

Novalis Trust

Paradise House Painswick

Inspection report

Painswick
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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

Paradise House is a care home for up to 30 people who predominantly have a learning disability. The home is divided into four individual houses. There was a café and workshops on site which people could access if they wanted to. Workshops included: arts and crafts, pottery and textiles. The layout of the service was four individual houses that could accommodate up to 33 people. There was a flat for two people who were supported by staff when needed. People had individualised care needs and each house had a staff team who knew people well and how to support them.

This was an unannounced inspection completed on 20 and 21 October 2016. The inspection was completed by one adult social care inspector.

There was 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. The premises were well maintained.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. Family members said the management team were approachable.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they liked to do and how they wanted to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. Daily records were detailed and contained sufficient information for staff to read and support people effectively. People were encouraged to have a say about things that mattered to them and to raise any concerns they may have.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered

manager. The provider continually looked to make things better so that people benefitted from an improved service. Any planned improvement actions were followed up to ensure they were implemented.

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.

Medicine administration, recording and storage were safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

People were kept safe as risks had been identified and were well managed. There were sufficient staff to meet the needs of people.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a team leader or registered manager.

People received good support to meet their healthcare needs. People were provided with a varied and healthy menu and food and drink that met their individual requirements.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to access the community and were encouraged to be as independent as possible. People were supported to maintain contact with friends and family.

We received positive feedback about the support provided from people living at the home and other relatives and professionals.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs.

People were supported to follow their preferred routines and take part in meaningful activities.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

Is the service well-led?

Good ●

The service was well-led.

People and staff benefitted from clear, supportive leadership from the registered manager and provider.

A comprehensive range of audits monitored the quality of the provision.

There was a strong commitment to deliver a high standard of personalised care and continued improvement.

Paradise House Painswick

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This was an unannounced inspection completed on 20 and 21 October 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed on 11 and 12 November 2014 and there were no breaches of regulation at this time.

During the inspection we looked at four people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with the registered manager of the service and seven members of care staff. We spoke to six people who live at Paradise House. Because we were unable to speak with all people who live there due to their communication difficulties we spent time observing what was happening in their home.

After the inspection we had feedback via email from 11 relatives and four health and social care professionals to obtain their views.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I like living here, the staff look after me really well. I am incredibly safe". Relatives confirmed their loved ones were safe in the care of the staff at Paradise House. One relative said, "Paradise House is an excellent care home, it is a special place. It has a good balance of activities, care, a social life and is a safe environment where [The person] has progressed to being a more confident and independent adult. We know that Paradise House have everything in place to keep our relative safe". One health and social care professional said, "I have visited several times and the staff are welcoming and friendly, I have no concerns". We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their home and with the staff that supported them. One staff member said, "It is safe for people who live here, we have procedures to follow and I would know who to contact if I needed support".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said, "I would contact my manager if there was a problem, and if I couldn't get hold of them then I would contact the safeguarding team". The safeguarding procedure had been discussed at the house group meeting for people who live at Paradise House on 31 July 2016.

Risk assessments were present in people's support plans. These included risks associated with supporting people with personal care, assisting them in the community and risks associated with specific medical conditions. For example; one person was diabetic and their risk assessment clearly detailed symptoms for staff to look out for and instructions for staff to manage the condition. Another person had epilepsy and their risk assessment was detailed and provided clear instructions for staff to follow. Other areas where risk was assessed for people were; road sense and vulnerability, completion of household chores, use of equipment and falls due to mobility issues. These ensured people would be kept safe whilst accessing the community or being independent in their home. These were updated and reviewed regularly.

People's medicines were safely managed and the practices and procedures followed resulted in minimal risk of error. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines in their preferred way. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Staff received training and completed a full and comprehensive competency assessment before being able to administer medication. Every staff member had a medication competency assessment between November 2015 and March 2016. Medication errors were recorded and investigated thoroughly. There had been two medication errors in February 2016 and one of these was failure to sign the MAR sheet. This had been addressed with staff and extra competency checks put in place.

People had a person centred plan which gave staff guidance on how people would like to take their medication as part of their daily routine. One person's plan said "As part of my risk assessment I have all of my medication in one go rather than individually. This is due to my anxieties about taking my medication. I get my own glass of water for this". Another person's plan said, "I have epilepsy which causes seizures. Staff who are supporting me should always carry a bum bag containing my rescue medication if needed". An external pharmaceutical company had conducted a pharmacy advice visit in June 2016 to identify any issues. The report stated that systems were robust.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for four staff which evidenced staff had been recruited safely. The provider had a recruitment policy and this had been updated in January 2016.

