West Sussex County Council

Hobbs Field

Inspection report

Leechpool Lane
Horsham
West Sussex
RH13 6AG

Tel: 01403254114
Website: www.westsussex.gov.uk

Date of inspection visit:
26 May 2016

Date of publication:
28 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Hobbs Field is registered to accommodate up to 15 people who require support with personal care. It specialises in supporting younger adults and older people with learning disabilities some of whom also have autism. Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection, there were 15 people using the service.

The service is made up of two detached houses situated in a residential area of Horsham. The properties had level access throughout and adapted communal bath and shower rooms. The houses are linked by a shared patio area and surrounded by shared gardens. There is parking on site for several vehicles.

This inspection took place on 26 May 2016 and the provider was given one days' notice. This was to enable the provider to arrange for sufficient numbers of staff to be available to facilitate the inspection without disrupting the daily routines of the people who lived there.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was a high level of satisfaction with the management and leadership of the service and there were systems in place for the provider to assess the quality of the service provided. However the provider's checks to ensure the completeness and accuracy of medication records relating to 'as and when needed' medicines had not always been followed. This had meant that errors in the records had not been identified and corrective action taken. The providers own systems for monitoring the service had identified shortfalls in relation to the content of people's care plans and this issue was being addressed. However there were no systems in place for checking the quality and content of the care plans on an on-going basis. Albeit we did not assess any harm had occurred as a result of these shortfalls, they are areas of practice we identified as areas for improvement.

People were supported by kind, caring staff that knew them well. A relative told us they felt that the staff had built up a good relationship with their loved one and commented that since moving to Hobbs Field "They are a different person altogether, and very happy". A health care professional reported to us they felt the service was 'Very person centred in providing care for individuals that live at Hobbs Field, creating a happy and warm place for people to live and receive care'.
Staff understood the importance of supporting people to live the life of their choice and follow their daily routines. People were supported to participate in a range of activities of their choice such as going to the pub or a café for lunch, attending a local day centre, going to church, going to the gym, going on holiday and attending clubs and classes.

Staff had a good understanding of each person's communication needs and took steps to ensure that explanations about choices in relation to their care and treatment were provided in a way that individuals could understand. Staff were able to recognise when people were feeling anxious or upset and took appropriate action to reduce their anxieties and provide emotional support to comfort them.

People's independence was promoted. Where possible people were supported to clean their own rooms, lay the table and do their own laundry. Some people went out independently and staff supported others to arrange taxis so they could travel without staff support.

People were supported to have a nutritious diet that met their individual preferences for particular foods and dietary needs such as a soft textured diet.

People were supported to maintain relationships with people that mattered to them. Relatives were welcomed into the service and kept informed of their loved one's wellbeing.

People's needs had been assessed and planned for. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation ensuring consent to care and treatment was obtained. People were supported to make their own decisions and where people lacked the capacity to do so, their relatives and relevant professionals were involved in making decisions in their best interest.

Medicines were ordered, administered, stored and disposed by staff who were trained to do so. Referrals were made to relevant health care professionals when needed and each person had a health action plan in place.

Staff received the training and support they needed to undertake their role and were skilled in supporting people with learning disabilities and autism. One staff member told us "The training is good. If you want to do a course in something you're interested in you can just ask".

Staff knew what action to take if they suspected abuse had taken place and felt confident in raising concerns. A relative told us they felt their loved one was safe and commented "There's a good atmosphere, at last we have no worries". Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency.

The service followed safe recruitment practices and staffing levels were sufficient to meet people's assessed needs, including spending one to one time with people.

The management of the service were open and transparent and a culture of continuous learning and improvement was promoted. Complaints were responded to appropriately.

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.

Systems were in place to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and experience needed to meet their needs.

People had sufficient to eat and drink and dietary preferences and needs were catered for.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice when gaining people's consent. Where people had been deprived of their liberty, authorisation from the local authority had been requested.

People's health care needs were monitored and they had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well.

Staff took steps to ensure people received explanations about their care and treatment in a way they could understand.

People's preferences were accommodated and people were

supported to express their views.

Is the service responsive?

Good

The service was responsive.

Care was flexible and centred on people's preferences and changing needs. Care plans provided information to staff about people's care needs and how people wanted to be supported.

There were processes in place to respond to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider's quality assurance systems had not identified shortfalls in records relating to some records relating to the delivery of care.

There was an open and transparent culture and management and staff had a good understanding of their responsibilities.

