "It's a lovely place to work, the management team are great, easy to talk to, they listen to us. We have their phone numbers if we need them, I feel very well supported."

During the last inspection we found that some of the service's quality assurance systems were not effective and we had concerns that this had resulted in the registered manager not having a clear oversight of the service. At this inspection we saw that improvements had been made to the frequency and effectiveness of quality assurance checks. The provider had instigated a number of measures to address the concerns identified during the previous inspection including seeking advice and support through an external review of the service. Records showed that effective quality assurance systems were in place. Monthly audits and reviews were completed by the management team and the maintenance person. These included medication audits, health and safety audits and weekly fire safety checks. Action plans were implemented to identify and address any issues found and records showed that concerns were promptly resolved. This meant that we were confident that the management team now had a clear oversight of the service and were able drive improvement forward. One staff member told us, "The support we get is immense. We are a great team. We have all worked on this together; no-one has said 'that's not my role."

The management team were observed to be accessible and supportive to both people living in the service and the staff. It was clear that people related to them and felt comfortable and relaxed in their presence. The management team had an 'open door policy' which meant that staff were able to raise any concerns and were confident that they would be addressed. This had embedded a positive, open and inclusive culture into the service, placing the needs of the people using the service at its core. For example, the electronic care system has been set up so that, where appropriate, families can log in remotely to access their family members care records.

Staff told us that they felt they had a proactive voice within the service and that their input and opinions were valued by the management team. One staff member told us, "We feel really well supported; they are open to training opportunities. [registered manager] is accessible and listens to us." Staff were positive about the communication at the service. Records showed that role specific staff meetings were held every six months and the service held an Annual General Meeting (AGM) which outlined the provider's plans for the forth coming year and all staff were invited to attend. In between these times management told us that they inform staff of any changes either by holding an emergency staff meeting, posting notifications on the staff noticeboard or, if appropriate, telephoning individual members of staff.

Monthly relative meetings also took place and in addition to this relatives were kept informed of service developments and upcoming social events through the publication of a monthly newsletter.

The service had a statement of purpose in place which was seen to be adhered to. A statement of purpose is a document which describes what a service does, where the service is provided and who it is provided to. The service worked with statutory organisations to deliver support to people and consulted with other professionals, and actively used their advice for the best outcomes for the people using the service.