There were sufficient numbers of staff on duty at all times to keep people safe and records confirmed this. Two members of staff slept in every house to deal with emergencies. People were supported by sufficient staff with the appropriate, knowledge and skills to meet their needs. Staff rotas showed the required staffing levels were provided. No agency staff were being used at Paradise House. People and relatives said there were enough staff. Staffing levels were reviewed regularly by the registered manager.

All staff had received fire safety training and people had personal emergency evacuation plans. (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. There were weekly and monthly fire drills, the last fire drill in one area of Paradise House was on 17 September 2016. One recorded outcome of the fire drill detailed how long it had taken each individual to exit the building so that risks could be identified. In July 2016 it had taken over two minutes to evacuate the building and by September this had significantly reduced to 30 seconds. Each of the four residential areas on the site had a robust fire risk assessment and they had all been updated in February 2016. Hazards and control measures were recorded with a risk rating of low, medium or high.

Staff showed a good awareness in respect of infection control and food hygiene. There were different coloured chopping boards which were used for different foods to minimise the risk of cross contamination. We were shown records of the temperatures for fridges and freezers which were taken daily. A daily checklist had been implemented and was being used to ensure things such as cleaning, laundry rooms, food storage and the environment were being checked. All bathrooms had paper towels, disposable gloves and antibacterial soap. These were checked daily and ticked off by staff on a checklist. The provider hired domestic and catering staff every day to ensure the premises were clean and that staff were able to support people effectively with no other tasks to complete. We walked around the home and every area was very clean and tidy.

Is the service effective?

Our findings

People received the care and support they needed and met their specific requirements. Comments we received included "The staff are great; they really are good at what they do" and "They are very experienced and know my relative well".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for people and the registered manager was awaiting further contact from the local authority. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty. One person had a best interest meeting in March 2016 where a decision was made that the person had a medical issue and an operation would be needed.

People were able to choose what they would like to eat. This was discussed with people individually due to their different communication needs. Menus were varied, healthy and included personal choices. Meals were prepared by a chef in each area and the service took into account those who had specific dietary needs such as vegetarian or gluten free. People could help themselves to snacks and drinks whenever they wished. There was a café on site where people could do work experience by baking and serving people or just enjoy a coffee and a homemade cake. One person said, "The food is good. I eat lots of different things". One relative said "[The person eats home cooked meals and gets the opportunity to eat out occasionally, or get a take-away. They need reminding to drink and are encouraged by staff to do this". Paradise House encouraged people to experiment with foods from around the world. Once a week people would participate in buying, preparing and cooking different dishes if they wished to. Some examples of these were; Greek Lamb moussaka, Hungarian goulash and French coq au vin. A meal out to the local pub took place every few weeks. The registered manager told us that people used to have a takeaway every week but this became boring and they were consulted on how to do things different. People told us the variation of food was excellent and they looked forward to it.

People had contact with health and social care professionals and this was documented in their care plans. People could access doctors, dentists and opticians when required. In each care plan, support needs were clearly recorded for staff to follow regarding attending appointments and specific information for keeping healthy. An email sent on 13 April 2016 confirmed that every person living at Paradise House had received an annual health assessment completed by the GP surgery. It also stated that exercise was encouraged and 25

out of 30 people were taking part in 1-2 physical activities per week for approx. 2/3 hours and most were more than this. Every person was supported to attend the GP as necessary or on request and all appointments for GP, dentist, opticians and podiatrist were clearly documented in care plans and available for families and significant others. The provider had internal support services for people to access if they wanted to. This included; Clinical psychologists, psychotherapists, drama therapists and world experts on trauma theory and practitioners in neuroscience.

Staff had been trained to meet peoples care and support needs. The staff we spoke with felt they had received excellent training which was of good quality, informative and enabled them to do their job effectively. These included mandatory courses such as Safeguarding, MCA and DoLS and First Aid. The provider offered extra training and most staff had completed this. For example; Dementia awareness, Key lines of enquiry, nutrition, drama therapy and sanctuary training. The sanctuary model is a trauma-informed organisational approach which the provider uses. Paradise House ethos is that they are dedicated to growth and change as a socially responsible and emotionally intelligent home that communicates openly, operates democratically, promotes non-violence, and embraces social learning whilst always focuses on safety, emotion, loss and future. Approximately 90% of the staff team had completed their NVQ 3 in Care.