People spoke highly of the provider and registered manager. Systems were in place to seek feedback to help drive improvement and involve people in the running of the service.

Hobbs Field

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 May 2016 and was completed by one inspector and a specialist advisor with a background in social care. The visit was announced, we gave the provider 24 hours' notice of our visit so the provider could make arrangements for sufficient numbers of staff to be on duty to facilitate the inspection without disrupting the routines of the people who used the service, some of whom were autistic. The last inspection of the service was completed on the 28 November 2013 and no concerns were identified.

Before the inspection we asked the provider to complete a provider information return (PIR). A PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service. We also contacted 14 health and social care professionals involved in peoples care to ask them for feedback on their experience of the service and the care provided, to which we had four responses.

Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with seven people who used the service and observed the support people received at meal times in both houses and throughout the day. We also observed the administration of medicines, spoke with one person's relatives, the chair of the 'Friends of Hobbs Field' who was visiting the service, a visiting health care professional, the area manager, the registered manager, the deputy manager, two senior support workers, one of whom was working in the capacity of shift coordinator, and five support workers. We looked at the people's care records, three staff recruitment, files and other records relating to the management of the service, such as staff training and supervision trackers, the complaints log, accident/incident recording, staff duty rota's and audit documentation.

Good

Is the service safe?

Our findings

There were systems in place to ensure the safety of people using the service. Staff used appropriate techniques to keep people safe, for example, by providing the equipment and support people needed to move, eat and drink independently. The relatives of one person told us they felt their loved one was safe at the service and commented "This is (person's name) home. There's a good atmosphere, at last we have no worries"

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their induction and that this was refreshed regularly. Staff described the different types of abuse and what actions they would take if they suspected abuse had taken place. There were arrangements in place to prevent any financial abuse. Some people required support from staff to manage their money. We saw staff counting money in and out during the day for people and verifying the balance of their money was correct. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service.

The environment was clean and spacious, which allowed people to move around freely without risk of harm. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. There were systems in place for external contractors to be contacted to arrange for the servicing and maintenance of the building and equipment. Records confirmed that any faults were repaired promptly. Staff told us regular checks and audits had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. Contingency plans were in place to respond to any emergencies, for example flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for staff to access for help and support.

There were systems to identify risks and protect people from harm. There was a range of risk assessments within people's care records and areas such as personal care, nutritional needs and daily routines had been planned for. Staff told us how after one person had a fall, a sensor had been introduced at the side of their bed to alert staff if the person got out of bed. People had plans in place which advised staff on what action to take in the event of people displaying behaviour that could have a negative impact on themselves and others and how to support them. Staff told us that they knew how to recognise when people were becoming agitated and explained that when this happened they would identify and remove the source of the agitation and offer support and reassurance.

People were supported to take risks. People were able to move freely about the premises and gardens which had level access throughout. One person went out independently to visit shops and cafés. Relevant assessments were in place for them to do this safely and they carried a medical alert and card with the details of who to contact in case of emergency.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Staff had access to protective equipment such as gloves and aprons and had completed training in relation to keeping people safe such as health and safety and infection control. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property and people had personal emergency evacuation plans in place in the event of an emergency.

There were systems in place for the recording of accidents and incidents and for any trends and themes to be identified. A staff member described to us the actions they would take if someone fell and told us they would inform the manager, complete an accident form and make a record in the person's daily records if this happened.

The registered manager and human recourses department recruited staff in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate identity checks had been undertaken to ensure that potential workers were safe to work within the care sector.

Staffing levels were assessed, monitored and sufficient to meet people's needs at all times. There were enough staff on duty to ensure people's needs were met and that they were supported to do their planned activities. We observed throughout the inspection that staff were unhurried and relaxed with people. Staff felt the staffing levels were sufficient for them to meet people's needs and explained that the times they worked were flexible to accommodate people's daily routines, activities and health care appointments. They explained they rarely used agency and usually managed to cover staff absences by working additional hours or using regular bank staff.

People's medicines were managed so that they received them safely. The care staff who administered medicines were trained to do so and told us the system for medicines administration worked well in the service. The medication administration records (MAR) are the formal record of the administration of medicine and we found these had been signed to indicate that medicines had been administered as prescribed. One person told us the time of day staff administered their medicines and records confirmed this was the time they had been prescribed to be given. Systems were in place to ensure repeat medicines were ordered in a timely way. Medicines were stored correctly and there were systems to manage medicines safely. Where errors in the administration of medicines had been identified, investigations had taken place to establish the cause, and where needed additional training had been provided for staff.

