The Community of St Antony & St Elias

Belvedere

Inspection report

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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

Belvedere is a small care home for people who are experiencing severe and enduring mental health conditions. The home provides accommodation and support for a maximum of four people. Belvedere belongs to a group of homes owned by The Community of St Antony and St Elias, which is known locally as the Community. The homes all act as one community, with group activities and group management meetings which provided oversight. This inspection took place on the 19 and 27 April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day and one on the second day. The service was previously inspected on the 24 September 2015, when we found the provider did not have effective systems in place to regularly assess and monitor the quality of the service provided. Following this inspection the provider sent us an action plan telling us how they were going to meet this regulation. At this inspection, we found that improvements had been made. There were good systems in place for staff to communicate any changes in people health or care needs and regular team meetings facilitated the sharing of information on all aspects of people's care and support and allowed staff to discuss specific issues or raise concerns.

The home had 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 received their prescribed medicines on time and in a safe way. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. However, we found that medicines were not always stored safely as the home did not have in place a robust system to ensure that people or unauthorised staff could not access medicines. We spoke with the registered manager about this who took immediate action.

People who used the service told us that they knew how to raise concerns and felt able to report concerns to the manager. People said that they felt safe and relatives told us "they have created a place where people are safe". There were systems to help ensure people were protected from all forms of abuse. Staff told us they had received safeguarding training in how to recognise signs of harm or abuse as well as whistleblowing and knew where to get further information. Throughout our inspection, there was a relaxed and friendly atmosphere, people were relaxed in the company of staff and it was apparent that staff were knowledgeable about people individual needs.

Recruitment procedures were robust and records demonstrated the manager had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. These included checks on people's previous employment history, people's identity, obtaining references and carrying out DBS checks (police checks). The registered manager ensured there were sufficient numbers of staff on duty with the right skills to keep people safe and meet their identified needs. The registered manager determined staff levels according to people's needs and adjusted the rota accordingly.

There were safe systems in place to manage and assess risk within the service, risks to each person's safety, health, and wellbeing had been individually assessed. The registered manager completed comprehensive assessments of people's needs prior to them moving into the home and we saw that these had been regularly reviewed. Each person had a personal emergency evacuation plans (PEEPs) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

People's mental and physical health were monitored by staff and we saw that where concerns had been identified people were referred or reviewed by appropriate health care professionals. People received effective care and support from staff with the skills and knowledge to meet their needs. The homes training matrix and individual staff training records demonstrated that staff had undertaken a comprehensive induction process and staff received regular training.

The registered manager and staff demonstrated a clear understanding of MCA. People's care plans clearly demonstrated that their consent and views were sought in relation to any decisions being made, which meant that the home was working in line with the principles of the Act. However not all the records we saw were clear or contained the same level of detail. At the time of our inspection, no one being supported by the service was subject to a DoLS application. However, some people at the home did have restrictions placed upon them under the Mental Health Act. Staff had a clear understanding that people could only be restricted in accordance with the authorisation; this meant that people's rights were protected.

People's rooms, were personalised and people told us they were involved in decorating and furnishing their rooms with things which were meaningful to them.

People told us that the "food was amazing". Relatives told us "they have good quality fresh food". Throughout the inspection, we saw staff offering choice during meal times and people were able to help themselves freely. People's care records included information about people's dietary preferences and nutritional needs, and people were encouraged to maintain healthy diets.

People we spoke with told us they were involved in all aspects of planning their care and were included in any meetings held about them. People's care records contained clear information to staff on managing people's mental health in a way, which caused the least amount of distress to the person. People's care records were regularly reviewed and updated to reflect people's changing needs, where people's needs had changed we saw that the registered manager had taken action, documented these changes, and provided staff with additional guidance on how to support and meet people's changing care needs

People had access to a range of activities to suit their abilities and preferences and people were freely able to choose which activities they participated in.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to contact if they required help or support. Senior managers from the Community regularly carried out unannounced spot checks of the service. These included speaking with people who lived at the home and auditing all aspects of the service provided. The registered manager told us the Community had developed positive relationships within the local community and was highly regarded for the work that it does.