Staff had completed an induction when they first started working at the home. This was a mixture of face to face training, online training and shadowing more experienced staff. The care certificate had been introduced and staff were completing this as part of their induction. The provider induction pack explained that they were raising the standard and were committed to providing the best training to allow staff to be 'outstanding' and set the highest standards of care. The induction pack covered areas such as; safeguarding, lone working, fire and emergency procedures, health and safety and manual handling. It described the principles and values of the organisation and explained how to build positive appropriate relationships. All staff had a delegated mentor for their first six months of employment to support them to integrate into the team and answer any questions they may have.

Staff received regular supervisions and appraisals which provided staff with formal support to develop their skills and knowledge. This helped ensure people continued to receive high standards of care from staff that were well trained. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager. The pro-forma used to record supervisions and appraisals encouraged staff to reflect on events that had a good outcome or how a better outcome could be achieved. Training and professional development were key areas for discussion and staff were asked how the last training day could be used in their day to day practice. All staff had been booked for their annual appraisal in January or February 2017. A group appraisal had been carried out for one of the homes at Paradise House on 14 October 2016. One staff member said "We are aware of each other's strengths and weaknesses which really help to support one another".

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We received positive feedback from relatives and health professionals about the staff team at Paradise House. One relative said, "The staff have built up a close relationship with [The person] and us. The staff, have been long standing members, we know them really well and we have developed a strong relationship based on trust. When I visit I am always made to feel welcome". Another relative said "For my relative, Paradise House is home. [The person] is happy and has been living there for many years. They love the staff and have grown close to many of them. The staff are always friendly and helpful when we ring or visit and over the years some of them have gone out of their way to accommodate our needs/requests. I cannot speak highly enough of the dedication they display towards the people who live there". One health professional said, "The staff were very person centred and all documentation was up to date". One staff member said, "I like the whole part of my job; I get up in the morning and look forward to coming to work".

We saw staff speaking to people in a caring way and being respectful. One person was on their way to a doctor's appointment and the member of staff waited patiently for them to get their belongings. We attended the arts and crafts room where three people were participating in drawing Halloween pictures. The tutor and registered manager engaged with people in conversation. One person asked the registered manager to have dinner with them in the café on site to which they replied, "Of course, tomorrow will be fine. I will be there". We visited a flat where two people lived with minimal support from staff. They told us they liked living together and that independence was important to them.

Although all of the feedback regarding the service and staff members was positive, four relatives and one health professional said that the cancellation of a family event in the summer was a shame as families really enjoyed the chance to gather together. One relative said, "We and other parents have talked and feel there should be means by which we can meet together and exchange ideas and experiences". The registered manager said that the decision not to hold this type of event had been made by the trust after consulting and obtaining feedback from families and relatives.

By speaking to staff and looking at records it was evident promoting people's rights and supporting people to increase their independence and make choices was important to the team. The service operated a keyworker system, where a staff member was allocated to a person; their role was to take a social interest in that person, developing opportunities and activities for them, and in conjunction with the rest of the staff lead on developing the person's support plan.

Staff treated people with understanding, kindness, respect and dignity. People told us they felt staff were caring. Staff were observed knocking and waiting for permission before entering a person's bedroom. Seven people were supported to attend Painswick church for a Sunday service every week. For those who did not wish to attend the service in the community but still wished to pray and sing a "Sunshine Corner" session was held on site where people could socialise, pray and sing hymns.

Paradise House used regular consultations on a one to one basis to get views from people who lived there.

Consultations were used to get people's views on things such as; holiday choices, timetable choices, Paradise House events and Christmas celebrations. These were all written in an easy read format and keyworkers were identified to support people to fill them in. The holiday choices form asked people where they would like to go, what type of accommodation they would like to stay in and any specific activities they would like to do. People were given the option of a bonfire night event with hot dogs, or a Christmas disco and buffet supper. 77% of people chose the Christmas disco so, people who wanted the fireworks were supported to visit a local fireworks display. The registered manager told us consultations and feedback from staff and people were extremely important and they felt this was positive. Every year people were asked to fill in a "views and wishes" form which identified what was going well and anything that could be improved. This covered areas such as; feeling safe, knowing who to talk to, their housing, support needs, their thoughts on their own support plans and anything they could do to make things better. One person's views and wishes recorded in November 2015 said, "I feel safe and I'm happy here, I love my timetable especially gardening and I'm improving my reading as staff help me".

Care records contained the information staff needed about people's significant relationships and who was important to them. Each person centred support plan asked "Who are the most important people in my life?" People were able to list who these were and were encouraged to maintain contact with them. Relatives told us they were able to visit when they wanted to. One relative said, "We live close by and are able to see [The person] on a regular basis. I am always welcomed and I can discuss any issues which might be relevant to the individual needs of [The person]. These would be addressed by staff". And "Our relative comes home once a month for a long weekend".

Each person had an end of life plan with the input from relatives, friends, health and social care professionals and a counsellor. These were person centred and showed that people had been supported by staff to discuss thoughts and feelings. The plans included religious beliefs, culture and customs and any music or flowers that people would like. One person had said after they pass away they would like a bench at Paradise House with their name on it, where there would be peace and quiet.

Advocates, who are individuals not associated with the service were used to support people if they were needed. One weekly planner for staff on 20 May 2016 said, "Explain how all people have the right to contact the advocacy service if they need to, for any issues that may occur". This was to be discussed with people to ensure they knew that this service was available to them. One person had an advocate visit them for support with a best interest meeting in September 2016.

People looked well cared for and their preferences in relation to support with personal care were clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people using words such as "Trustworthy" and "Welcoming". People were able to make decisions about their personal appearance and choose what clothes they liked to wear. One person's person centred plan said, 'I choose which clothes I would like to wear every day with the help from staff. I sometimes need staff to remind me when my clothes need washing, I help staff fold and put away my washing'. Another person's plan said, "'I like to choose what I want to wear but staff can help me by showing me all options and then supporting me to get dressed. Staff need to be patient so I can make my choice as I don't like to be rushed'.

Is the service responsive?

Our findings

One relative said, "My relative grew unhappy living with some other people, so two years ago was moved and is much happier now. Paradise House listened positively to [The person's] comments and responded. The care they receive from staff is excellent and I have nothing but admiration for the positive care given by staff there". Another relative said, "There is plenty of stimulation, with music, art and crafts, holidays, outings and shopping in small groups. Our relative receives close individual care from staff of quality and had infinite patience". Another relative said, "It would be very difficult to find an equal to this community in which our relative, who has great difficulties, is so content and well cared for and for which we are so grateful". One health and social care professional said, "I have found Paradise House accommodating and responsive when booking reviews. They agree actions from reviews and work on these throughout the year".

Each person had a support plan and a person centred plan as a structure to record and review information. The support and person centred plans detailed individual needs and how staff were to support people. Each support plan had a page detailing likes and dislikes so it was easy for staff to identify individual preferences. Each person centred plan had a section 'About me' and identified any changes people would like to see in the next 12 months. One person's support plan said they liked Harry Potter and jigsaws. In their person centred plan it said they would like to go to the zoo and on holiday again. The plans were clear and informative and people were able to describe how they liked to be supported in areas such as; personal care, daily choices, how to keep safe, how they manage money and how staff will know if they are happy and sad.

Staff confirmed any changes to people's care were discussed during a shift handover process to ensure they were responding to people's care and support needs. The handover form asked staff to fill in important information such as daily appointments, tasks to be completed and sharing of information. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour that may challenge so staff working the next shift were well prepared. One person's daily notes showed that staff were responsive to people's needs, stating, they had been unsettled the day before so for staff to be more vigilant.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. This was defined by using a Red, Amber and Green system for highlighting areas that hospital staff would need to know about. They also contained guidance for other's to know on how to communicate with people. One person's hospital passport said "I don't like hospitals". It then described how staff should support the person with any medical interventions. It said, [The person] is fearful and anxious of medical procedures and it can take them time to gain trust and offered guidelines for everyone to clearly explain what they are doing beforehand to decrease their anxieties. The passport also contained any behaviour that may challenge such as shouting, swearing or physical aggression which may indicate when people were in pain and how staff should respond.

There were many activities on offer for people living at Paradise House both in the home and in the local community. People had the choice of 19 workshops to choose from. Examples of these were; Walking, drama, literacy and numeracy and computers. People could choose eight activities for an amount of time and then they would be updated and reviewed and able to choose again. Relatives and people gave us a list of activities people had been participating in. These included; bingo, gym, karaoke, gardening, aerobics, Zumba and arts and crafts. One person said, "I like my Zumba class, I go once a week. I also like walking and running. I like to keep healthy". One relative said, "[The person] has a weekly timetable of workshops and activities. This includes; arts and crafts, gardening, kitchen workshops, aerobics and talking and listening groups. The activities are reviewed and changed regularly and [The person] takes part in the consultation process, this includes any special preferences which are taken into consideration".

People were encouraged to gain qualifications and take part in work experience. Paradise House had a café in the grounds where people could bake cakes, make coffees and interact with people. 17 people had achieved Assessment and Qualifications Alliance (AQA) in subjects such as; design and making decorations, knitting on a peg loom and preparing a "tea break" for others. Some people took part in voluntary work at a local garden centre. One relative said, "Every Friday, [The person] helps at Dundry nursery on recycling projects and meets a different social group". One health professional said, "[The person] has continued to develop and has an active social life with lots of friends, they are less anxious, giving more eye contact and I feel the person is given support to verbalise their opinions". 90% of the staff team had recognised health and social care qualifications. The registered manager told us that people and staff are encouraged to improve and achieve.

People's support plans gave guidance to staff to support people whilst out in the community. A trip to London had been planned for a group of people in September 2016. The risk assessment identified the risks and gave staff approaches to minimise them. One approach was for staff to ensure everyone had their safety plan which had emergency contacts if needed. Staff were to discuss potential issues with people at the final meeting to educate them to understand the risks such as; getting lost, being vulnerable in a city and how the London underground system works to minimise any anxiety people may have had.

Complaints were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the records, it was evident complaints had been dealt with appropriately and there had been learning from complaints.

Is the service well-led?

Our findings

The leadership and management of the service was centred upon providing a high, quality, person centred service. Throughout our inspection we saw examples of how this had been achieved. There was an overwhelming view from the staff team that they were proud to work at Paradise House. They were all committed to ensuring each person was well cared for and able to do meaningful things. There had been many compliments about the staff at the home from relatives and professionals.

There was a registered manager who was responsible for the overall management of the service. People, staff and relatives spoke positively about the management. Staff told us they could discuss any concerns they had. One relative said, "The registered manager has brought about a far more pro-active style of leadership. She is not afraid to "get her hands dirty and muck in with other staff when it is needed" and another relative said "Since the registered manager took over we have seen greater attention to the needs of people and plans put in place for those needs to be met". Another relative said, "On occasions we might feel the need to ring the registered manager. [The person] is welcoming and listens and takes our views into account. Paradise House is a special place". One staff member said "The registered manager is very good at what she does, they are caring. If they don't know the answer to something we ask then they will find the answer".

The staff described the registered manager as being 'hands on'. We observed this throughout the inspection when the registered manager was talking and engaging with people and staff. Staff informed us that there was an open culture within the home and the registered manager listened to them. There were regular meetings for staff and people and records confirmed this. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team. The registered manager said they felt supported by the trust and trustees and had regular meetings and were able to speak to the chief executive or any senior managers whenever they wanted to and people would listen. The registered manager was the safeguarding lead for the service and attended regular training and updates.

Regular audits of the service were taking place. There were audits completed by the registered manager and provider. This included audits of health and safety, medicines, care-planning, training, supervisions and maintenance work needed. A file was available to evidence when audits had been completed. An independent person completed a monthly quality assurance report every month and the registered manager had implemented an action plan for any recommendations that came out of the report. The quality assurance report completed in October 2016 explained that one person who had recently had a strong aversion to medical treatment had an operation and this was successful. The service had supported the person to receive consistent and coordinated person centred care. There had been excellent partnership working with the Intensive Health Outreach Team (IHOT) and because of the developing working relationship the IHOT were beginning to support two other people at the home with their medical needs. One area for development was some gaps in temperature recording in the kitchen areas. This had been identified in the action plan and discussed in team meeting minutes. This had been addressed and was now being completed.

The organisational records, staff training and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Examples of these included safeguarding, duty of candour, infection control and lone working policy. A large number of easy read policies were available for people if they wanted them. These included complaints and how to complain and safeguarding.

Staff and people attended regular team meetings and team leaders had their own allocated time for a meeting every month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. The meetings had specific outcomes. In the minutes for the senior care workers meeting on 26 September 2016 it identified that the laundry and computer room's doors were to remain unlocked. It stated these were facilities for people to access. A resident committee meeting had been introduced and the minutes stated this was a way of people having more of a say about what happens at Paradise House. This was an extra to the resident house meetings and different people were invited to attend. One person stated that they felt they were eating too much bread. Healthy options for snacks were discussed and other alternatives were being made available.

The provider had a five year development plan in place and this included a project schedule to look at continually improving the service. The plan looked at areas such as providing the best possible living environments and facilities for people and staff. This was updated and reviewed in September 2016. An outdoor water garden and a hairdressers/ beauty facility and personal care space in the summerhouse were due for completion in early 2017. A plan to design and construct new water sports, hydro treatment facility were due to start in 2018. Staff and people were consulted about these areas and a staff survey regarding facilities and implementing improvements were being sent out for feedback.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been two accidents recently and these had been recorded and investigated. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. There had been four incidents in September 2016. There were locations, timescales, people involved, witnesses and the duration of each incident logged for each one. A de-brief had been held after each incident and this was then approved and signed off by the registered manager. Patterns and trends were looked at to see if numbers of incidents could be reduced.