Good

Is the service effective?

Our findings

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. Staff received training in areas such as fire safety, mental capacity, diversity, food hygiene, safeguarding, infection control, Control Of Substances Hazardous to Health (COSHH), health and safety and medication. Additional guidance and support was provided by health care professionals to staff to meet people's other specialist care needs, for example, information about epilepsy. A relative told us they felt that staff were competent and had a good understanding of their loved one's needs. They commented "I've no concerns". A social care professional involved in people's care fed back to us that people's families were happy with the care delivered and that they were 'kept informed of what is happening'.

New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is a nationally recognised identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people with autism. One commented, "The training and induction is very good. I've learnt a lot since I started here." Another staff member said the managers had been very supportive in helping them to develop their skills. They told us "The training is good. If you want to do a course in something you're interested in you can just ask".

Staff received the support they needed to undertake their role. They had one to one supervision meetings with their line manager at which they could discuss in private their personal and professional development and had an annual appraisal of their performance. Staff attended team meetings at which information was shared and people's needs were discussed. All staff reported they found their line manager and the organisation very supportive.

Communication was effective. There was an overlap between shifts to allow for handover meetings to take place. At these meetings each member of staff from the earlier shift met with the shift leader for the oncoming shift to share information about how the people they had been supporting had spent their time and to pass on any issues or concerns that needed to be highlighted to them. All the staff we spoke with were knowledgeable about the people they supported and had an in-depth understanding of how people communicated and what their likes and dislikes were. When we arrived at the service a staff member explained to us people's communication needs and explained the sort of things that may cause people to become anxious for example, they told us one person liked to follow their routine and could become extremely anxious if this wasn't followed.
People's physical, emotional and psychological needs, and how these needs could be met, were discussed at team meetings. Staff told us, and meeting minutes confirmed, that they used staff meetings to discuss what was working well and to identify any lessons that could be learned from things that had not worked so well.

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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager told us, and records confirmed, they had submitted DoLS applications for people who lived at the service. Staff had additional guidance to help them understand what day to day decisions people were able to make, and where they might require additional support. Mental capacity assessments had identified where an individual lacked mental capacity to make specific decisions and best interest decisions had been made in line with the Mental Capacity Act guidance.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Menus were based on people's preferences and alternatives were offered if people did not want the food on offer for example at lunch time people all ate something different and evening meal people had a variety of different meals some of which were the same whilst others had been adapted to suit people's personal preferences. There were systems in place for people to have a nutritional assessment and their dietary needs and preferences were recorded. Staff prepared people's meals and had access to relevant guidance about people's dietary needs and preferences. For example one person, who had swallowing difficulties, had been assessed by a speech and language therapist (SALT) who had recommended they should eat a soft, moist, diet and that their food should be cut into small pieces. Staff were aware of this guidance and ensured the person was provided with appropriate food and support at meal times. At lunch time we saw a member of staff sat with a person who needed support to eat their meal and prompted them appropriately.

People were supported to maintain good health and had access to healthcare services. The provider and the staff team worked closely with healthcare professionals who were part of a Multi-Disciplinary Team (MDT), for example, psychologists, and speech and language therapists. Referrals were made for people to be assessed when needed by the MDT who had also been contacted for advice. In addition, people had access to a GP, chiropodist, optician and dentist. People had health action plans in place which provided information about their health needs and the health and social professionals involved in their care. Staff were aware of people's healthcare conditions and the support they were receiving from healthcare professionals. For example several staff explained how one person had cataracts in both eyes and was due to have an operation on one eye but that the other was inoperable. People's care records included, healthcare plans, health appointments and advice, guidance on managing health conditions and behavioural concerns and an annual summary of all health care appointments. One person confirmed that staff contacted health care professionals on their behalf and told us "Staff sort out the doctors for me". Another person's records showed there had been good liaison between the staff and hospital concerning an operation and the person's personal needs whilst in hospital.

Good

Is the service caring?

Our findings

Staff had a caring, compassionate and fun approach to their work with people. Many of the staff had worked at Hobbs Field for a number of years and knew people well. Staff demonstrated an understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. A relative told us they felt that the staff had built up a good relationship with their loved one and commented that since moving to Hobbs Field "They are a different person altogether, and very happy". A social care professional involved in people's care fed back to us that 'The families of people living at Hobbs Field have reported they feel this service is very good, those they love are cared for very well'. A health care professional reported to us they felt the service was 'Very person centred in providing care for individuals that live at Hobbs Field, creating a happy and warm place for people to live and receive care'.

We observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and levels of understanding. People looked happy and were relaxed and comfortable with staff. We heard lots of laughing and joking and conversations between people throughout the day and one person told us they thought staff were "Very nice". When people did show signs that they were becoming anxious staff offered appropriate emotional support to help to lower their anxiety levels by offering reassurance and where appropriate engaging them in an activity. We saw staff providing emotional support and offering comfort to people who were worried or became upset. For example we heard staff reassuring one person who was worried they were going to miss their transport for the day and comforting another person who was upset about something that had happened at the day centre.

It was evident that staff were working to empower people to understand their choices and rights. Some documentation was illustrated with symbols, pictures and photographs to aid the people's understanding and help support people to make their own decisions and choices. People's records guided staff on how to effectively communicate with people. Everyone who used the service could communicate verbally but some people also used Makaton. Makaton is a form of sign language used by people with learning disabilities. We saw staff communicating with some people using Makaton and those people responding to them by signing back. Staff had made referrals to the local learning disabilities liaison nurses to support people have a better understanding of their options in relation to health care. Learning disabilities liaison nurses work with people, staff and local health clinicians to improve the health experience of people with a learning disability. We met with one of these nurses who told us they had been contacted by the staff who had asked them to explain to a person the process of having their blood taken. They told us that the staff had been proactive in making the referral and had contacted them before to ask them for easy read information to help a person understand a health care procedure. They told us they felt staff had a good awareness of the importance of giving people information and explanations in way that was accessible to them so that they could make informed decisions about their care and treatment. Staff had also worked with the local GP surgery in relation to how they communicated with people and as a result GP's speak with people first rather than to staff. Each person had a 'Health Passport' in place which outlined their needs should they need to go to hospital. These included information about the person's personal care needs, communication needs, likes and dislikes. We heard staff explaining to people who we were, why we were visiting the service and asking them if they would like to speak with us. We also heard them offering people choices throughout the day for

example what they wanted to eat and drink, whether they would like a shower and what they would like to do later in the evening.

People were supported and encouraged to maintain their independence. People were supported to clean their own rooms and do their personal laundry. One person told us "I do my own cleaning. The staff help me". A member of staff told us that another person liked to be as independent as possible and did their own laundry, helped with the washing up and laid the tables at meal times.

People were supported to maintain relationships with people that mattered to them. Staff explained they supported people to maintain relationships with their family and friends by making arrangements for visits either at the service or elsewhere. One person told us "I saw my sister last week, she came here to visit me". They also supported people to send birthday and Christmas cards to family members. Visitors were positively encouraged and always welcomed. One person's relatives told us they visited their loved one weekly. People could spend time with their visitors in the communal areas of the home, their own room in addition to this there was also another room where people could meet in private. There were arrangements in place for people to be supported to find and advocate. Staff told us one person had an advocate who they saw on a regular basis and another person was supported by a volunteer to attend a local church every Sunday.

Each person had their own room which had been personalised to reflect their personality. Some rooms were bright and crammed with personal items significant and special to that person. Other rooms were more minimalist in décor in line with the person's preference. There were pictures of clothing on the wardrobes and drawers in some people's bedrooms to indicate what they contained and photographs to remind people of holidays they had enjoyed and of family members. One person told us they had chosen the colour scheme for their room showed us their aquarium containing several fish.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support where possible. Everyone had their own keyworker which is a named member of staff that co-ordinated all aspects of their care. The keyworker met with their allocated person regularly to talk about their support and their goals for the future which they planned for. One member of staff told us "I've been working with (person's name) to plan their holiday, they chose where they wanted to go and I help organise it".

People's privacy and dignity were respected and promoted. We observed staff knocked on people's bedroom door and waited for a response before entering the room. People's doors were shut when staff were delivering personal care and care and daily records were kept secure in a locked cabinet in each of the dining rooms. The guidance contained in people's care plans promoted their privacy and dignity. Staff told us about how they protected people's dignity such as when helping them with personal care or when out in the community and with intimate care. Staff communicated with people effectively and respectfully. For example, if an individual was sitting down staff would crouch down or sit with the person and focus solely on that conversation.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. It was evident from our conversations with the area manager, registered manager and staff that the service they provided to people was personalised to them. The care provided was centred on each person's needs, wishes and preferences which had been assessed and planned for. Each person's needs had been assessed before they came to live at the service and these had been kept under review. A health care professional involved with the admission of one person to the service fed back to us that staff knew people very well, 'often having built up relationships over many years' and that they thought this was 'invaluable in meeting the client's needs and also identifying when those needs change and may require reviewing'. A social care professional fed back to us 'communication with (registered manager's name) and their team is very good indeed. We have a two way dialogue and I can confidently say that we are kept fully informed of any changes in need that may affect the way a customer is feeling on any particular occasion'.

