

Scope

The Old Orchard Care Home

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 21 January 2016.

The Old Orchard Care Home provides accommodation and personal care for up to five people living with severe learning disabilities, physical and sensory needs, including autistic spectrum disorder. At the time of our inspection there were five people living at the service.

The Old Orchard Care Home is required to have 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. At the time of the inspection there was a registered manager.

People received a safe service. Staff were aware of the safeguarding adult procedures to protect people from abuse and avoidable harm and had received appropriate training. Risks were known by staff and managed appropriately. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly.

Safe recruitment practices meant as far as possible only people suitable to work for the service were employed. Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs. People's dependency needs had been reviewed and were monitored for any changes.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received appropriate support with their eating and drinking needs and independence was promoted. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support. When concerns were identified about people's healthcare needs swift action was taken.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

Staff were kind, caring and respectful towards the people they supported. They had an excellent person centred approach and a clear understanding of people's individual needs, preferences and routines. The provider asked relatives and visiting professionals to share their experience about the service provided. Communication between relatives, external professionals and the service was good.

People were involved as fully as possible in their care and support, this included participating in person centred reviews. Staff used excellent communication tools that were based on individual needs. There was a complaint policy and procedure available and confidentiality was maintained. The provider arranged for

people to be supported by an independent advocate. There were no restrictions on people visiting the service.

People were supported to participate in activities, interests and hobbies of their choice. Staff were creative and thoughtful and had a positive approach in providing new experiences and opportunities for people.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits.

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.

There were systems in place that ensured staff knew what action to take if they had concerns of a safeguarding nature. Staff had received safeguarding adult training.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly. People received their medicines safely.

The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service. There was sufficient staff available to meet people's needs safely.

Is the service effective?

Good 

The service was effective.

The Mental capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. Mental capacity assessments and best interest decisions had been appropriately completed.

People's healthcare needs had been assessed and planned for. The service worked well with visiting healthcare professionals to ensure people's healthcare needs were met effectively. People were supported to maintain a healthy and nutritious diet.

Staff received an induction and on-going supervision and training to enable them to effectively meet people's individual needs.

Is the service caring?

Outstanding 

The service was caring.

The provider arranged for people to be supported by an independent advocate.

People were supported by staff who were very caring and compassionate and had a clear person centred approach. Staff

had a great understanding of what was important to people.

Staff had fully embraced different communication tools to support people. They showed great respect and dignity in supporting and enabling people to be involved as fully as possible with choice and decision making.

Is the service responsive?

The service was responsive.

People's care and support was individual to their needs, preferences and routines. Staff supported people to pursue their hobbies and interests and were creative and responsive to new ideas and opportunities for people.

People were involved as fully as possible in person centred reviews about their care and support. People were at the heart of all decisions made about the service they received.

A complaints policy and procedure was in place.

Good ●

Is the service well-led?

The service was well-led.

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Good ●

The Old Orchard Care 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 21 January 2016 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. During the course of this inspection we contacted health and social care professionals for their feedback about the service. This included Healthwatch, the GP practice for the service, a learning disability speech and language therapist and an independent advocate that regularly visited the service.

The inspection team consisted of one inspector.

Due to people's communication needs we were unable to gain their experience about the service and used observation to help us understand their experience of the care and support they received. We spoke with the service manager this person had day to day responsibility for the service, the registered manager was unavailable. We also spoke with a team leader and two support staff. We looked at all or parts of the care records of two people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we spoke with three relatives of people who used the service for their feedback about the service.

Is the service safe?

Our findings

People received a safe service that protected them from abuse and avoidable harm. Relatives we spoke, without exception, told us that the care and support provided for people was safe and of a high standard. One relative told us, "People have complex needs and I have every confidence that the staff ensure people's safety at all times." Another relative said, "I've always been very pleased with the service provided, I visit regularly and know [name] is very safe and well cared for."

Staff demonstrated they understood their role and responsibility in protecting people. One support worker told us, "We make sure people are happy and feel safe, if something isn't right we pick up on it straight away and report it and action is taken." The team leader said, "Staff are well trained and safeguarding procedures are regularly discussed in meetings with staff." Additionally, staff told us that they had received training and ongoing refresher training on safeguarding adults. This supported staff to be up to date with good practice guidance and aware of any changes to policies and procedures.

We found suitable safeguarding procedures in place, which were designed to protect people from the risk of abuse. We looked at the service safeguarding adult's policy and saw how the service managed safeguarding concerns. Records looked at confirmed staff had completed training in safeguarding adults and appropriate action had been taken to protect people when incidents had occurred.

Relatives told us that they had been involved in discussions and decisions about how risks were managed. One relative told us, "I have no concerns; the staff are very quick to respond to any risks." Another relative said, "[Name] has complex needs but risks are managed very well and [name] is supported to try different things." Photographs of community activities people had participated in, told us risks to people's needs were positively managed and restrictions on people's freedom and choice were kept to a minimum.

Staff told us how they had information available to them which provided guidance of the action required to manage and reduce known risks. Staff gave good examples that showed they understood people's individual needs in relation to risks and safety. The team leader said, "People's risk assessments are updated when required, and any risks are discussed in daily handover meetings with the staff." A support worker told us about how they ensured the equipment people required was safe to use and how the environment was monitored to protect people's safety.

Our observations and discussions with staff, found staff responded quickly when risks had been identified. An example was given about a person's night time routine, precautions had been taken to reduce any risks, such as the bed was lowered to the floor and soft padded flooring was in place. However, the person had received a minor injury whilst reaching for something. Staff told us of the action they had taken and records confirmed what we were told. This included discussions with the person's relative and health care professionals to decide what other action could be taken to protect the person further. This told us that risks were regularly monitored and staff took swift action when further action was required to protect people's safety.

From the sample of care records, we found people's needs had been assessed and associated risk plans developed. These had been developed in some instances by the therapists that supported the staff team such as physiotherapists and speech and language therapists. Others risk plans had been developed by the staff team or in partnership with healthcare professionals. We found these plans were very detailed and informative and showed best practice guidance. This meant staff had the required information of how to support and manage known risks.

The internal and external environment was in a good state of repair and we found there was a record of regular checks and audits of equipment and services. Relatives we spoke with said the safety and security of the building was good. Staff told us that fire drills were regularly completed. The physical environment both inside and out met people's physical needs and safety.

Relatives we spoke with told us that they felt there were always enough staff available. We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. They said that whilst bank staff were used the permanent staff supported and managed the bank staff to ensure people's needs were known and understood.

Staff talked positively about the staffing levels provided and said that these were sufficient to meet people's individual needs and safety. The service manager told us how they monitored people's needs to ensure adequate staffing levels were provided. They gave an example of the action taken where additional staff support was required to meet a person's specific needs. This told us that people could be assured that staffing levels were based on their assessed needs and the provider was flexible in their approach to ensure people's safety.

We looked at the staff roster and people's care records, and concluded there were appropriate staffing levels provided to meet people's individual needs and safety.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included criminal records check and employment history.

People received their medicines safely and as prescribed by their GP. Relatives we spoke with were confident that their family member received their medicines safely by competent and experienced staff. One relative told us that they were aware that the administration of medicines had been changed to two staff and that they felt this was good practice.

We observed two support workers' administer medicines to people in accordance with the provider's medicines policy and procedure. They did this competently and safely. We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance.

We reviewed people's medicines administration records. We found these had been completed appropriately. Additionally, the way people preferred to take their medicines had been recorded along with any important information the staff required. Detailed information was available to staff with respect to medicines that were prescribed as and when required. This information provided guidance of the administration of this medicine to protect people's safety.

Records confirmed that staff had received appropriate training and had received observational competency assessments to ensure they were administering medicines safely. The provider had regular audits and checks in place completed by staff within the service and the provider's clinical lead.

Is the service effective?

Our findings

Relatives spoke positively about the staff who they described as knowledgeable and competent. One relative said, "I can't think of a time I've been concerned, staff know [family member's] needs very well." Another relative said that there had been some staff changes and that the 'core' staff team were very good.

Feedbacks from visiting healthcare professionals were positive about the staff team's knowledge, understanding and skills in meeting people's needs effectively. One visiting healthcare professional told us that the manager showed a commitment in ensuring the staff team received regular training. Comments included, "[Name] recognises the importance of keeping her staff up to date with their training and does everything she can to facilitate this."

Staff told us about their induction when they commenced their employment. They said that this was well planned and structured. One staff member told us, "The induction training consisted of a two week block of training and shadowing experienced staff. It really prepared me for my role and responsibility." Staff were also positive about the training opportunities they received. One staff member said, "It's some of the best I've ever had in my working life. It's very thorough and interesting."

From talking to staff and looking at the training staff had received and the forthcoming training plan this told us that staff received appropriate training. This included training in sensory processing, postural management and autism awareness in order to meet the needs of people with complex healthcare needs and severe learning disabilities. Additionally, staff told us they were undertaking nationally recognised qualifications in care and that they had been encouraged and supported with this.

Staff received regular opportunities to meet with the team leader or manager to review their work, training and development needs. This included an annual appraisal of their performance. Staff spoke positively about the support they received. One staff member told us, "One to one meetings are booked in advance and are six weekly. It's a good opportunity to sit with the manager to discuss any issues." The team leader said, "Whilst supervision meetings are regular, we can meet with staff in between." This told us that the provider was committed in supporting the staff team.

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. We checked whether the service was working within the principles of the MCA.

Relatives we spoke with told us, without exception, that staff involved them in discussions and decisions. One relative said, "I feel very involved in discussion and best interest decisions." Another relative told us, "I feel involved; my opinions are considered in all they [staff] do."

All staff we spoke with demonstrated a good understanding of the principles of MCA including their role and

responsibilities in protecting people's rights. One staff member said, "People can give their consent. We have to understand how people express themselves. If best interest decisions are required we involve family and external professionals in the discussion and decision."

We observed staff that supported and included people as fully as possible to facilitate consent before care and support was provided. Staff did this effectively by using appropriate communication; they were patient and waited for a response from the person that indicated their decision.

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 saw an example of where an application had been made to a 'supervisory body'. They have the legal authority to restrict a person of their freedom and liberty if assessed as in the person's best interest. We found that the provider was effectively protecting people's rights in accordance with the MCA and DoLS.

People were supported to eat and drink sufficiently and received a balanced diet based on their nutritional needs and preferences. Relatives told us that staff closely monitored what people ate and drank to maintain people's health. One relative said, "I'm confident that [name] receives plenty of nutrition. Drinks are offered frequently, staff are aware of portion size and monitor weight." Another relative spoke positively about how independence was promoted. They said, "Staff encourage and guide people to eat independently. Choices are offered and likes and dislikes are known, staff can anticipate needs well."

We observed staff effectively support people with their eating and drinking. Information in people's care plan records was followed. This included ensuring the person was sitting in the correct position and had the eating utensils they required to promote their independence. Whilst staff supported people they provided encouragement and prompted them to be as independent as possible. Staff were seen to offer people choices of what to eat and drink and acted upon people's preferences.

Staff showed a good understanding of people's nutritional needs and preferences. Specific dietary and nutritional needs including cultural or religious needs were assessed, and included in people's care plans. Visiting healthcare professionals were involved in assessing people's eating and drinking needs and provided staff with guidance to ensure they supported people effectively. We looked at the six week menu plan and food stocks. Staff told us how they supported people to eat healthy. They said they included extra fibre in some people's diet where required and provided fresh fruit, vegetables and salad.

People's food and fluid intake and weight was monitored by staff to ensure that if changes occurred they could take appropriate action such as contacting healthcare professionals for advice.

Relatives spoke positively about how their family member's healthcare needs were met. One relative said, "[Name's] health is always managed very well. Emergency care is brilliant, I have every confidence routine health needs are good." Another relative told us, "Staff know from their understanding and experience when something's not right and seek medical attention quickly."

Feedback received from healthcare professionals about how staff met people's healthcare needs was positive. This included taking quick action if concerns were identified.

From care records we found people's health needs had been assessed and people received support to maintain their health and well-being. People had a 'Health Action Plan', this records information about the person's health needs, the professionals who support those needs, and their various appointments. In addition people had 'Hospital Passports'. This document provides

hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated the provider used best practice guidance.

Is the service caring?

Our findings

Relatives spoke highly of the staff with respect to their approach, they said that staff involved people as fully as possible with their care and support. Additionally, they described staff as very caring, compassionate and thoughtful. One relative told us, "The staff that I know are very caring. [Name] has developed good positive relationships with the staff. The keyworker just knows [name] so well, inside and out." Another relative told us, "The staff involve people as much as possible with everything, they show such great respect. They are professional but clearly are very fond of the people they care for."

Feedback from visiting healthcare professionals included, "We feel the Old Orchard provides excellent care. Staff care for their residents with great care and compassion." An additional visiting professional said, "I always found the staff to be incredibly supportive of the person I worked with, very knowledgeable of their support needs and there was a lovely relationship between them."

People who lived at The Old Orchard Care Home had complex needs, and communicated their needs by vocal sounds, body language and gestures. We observed staff were very attentive to people's individual needs and responded immediately to people's needs to ensure their safety and well-being. For example, on arrival to the service some people were in bed. Staff explained how people had their different morning routines. We observed how staff knocked on people's doors before entering to check they were okay. One person became vocal and staff responded immediately. Staff were able to interpret people's needs effectively by the pitch and tone of sounds made and behaviour shown. We saw examples of staff's quick reactions in response to people's needs throughout our visit.

Staff were very knowledgeable about people's individual needs and preferences and spoke about people with great respect. A staff member said, "We spend a lot of time getting to know people and understand their needs and what's important to them." Another staff member told us, "We have a person centred approach and have developed a good understanding of what people like to do, but we are constantly offering people new opportunities to try different things."

We observed positive and caring interaction of staff with people who used the service. People looked relaxed within the company of staff. When staff engaged with people they showed their pleasure of the attention staff gave by facial expressions and body language. People were included in all that was going on within the service. We saw how a member of staff included a person in the preparation of the lunchtime meal. This included consulting the person in what the lunchtime choices were, and preparing and cooking the meal in full view of the person. This provided a sensory and stimulating activity for the person, which from their reaction indicated they were enjoying this activity.

Relatives we spoke with gave examples of how staff showed concern for people's wellbeing. This included acting quickly if there were concerns identified and involving them and healthcare professionals for advice and support. Positive comments were made about how the manager went 'the extra mile' and how well they communicated with relatives. A visiting healthcare professional told us, "I find [name of manager] to be an approachable and a caring manager who is proactive in finding solutions to problems."

People's needs in relation to their age were respected by staff. From staff meeting records we saw there had been discussions with staff about ensuring consideration was given about providing age appropriate activities.

The provider had a dedicated personalisation manager who provided support, training and shared best practice about how to involve people in their care and support. Additionally, staff had attended person centred training from a well-recognised and respected training provider that supported staff teams and organisations to embed person-centred practices.

A visiting healthcare professional told us how they had provided staff training on effective communication. This involved ways of supporting people to communicate their needs by the use of different tools such as objects of reference, making sense stories, talking photo albums and the use of an iPad. Some staff were 'communication champions' who worked closely with a speech and language therapist. This visiting professional told us, "They [communication champions] have promoted this work as much as they can and are invaluable colleagues." We saw staff supporting people using these communication tools and observed how effective they were for people. For example, one person used an object of reference that was associated with them wanting to go out for a walk. They used this to communicate their request which a staff member promptly responded to and supported the person to go out into the community for a walk.

The provider arranged for people to have support from an independent advocacy service that visited the service on a regular basis. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. We received positive feedback from the advocate that supported people living at The Orchard Care Home. They told us that staff had, "Built strong relationships with all the people who used the service." Additionally, they said staff had been welcoming and, "Had worked alongside the advocate to ensure that all care is within the best interest of the resident." This told us that the provider had a strong commitment for empowering people to be as involved as fully as possible in the way they received their care and support.

Relatives spoke highly of how staff respected people's privacy and dignity. One relative said, "Staff recognise the importance of people's privacy, they enable people to have their own space and treat people with the greatest of respect at all times." Relatives also told us that there were no restrictions on visiting their family member and that staff were welcoming, warm and friendly.

Staff we spoke with told us how they valued people's privacy, dignity and respect. "One staff said, whilst we support people we respect their privacy and ensure their dignity is maintained."

We observed that all staff treated people throughout our inspection with complete dignity and respect. Staff involved people as fully as possible with all aspects of their care. Additionally, independence was encouraged and promoted. Staff were observed to be sensitive and discreet when supporting people with any aspect of their care needs. For example, staff were polite, used people's preferred names and were patient and unhurried in their approach. When staff came on, and went off duty they either greeted people or said their goodbyes.

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs, routines and preferences. Relatives made positive comments about the service their family member received and, without exception, told us that The Old Orchard Care Home provided an excellent service. One relative told us, "Person centred care has just got better and better." Another relative said, "It's all very, very good, the staff are always looking for new opportunities for people." An additional comment included, "There's always something going on. All staff know key things, what's important and activities [name] enjoys and these are built into their day."

Feedback from visiting professionals were positive about how people's individual needs were met, how people were involved in their local community and in many social and leisure activities.

In a sample of care records we found a detailed assessment was completed before people moved to The Old Orchard Care Home. This is important to ensure that the service can meet people's individual needs. Person centred care plans and risk plans were then developed with the person being at the focus of decisions about how their needs were met. Due to people's complex healthcare needs an important aspect of their care and support was therapy sessions. This included physiotherapy, hydrotherapy, swimming and music therapy. We saw these sessions were built into people's weekly activities. On the day of our visit a person was supported to attend one of these therapy sessions.

People's preferences, what was important to them, routines and their interests were all recorded. This information was used by staff to provide a responsive service that was based on people's individual needs and preferences. Care plans were regularly reviewed to ensure they were up to date and reflected the person's needs.

Relatives told us how people were supported by staff to participate in activities and interests. This included attending music festivals and day trips to places of interest. Some people experienced sensitivity and high anxiety in unfamiliar environments. We were told how a person who had a particular interest in music was gradually introduced to the theatre. This person was supported to visit the theatre several times, on each occasion these visits were carefully planned by the staff that supported them. This person's confidence increased resulting in them being able to stay for the duration of a performance.

Staff gave examples of how they supported people to participate in activities that were important and gave them pleasure. One staff member said, "People are definitely treated as individuals. We provide lots of stimulation and activity for people." Another staff member said, "We get to know people so well, what's important to them and are always coming up with new ideas for people to try."

When we arrived at The Old Orchard Care Home we found some people were up and some people were still in bed. Classical music was playing, which a member of staff said people preferred to listen to in the morning. This created a calm and relaxed atmosphere. Staff told us that people had their preferred morning routines. For some people, this was an unhurried start to the day, a lie in followed by a leisurely bath. We

observed that staff were attentive to people's needs, it was clear that each individual person was central to the care and support they received.

During our visit, we saw that people were supported in a variety of activities. This included going out in the local community as well as being active indoors, engaging with staff whilst they were doing the domestic jobs of cleaning and cooking. A relative told us, "I know [family name] is extremely happy, they enjoy the environment. They like to be in the centre of what's going on, particularly the kitchen where there is a buzz." During our visit we saw how this person was supported to engage in activities in the kitchen as described to us. We also observed a member of staff reading to two people, the expression and tone of voice used to tell the story had people's full attention. We also saw a member of staff giving a person a hand massage, the person looked relaxed and happy. We saw some people using an iPad that provided sensory stimulation. For example, as the person touched the screen, visual and sound effects were made which engaged the person.

Staff told us that a new summer house had been ordered for the garden. They said that this was going to be developed into a multi-sensory environment for people to enjoy. Relatives were aware of this and we saw records that confirmed what we were told. One relative told us, "The staff are always trying new things, I came the other week and found a large new bean bag in the lounge and a summer house is on its way." The garden was safe and secure and provided sensory stimulation for people such as raised garden beds. Staff told us how some people enjoyed being outdoors and in the garden. We saw people had direct access into the garden through patio doors leading from their rooms.

Relatives told us they were invited to attend meetings to participate in discussions and decisions about the service provided. One relative said, "Yes, there are review meetings we are asked to attend." Another relative told us, "I'm involved a lot, the keyworker or manager will ring, they keep us informed and we get invited to review meetings."

We saw an example of a recorded person centred review meeting that had recently been held. From this it was clear that staff had received training about person centred approaches. The manager explained how the person had been involved as fully as possible in the planning of their meeting. This included when and where the meeting was held, the people invited to attend and the refreshments provided. This style of review ensures people are truly listened to and means they are kept at the heart of all decision-making as well as how the service is provided.

A visiting professional told us how staff supported and encouraged people in their care processes. This included people being present in all meetings involving them, staff reading through care plans with them and generally communicating with people in their care for the day.

We saw the provider had a complaints policy and procedure available. Due to people's needs they were unable to access this information. To support people with any concerns or complaints the provider arranged for people to have an independent advocate. A visiting independent advocate represented people's views and opinions and raised any issues or concerns on their behalf with the manager. Feedback received from the advocate told us that staff were proactive if they felt a person required advocacy support. They said that staff would meet with them and the person to discuss possible support through advocacy. We saw that no formal complaints had been received.

Relatives told us that they would not hesitate to raise any concerns if necessary and were aware of the process to follow. One relative told us, "I will complain if I don't like something. I have high expectations. Any concerns I've had have been responded to very well, and to a satisfactory conclusion and I've felt involved."

Staff told us they were constantly assessing people's reactions for signs that they were unhappy with any aspect of their care and support. They said that if concerns were identified the staff team consulted others such as relatives, and involved the visiting independent advocate to support the person.

Is the service well-led?

Our findings

The service had an open, inclusive and caring culture that focused on the needs of each individual. Without exception relatives told us that they felt the service provided was of a high standard and excellent. One relative told us, "I feel the organisation is excellent, and we have a very good relationship with them. The leadership seems excellent too." Another relative said, "The manager is exceptional, it's the best you can find, the best I've seen and I have no hesitation recommending it to others."

Feedback from visiting professionals was positive about the service provided. One visiting professional told us, "The home is always clean, warm and we always receive a friendly and professional welcome."

Staff were clear about the values and vision of the service. They told us that people's individual needs and strengths were identified and independence promoted. One staff member told us, "We provide a friendly and professional service. We support people in the way they want to live their life." Another staff member said, "We provide a person centred approach, where people are at the heart of what we do."

Staff were clear about their roles and responsibilities and said that they would be confident to raise any issues, concerns or suggestions. They told us about the whistle blowing policy and procedure and that they had a duty to use it if necessary. A whistle-blower is protected by law to raise any concerns about an incident within the work place.

The manager was seen to be visible and approachable to people who used the service and staff. They engaged well with people and clearly had a good understanding of people's individual needs.

Staff told us that there were regular staff meetings where they could raise any concerns or issues. They said that they felt involved in the development of the service. We saw from staff meeting records that the manager discussed areas of quality and improvement.

Relatives were very complimentary about the manager and their leadership skills. One relative told us, "I'm very pleased with the manager, they always resolve any issues, I have every confidence in them."

As part of the providers internal quality assurance procedures, relatives and visiting professionals were asked to complete an annual questionnaire about their experience of the service. Relatives we spoke with confirmed they had received a request to share their views. From records looked at we saw the provider last sent a questionnaire requesting feedback in June 2015. We saw the findings of this feedback had been analysed and positive comments had been received. In addition there was a visitor's book to record and feedback people wished to give.

The provider had systems in place to monitor the quality of the service. This included daily, weekly and monthly audit checks completed by the manager and additional audits by provider. For example, checks included the management of medicines, care records and accidents and incidents. Actions plans were

developed from these audits where any shortfalls were identified. People's individual accidents and incidents were monitored and appropriate action had been taken to reduce further risks from reoccurring.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required. Whilst there was a registered manager in place there had been some recent changes within the leadership of the organisation. The registered manager was due to be replaced by the manager who was present during our inspection and had day to day responsibility of the service.