We have made a recommendation about the management of medicines.

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 said that they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who were knowledgeable about people's care and support needs.

Staff received regular training to carry out their roles and received regular support and supervision.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

People were supported to make decisions about their care by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who treated people with dignity, respect and compassion.

People were supported by staff who were knowledgeable about their needs, likes, interests and preferences.

People were supported and encouraged to be as independent as possible.

People were supported to make choices and decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken to identify people's needs and support was being provided in a flexible way that suited them.

People were encouraged to take part in activities that interested them, and supported by staff to achieve individual goals.

People were supported to raise concerns or complaints and people were confident that the registered manager would act upon them.

Is the service well-led?

Good

The service was well led.

The culture of the service was open and positive, people and staff felt able to share ideas or concerns with the registered manager.

People told us the registered manager was approachable and listen to them.

People were supported by a service which worked constructively in partnership with community mental health teams to meet people's needs.

Staff understood the management structures in the home and were aware of their roles and responsibilities.

There were effective systems in place to monitor the quality of the service provided.

Belvedere

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 19 and 27 April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day and one on the second day.

Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. During the inspection, we met with four people who used the service. We looked at the care of three people in detail to check they were receiving their care as planned. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us, but we did use the principles of this framework to undertake a number of observations throughout the inspection.

We inspected records including three staff files, training records, staff duty rotas, meeting minutes, medication records, quality assurance records, and the service policies and procedures. We spoke with 3 members of staff the registered manager and the head of care who acted as the providers' representative. We looked around the service and grounds which included some bedrooms (with people's permission). Following the inspection, we sought and received feedback from four health and social care professionals who had regular contact with the service. We also spoke with three relatives of people currently supported by the service.

Good

Is the service safe?

Our findings

People received their prescribed medicines on time and in a safe way. However, we found that medicines were not always stored safely as the home did not have a robust system to ensure that people or unauthorised staff could not access medicines. The medicines keys were kept in the downstairs office, the door to which was not always locked when left unattended. We spoke with the registered manager about this who took immediate action. When we returned for the second day of inspection, we discussed what we had found with the providers representative who advised that the Community were introducing a new system following our concerns. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. The service used a combination of boxed medicines and a monitored dosage system (MDS) provided by a local pharmacy on a monthly cycle. When medicines arrived at the service the medication administration records (MARs) showed that medicines were counted into stock and staff signed to say the right numbers had been received. The service had appropriate arrangements in place to dispose of unused medicines, which are returned to the pharmacy for disposal. Medication administration records, clearly identified people's allergies and contained protocols for 'as required' medicines (PRN). Records showed regular medicine audits had been undertaken by the registered manager and staff. Where medicines had been supplied to the service in a box form staff counted these medicines before each administration, this meant that immediate action could be taken were errors had been identified.

We recommend that the service seek advice and guidance from a reputable source, about how they should meet there legal responsibilities in relation to the management of medicines and take action to update their practice.

Belvedere provided support and accommodation to people who had varying levels of need relating to their mental health. People said that they felt safe. One person told us "I do feel safe", another person told us "of course I feel safe it's my home" and we saw that people were relaxed and comfortable in staff presence. Staff explained why it was important to people's physical and mental wellbeing that people felt safe and secure. Relatives told us "they have created a place where people are safe" "I have no concerns about my relative safety", "absolutely 100%, people are well looked after", "I have no concerns about them at all". Health care professionals told us "people's safety comes first", "you can't fault them" and "they have an excellent reputation and they deserve it".

People who used the service told us that they knew how and were able to raise concerns with the staff, manager, and health care professionals. There were systems to help ensure people were protected from all forms of abuse. Staff had received training in safeguarding vulnerable adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and whom they would report concerns to. The policy and procedure to follow if staff suspected someone was at risk of abuse were displayed in the main office along with telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the registered manager and knew which external agencies should be contacted should they need to do so. For example, one member of staff told us that when they had raised concerns in the past the manager dealt with them

straight away.

People and staff told us there were sufficient staff on duty to keep people safe and meet their needs. One person said "there's always someone here and available when I need them". This meant that people were able to attend appointments and activities when they choose. The registered manager determined staff levels according to people's needs and adjusted the rota accordingly. Relatives told us "there always plenty of staff when we visit", "staff are always available to facilitate home visits; it's never been a problem". The home did not use an agency to cover staff sickness or annual leave as the Community operated a flexible approach to its staffing resource with each home having its own core staff team. During the inspection, we observed that there was sufficient staff to support people on a one to one level as well as being able to support people to take part in-group activities. People were protected by robust recruitment procedures and records demonstrated the registered manager had carried out checks to help ensure staff were suitable to work with vulnerable people. These included checks on people's previous employment history, people's identity, obtaining references and carrying out DBS checks (police checks).

Each person had a detailed risk management plan, which covered a range of issues in relation to each person's mental and physical health. For example, risks associated with diabetes, medication, self-neglect and risk from behaviour which could be harmful. Risk management plans contained information about the person's level of risk, indicators that might mean that the person was unwell and action staff should take in order to minimise these risks. For example, one person's risk management plan contained information and guidance for staff associated with risks of diabetes. Staff were instructed to monitor this person for signs that may indicate that they were unwell and seek advice from the person's GP and/or diabetic nurse. We saw from this person's records that were staff had concerns they sought advice from an appropriate medical professional.

Each person had a personal emergency evacuation plans (PEEPs) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency. These plans gave clear guidance to staff and others about the level of reassurance and assistance each person required. This meant people's safety was protected during the evacuation of the building in the event of fire or other emergency. In addition, the Community operated a twenty-four hour on call system, which provided out of hours management cover were staff could seek advice or assistance.

All accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate a change in people's needs, reviewed staff practice and updated people's risk management and care plans to ensure that any risks identified were minimised. This information was sent to the company's health and safety coordinator and discussed as part of the weekly managers meeting. This ensured any lessons learnt and action taken to minimise risk could be shared.

People were kept safe as the registered manager and staff carried out a range of health and safety checks on a weekly, monthly, and quarterly basis to ensure that any risks were minimised. For example, fire alarm, fire doors, emergency lighting and equipment. We saw that risk assessments were reviewed regularly in accordance with company policy.

Good

Is the service effective?

Our findings

People told us they had access to a range of health care services. These included the dentist, optician, chiropodist, and diabetic nurse. People's care plans included details of their appointments and staff we spoke with knew people well and were knowledgeable regarding their health care needs. People's mental and physical health were monitored by staff and we saw that were concerns had been identified people were referred or reviewed by appropriate health care professionals. The registered manager told us that people had regular reviews with their care coordinators and community psychiatric nurses (CPN), and they were able to referred people when needed. The registered manager told us that in addition to people being able to access local health care services people received support internally via their head of care who was a qualified social worker. The Community employed an independent consultant psychiatrist who was available to see people on a weekly basis and liaised directly with people's individual consultants and GP's, this person was also available to provide support and guidance to the registered manager and staff when needed.

People received effective care and support from staff with the skills and knowledge to meet their needs. The homes training matrix and individual staff training records demonstrated that staff had undertaken a comprehensive induction process. Staff received regular training in various topics including medication, first aid, communication, Mental Capacity (MCA), Deprivation of Liberty Safeguards (DoLS), conflict resolution, de-escalation, diabetes, values of care and safeguarding of vulnerable adults. People told us that staff "knew them very well" and "knew what they were talking about". Staff told us that where people had moved into the home or where an existing person developed the need for specific training that the registered manager had organised training as a matter of priority. For example, we saw that all staff had recently undertaken training in response to one person's changing health needs. One staff member said "the training is really good here, that's one of the best things about this company they ensure that we develop the right skills its great". Relatives comments included, "staff were very knowledgeable and skilled", staff are "very competent and skilful", "they really know there stuff" Health care professionals told us "staff were highly trained and intensely skilled". "You can tell that the company values the importance of training and invests in their staff team".

Staff received regular supervisions and annual appraisals. Supervision gave staff the opportunity to sit down with the registered manager and discuss all aspects of their role as well as the opportunity to discuss their professional development. Supervisions were used to look at people's care and support and identify individual training and development needs. The registered manager used supervision as a way of assessing people's knowledge through setting a series of scenarios and discussing their awareness for example, we saw that people's latest supervisions contained scenarios relating to MCA, safeguarding, privacy and dignity. Staff we spoke with told us that they found this style of supervision very useful and gave them the opportunity to discuss and identify any gaps in their knowledge.

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.

The registered manager and staff had received training and demonstrated a clear understanding of MCA. People were fully involved in all aspects of their care and support, attended regular review meetings, and had access to their records. People's care plans clearly demonstrated their consent and views were sought in relation to any decisions being made, which meant that the home was working in line with the principles of the act. For example, we saw the registered manager had carried out a mental capacity assessment for one person living at the home as they had requested that staff accompany them when they went out. This person recognised that they found it difficult to behave in a manner acceptable to mainstream society and requested support. The registered manager had recognised this was potentially restrictive and arranged for the persons capacity to make this decision to be assessed, and documented the outcome. However not all the records we saw were clear or contained the same level of detail. The records for one person showed that the finance department of the Community acted as a corporate appointee for this person's finances. There were no records to show the rational for this decision, no mental capacity assessment to show that the person did not have capacity to manage their own finances or that this was being carried out in their best interest.

We spoke with the registered manager about this who explained that the person had requested this arrangement and was happy for the organisation to act as their corporate appointee, however agreed that the records regarding this arrangement were unclear. Following the inspection, the registered manager had updated this person's record and introduced a consent form that had been signed by the person and contained clear information as to why these arrangements were in place, how these arrangements would be reviewed as well as the person's right to change or terminate this arrangement whenever they choose to do so.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, no one living at Belvedere was subject to a DoLS application. However, some people at the home did have restrictions placed upon them under the Mental Health Act. For example one person was only able to go out unsupervised for a maximum of 2hrs at a time. Staff we spoke with had a clear understanding that people could only be restricted in accordance with the authorisation; this meant that people's rights were protected.

We saw that people's care records included information about people's dietary preferences and nutritional needs. People told us that the "food was amazing" another person said, "There's lots of variety". Staff were able to tell us about people's dietary needs and knew what people liked to eat. People were encouraged to maintain healthy diets, and to increase their daily living skills by cooking their own meals. Relatives told us "there is always plenty for people to eat, they have good quality fresh food". Another relative told us "nothing is too much trouble all people have to do is ask and they provide it, they really do look after them".

People were supported with the planning, shopping and cooking of meals; we saw where people did not want to cook, meals were provided or they were able to purchase takeaways. Throughout the inspection, we saw staff offering choice during meal times and people were able to help themselves freely. Staff told us "we always asked people what they want; you often end up cooking two or three choices". Records showed one of the people living at the home was under the care of their GP for the management of their diabetes; staff were able to tell us which foods they should avoid and explained how they supported this person to make healthy choices in relation to their food. This meant people were supported by staff that were knowledgeable and had the right skills to meet people's needs.

Good

Is the service caring?

Our findings

Throughout our inspection, there was a relaxed and friendly atmosphere within the home. People were relaxed in the company of staff and it was apparent that staff were knowledgeable about people individual needs. People who used the service told us "nothing could be better" I have access to Wi-Fi, music and everybody's really friendly". Another person told us I'd give it "10 out of 10", "this really benefits me". Staff spoke affectionately about people. They valued and respected them as individuals and praised their accomplishments. For example Staff spoke enthusiastically about two people who had achieved their food hygiene certificates and were keen to show us their certificates. Staff told us "I love working here, I really enjoy it were all equal and we each have our own skills". Another staff member told us "I love it it's all about empowerment, encouragement and independence at their pace, we are a community a family" Relatives told us "the staff and manager are amazing" "they really care for people you can tell it's not just a job". Another relative told that they had "100 % confidence in them, people are well looked after", "I feel so lucky to have found this provider". Health care professionals we spoke with told us they "put people are the heart of what they do" another said, "they always put people first and they deliver". "They have created a culture of respect between staff and people who use the service."

We saw staff during the inspection maintaining people's privacy and dignity, we observed staff knocking on people's doors and waiting before entering. People had keys to their rooms and were treated with respect, when staff needed to speak with people about sensitive issues this was done in a way that protected their dignity and confidentiality. People's rooms were personalised spaces where they were able to express themselves. People told us they were involved in decorating and furnishing their rooms with things they wanted and which were meaningful to them such as family photographs, posters, artwork and music. People told us how they were supported to maintain relationships with friends and family which was very important to them.

We saw that the service had created an outside space into an art room when we asked the registered manager about this. They told us that one of the people living at the home was an accomplished artist and they had created a work space for this person in the garden, this was important as it enabled them to leave their canvasses and paint out instead of having to pack them away each day. The registered manager explained how they had supported this person to exhibit their artwork in exhibitions in Totnes, Teignmouth, and Falmouth.

Throughout the inspection, we saw staff offering choice and responding to people's wishes. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For example, Staff told us people "can choose what they want to do and where they want to go". "I always offer choice". Another person told us "we have a white board in the kitchen were people write down what they want or make suggestion" we encourage and support people to take control over their own lives".

People we spoke with told us they were involved in all aspects of planning their care and were included in any meetings held about them. We saw evidence that people had attended their monthly reviews meeting

and documentation showed that people views were actively encouraged in goal setting and their comments recorded. The registered manager used this information to update people's care plans were needed. For example one persons stated at their last review that that they "enjoyed living at Belvedere and they get on with people very well" they appreciated the support offered by the consultant psychiatrist as they were "very nice" but they knew that they needed to relax more.

Good

Is the service responsive?

Our findings

People told us they had been made fully aware of what they could expect from the service and what their rights were prior to moving in. One person told us that they had been fully involved in their admission and had visited Belvedere and met people before they agreed to come. A relative told how their relation had been able to visit the service on a number of occasions before any decisions were made about their placement and the manager had carried out a comprehensive assessment of their needs. Another relative told us that their "relative was at the centre of the whole process, they put them first". The registered manager told us that people were encouraged to spend time at the home, which included both day and overnight visits. People were provided with a copy of the homes service user's guide and terms and conditions (contracts) this enabled people to make an informed choice about the support that Belvedere was able to offer. We reviewed the homes service users' guide and contract arrangement for people currently living at the service and found that these documents contained detailed information regarding what people could expect from the service and what their rights were.

We saw the service had recognised and taken action were people abilities had outgrown the service. The registered manager and staff told us how they had supported the transitional arrangements for a person who had recently moved into their own flat. Staff told us that although they were sad to see the person move on it was the right decision for them. One staff member said, "That's the best bit about my job seeing people progress".

People told us they had been involved in identifying their needs and developing the care provided. This meant that people had choice in how their care was delivered and received care and support, which was personalised. People's care plans were informative and covered all aspects of daily living as well as people's physical and mental health needs. Staff had a good understanding of people's needs, preferences, and were skilled in delivering care and support. For example, one person's care plan contained specific details relating to the management of their diabetes. It was clear from the records that this person had struggled with eating the right foods and controlling their weight. Staff had referred the person to their GP and diabetic nurse who had been in regular contact with this person in order to provide advice and support. Staff had undertaken training in diabetes management and a care plan had been developed which supported and encourage this person to take control of their condition. Management plans contained guidance for staff on how they could support this person by encouraging them to eat healthy foods whilst avoiding sugary and fatty foods, by having an awareness of portion control and monitoring their physical health. The registered manager told us how staff had worked with this person in getting them to take control and manage their condition. With the support of staff, this person had developed their own strategies of managing and limiting their intake of unhealthy foods or snacks.

People's care plans contained clear information to staff on managing people's mental health in a way, which caused the least amount of distress to the person, should they deteriorate or suffer a relapse. Each person's care plan contained information on the signs and triggers that might indicate that the person's mental health was deteriorating and the action staff should take. For example, one person's care plan stated that they might have unnatural thoughts and ideas. Staff were given clear guidance on the best way to

support this person and advised to seek support from the home manager or consultant psychiatrist if they were unsure. This helped ensure that people's mental health was closely monitored and people received the right care and support in a timely manner. Staff told us each person had a working file that contained the details of the care they provided. These are "not set in stone, the key to what we do is flexibility; people can choose what they want to do or change their minds at any time". Health care professionals told us that the Community's ethos and culture made them a highly specialist service and they are able to support and manage people who have intensely complex needs very skilfully. Health care professional's comments included, "They are responsive to people needs and have a can do attitude, nothing appears to be too much trouble for them". "They are a brilliant service which achieves the most amazing outcomes for people, they should be proud of the service they provide".

People told us they were fully involved in their reviews and asked how they felt. People's care plans were regularly reviewed and updated to reflect people's changing needs, were people's needs had changed we saw that the registered manager had taken action and provided staff with additional guidance. For example on the first day of our inspection one of the people living at the home had complained of pain and feeling unwell. The registered manager recognised this as unusual and arranged an urgent appointment with the persons GP. On the second day of inspection, we saw that the registered manager had reviewed and updated this person's care plan to reflect the changes to their physical heath and provided guidance to staff on how to support this person following medical intervention. We saw from the records that the registered manager carried out a formal review of people's care and support every six months. Reviews consisted of a written report on how the person was doing and a meeting, that included all those involved in the person's care. Relatives told us they were invited to attend regular reviews of people's care and that their views and that of their relatives were always listened to. Health care professionals told us "the standard of care planning and risk management is excellent"; "they truly understand people's needs and develop plans which are realistic and attainable". "People thrive within the environment they provide". This meant that people were actively involved in making decisions about their care and support.

People had access to a range of activities to suit their abilities and preferences both internally as part of the Community and externally as part of the wider community. The Community provides a range of activities, which have been developed at the request of people who use their services. The Community produces a monthly activity programme and people are freely able to choose which activities they want to participate in for example tennis, climbing canoeing, cookery, and badminton. People who lived at Belvedere attended a number of these activity sessions, during the inspection people attended five a side football session as well as an arts and craft session. One person told us there's "lots of variety and they cater for all abilities". "There is a two week rolling rota which changes monthly all you have to do is fill in a form its great".

People and staff told us that they routinely went to pubs, restaurants, cinema and shops. Staff demonstrated they were knowledgeable about people's needs and the things that were important to them in their lives. Staff were able to describe how different people liked to dress, how they like to spend their day, what time they liked to get up, foods they enjoyed, people's hobbies and interests. For example, staff told us how they supported one person to join a local five a side football team knowing their love of the game. People were supported in a way that promoted their independence in all areas of their lives. For example, the registered manager told us how they supported one person living at the home to gain valuable work experience and secured them a work placement with a local charity shop, which has greatly benefitted this person's sense of self-worth and confidence. One relative told us the staff encourage and supported people to really develop their interests, "my xxx is doing things which they haven't done in years such as playing football and getting back into their photography". Another relative told us "they have taken the time to find out what people are interested in and support them to engage again".

People told us they knew how to make a complaint or raise concerns. People's comments included "I would speak to the manager or I can speak to staff". We looked at the homes complaint procedure and saw that it clearly informed people how and who to make a complaint to and gave people guidance for the timescales of any response as well as the Community's appeal process. The complaints procedure contained details of independent advocacy services that would be able to support people if they so wished as well as details of other organisations people could contact if they felt unsatisfied with the outcome. We reviewed the homes complaint file and saw that one of the people living at the home had made a complaint about the behaviour of another person using the service. The registered manager had respectfully responded to this person concerns and had taken appropriate action to address this persons concerns in accordance with the Community's policy and procedures. Relatives we spoke with were aware that they could raise concerns with the manager or the Community directly if they needed to do so. One relatives told us that they felt "comfortable speaking to the manager" and they were "confident that they would listen and deal with any concerns they might have.

Good

Is the service well-led?

Our findings

The service was previously inspected on the 24 September 2015, when we found the provider did not have effective systems in place to regularly assess and monitor the quality of the service provided. At this inspection, we found that improvements had been made.

People and staff told us that the home was well managed. There were good systems in place for staff to communicate any changes in people health or care needs through handover meetings. These meeting facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. The registered manager used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified. The registered manager regularly carried monthly audits to review health and safety practices such as fire safety, equipment checks, medicine audits and analysis of accidents and incidents. These were used to identify any areas of concern, minimise the risk of reoccurrence and plan on-going improvements. This information was sent to the company's health and safety coordinator and discussed as part of the weekly managers meeting. This ensured any lessons learnt and action taken to minimise risks could be shared.

Senior managers regularly carried out unannounced spot checks and audits of the service. These included speaking with people who lived at the home in order seek their views, and auditing all aspects of health and safety. Senior managers used this opportunity to carry out staff supervisions and monitored the overall effectiveness of the service. We saw from the records the Community held managers meetings weekly, these were an opportunity for managers to discuss their services, and address any concerns. For example recruitment, people, health and safety, policies and procedures and best practice. The registered manager told us they found these meetings very useful and a great opportunity for peer support.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support and the Community provided additional management support via an out of hours on call management system The senior management team provided the registered manager with one to one supervision, monitored their practice and offered advice and guidance when needed. In addition, the Community employed an independent consultant psychiatrist who provided specialist advice in relation to people's mental health and well-being.

The registered manager and staff we spoke with had a clear understanding of the Community's vision for the service, which is to preserve its sense of sanctuary and belonging, by offering care and rehabilitation in an environment where problems and disabilities cease to be the defining element. Staff told us they believed in the Community's ethos and values and were the reasons why they joined the organisation. One staff member told us "were all equal here, there's no them and us".

People who used the service told us they were encouraged to share their views and were able to speak to the manager when they needed to. The registered manager described a culture of openness and transparency where people and staff were able to provide feedback and raise concerns. People, staff and relatives described the registered manager as open, honest and approachable. They told us that they were

very visible within in the home and had an excellent working knowledge of people who lived and worked there. Relatives told us the registered manager was very helpful and always available should they need to speak to them.
Another relative said the registered manager led by example and they were very impressed by the way, they run the service. Healthcare professionals told us that the homes communication and information sharing was second to none.

People told us that they were able to discuss any concerns with the manager and staff, and the manager always discussed any changes in home with them. For example people were consulted on their views regarding the admission of new people or any changes in the running of the house before they were implemented. The registered manager did not currently hold house meetings, however they were always seeking new ways to facilitate people's feedback and as such were planning to introduce a diarised weekly slot for people to come and talk if they wished to do so. The Community annually sought peoples view by asking people, relatives, and external professional to complete surveys, however due to poor return, this system was currently being reviewed.

People who lived within the home had undertaken voluntary work within the local town. The registered manager told us the Community had developed positive relationships within the local community and was highly regarded for the work that it does. For example the registered manager had been driving force in setting up and leading a swim and lunch club for women, which had been running now for approximately eighteen months.