Peoples support needs had been planned for. People's initial assessments and risk assessments had been used as a basis on which staff had developed care plans to guide staff in how the person wanted and needed to be supported. These plans provided information about people, their personal history, individual preferences, interests and aspirations. They were centred on the person and designed to help people plan their life and the support they needed. For example the care plan for one person who had autism provided staff with guidance on what could make the person feel anxious, such as 'I like to have a routine. I don't like noisy places.' And also of how to support the person in the way they preferred, for example; 'Let me go to my room if I'm anxious'.

Plans also included people's health conditions, behaviours and their wider circle of support such as family and health or social care services. Records contained clear actions for staff to take so that people received the help and support they needed and these were reviewed on a regular basis. Staff told us they were provided with enough time to read people's plans and were able to describe people's physical and emotional needs. They told us about the sort of things the people liked to do and people's care plans reflected what we had been told. Staff kept detailed daily records of people's support including their personal care, activities, meals, mood and steps towards their goals. This enabled staff to easily see what support or help the person had needed and what else they wanted to achieve.

The management team and staff knew people's likes and dislikes and the support they provided was sufficiently flexible to respond to people's changing needs and wishes. Staff told us the support people needed varied from day to day depending on how they were feeling and what their plans were for the day and that they adapted the care they delivered to accommodate people's wishes. A staff member told us "It's their choice that is what is important". A social care professional involved in people's care fed back to us that there was an 'aging group' of people using the service and 'they have adjusted what they offer accordingly'. They told us the number of days that some older people attended the day care had been reduced in accordance with people's wishes so they could stay at Hobbs Field some days. They told us another older person sometimes decides to have a 'day off' and this is accommodated. A member of staff described to us how one person liked to take their time in the morning and leave for the day centre later

than other people who went by mini bus. They explained that to accommodate this, they arranged for the person to travel by taxi. The person confirmed they preferred to travel by taxi and we saw that this happened. Staff were able to describe to us people's support needs, one member of staff told us one person "(Person's name) can get dressed themselves but needs some supervision otherwise their clothes will be inside out".

People were actively involved in planning their days, choosing what they wanted to do in terms of hobbies and interests and what time they went to bed and got up. There was information about people's psychological wellbeing and health needs. All elements of people's care, including their long and short term goals had been planned for. As some people were not able to participate fully in discussions about their care, records were reviewed to demonstrate what the person had enjoyed doing and what was working well. One person told us they and their relative were involved in planning and reviewing their care and commented "(Relatives name) came last we to do my meeting. It went all right". Key workers completed monthly reports summarising all elements of the care provided and the progress made towards meeting their goals. Annual reviews of people's care were arranged by the registered manager to which relatives were invited in accordance with people's wishes. Relatives of one person confirmed this and told us they were kept up to date with any changes to the care their relative received.

People were supported to take part in activities they enjoyed and spend their time as they wished. People participated in activities such as going to the pub or a café for lunch, attending lunch clubs and going to one of a range of local day centres. When we arrived at the service most people were out at the day centre or participating in another activity. One person who had not been to the day centre that day told us they had been at a cookery class held in a local church where they had made and eaten their lunch. They spoke enthusiastically about the lunch they had made as well and the social aspects of the class which they had clearly enjoyed. Another person had been out with their key worker shopping and for coffee and cake and told us they were looking forward to going out again the following day for lunch. We heard staff asking people what they wanted to do in the evening and making arrangements with those that wanted, to go to a social club.

There was a complaints policy in place. Staff told us that people would make it known to them if they were unhappy about something and if they did so they would either lodge a complaint on their behalf or would engage the services of an advocate to act on the person's behalf. Staff told us they felt the provider would take any complaint seriously but to their knowledge there had been no complaints over the last year. A relative told us they knew how to make a complaint and were confident any concerns raised would be taken seriously.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the registered manager and their leadership of the service. The registered manager and many of the staff had worked at the service for many years and had a firm understanding of people's needs. The management team and staff described an open and transparent culture within the service and told us they felt able to raise concerns or make suggestions. Relatives told us they felt the registered manager and deputy manager were "Good managers" and that they "Couldn't fault them". One staff member told us "It's well managed". Another commented "I love working here". This view was echoed by other staff. A health care professional involved in people's care fed back to us they found the management team and staff 'extremely flexible' and based on their interaction with them they had 'no concerns'. They also stated they felt the services provided 'an extremely good, client focussed service'.

Whilst feedback about the management of the service was positive the provider's policies and procedures in relation to the completion of Medication Administration Record's (MARs) and the auditing of these records had not consistently been followed. For example audit checks of MAR's failed to identify that a running total of 'as and when needed' medicines in stock had not been recorded. Without this information it was difficult for the provider to check whether the balance of the 'as and when required' medicines in stock was correct. Spot checks we completed on the MAR's and medicines identified that some 'as and when needed' medicines were out of date and that the reason why medicines, such as pain killers, had been administered, had not always been recorded on the MAR. In addition, records relating to the application of topical creams contained gaps. The registered manager told us the MAR's audits included checking these records for completeness but that due to staff absence, the last audit had not been completed as scheduled. Staff told us the audit had been scheduled to be completed on the day of our inspection, and that records relating to the guidance for staff to follow in relation to 'as and when needed' medicines were under review. Records we saw confirmed this piece of work was in process and that previous audits had identified shortfalls relating to completion of the MAR's. We did not assess that any harm had occurred as a result of the shortfalls identified; however it is important that the provider ensures that their policies and procedures for the recording of medicines and auditing of the MAR's are consistently followed and is an area of practice that we identified as needing to improve.

There were systems in place for care plans to be reviewed on a monthly basis to ensure that they were updated to reflect any changes but the majority of care plans contained conflicting and undated risk assessments and guidance. Therefore it was not always evident which the current versions of these documents were and which one's staff should refer to for guidance. The provider's own quality monitoring visit in February 2016 had identified these shortfalls and their report states progress of this would be monitored at a 'follow up' monitoring visit in August 2016. The registered manager explained the responsibility for this piece of work had been delegated to specific members of staff. They told us staff were in the process of reviewing and updating four people's care plans and that everyone's care plans would be reviewed before the provider's next monitoring visit in August 2016. Records we saw confirmed this piece of work was underway. Staff told us that all out dated information was being removed from the main care plan and being transferred into separate files. However; there were no on-going systems in place to formally check that the information contained in people's care plans continued to be up to date and accurate. This is

an area we identified as needing to improve.

People were provided with the opportunity to give their views of the service and influence change. Residents meetings were held regularly at which people could raise issues and make suggestions. The results of a recent satisfaction survey indicated a high level of satisfaction. Although the results had not been analysed actions had been taken to address issues arising from the survey on an individual basis. For example one person had indicated they wanted their bread in a slice and not cut up and another person had stated they wanted to go on more walks. The registered manager told us these issues were being addressed with the people concerned via their key workers.

The management team and staff had a good understanding of people's support needs. For example, they gave us a briefing on how people may react to meeting us for the first time and explained what each person's plans were for the day. They were able to describe to us people's personal histories and were aware of which other health and social care professionals were involved in each person's care. People's needs were central to the delivery of the day to day running of the service. A visitor told us "(registered manager's name) fully includes people in discussions and treats them as equals". People were valued as individuals and received active, positive and structured support. A member of staff told us "It's all for the residents not us. It's their home".

Everyone we spoke with was clear about their role within the organisation and the line of accountability. Statutory notifications were submitted to the CQC appropriately. The registered manager informed us that they were supported by the area manager and attended management meetings with them to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Staff told us they were actively involved in developing the service and encouraged to contribute to discussions at team meetings about what was working well at the service and what could be improved.

Staff were provided with clear guidance on procedures in relation to the reporting and investigation of both incidents and accidents and understood their responsibilities to report these to their manager. The provider's procedures and policy documentation were up to date, reflected current best practice and staff knew how to access this information. Learning was taken from incidents and accidents. The manager audited all reports of occurrences which were sent to the provider to be analysed and checked for trends and patterns.

Learning through reflective practice was encouraged. There were daily records in place for each person which were used to help establish what was working well and what areas of practice could be improved or approached differently. Staff meetings provided the team with an opportunity to discuss people's specific needs and achievements, raise issues about the premises, put forward ideas, and consider new legislation, good practice and policy updates. The agenda was devised by both the registered manager and staff, which ensured everybody had an opportunity to highlight areas for discussion.

Staff were supported to question practice. The provider had a whistleblowing policy which staff were aware of and felt confident to use. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously.