Leonard Cheshire Disability

Sobell Lodge - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 25 July 2016. Sobell Lodge is a care home providing accommodation and personal care to people with a physical disability. Some people using the service also have other needs including a learning disability, mental health needs or a sensory impairment. The service has floor level access and is provided across the ground floor of the building. There were 20 people using the service at the time of the inspection.

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

People had enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions. People were promptly referred to health care professionals when needed. Some people and their relatives told us that they would benefit from more frequent physiotherapy sessions. We have made a recommendation about this.

Staff knew how to recognise signs of abuse and how to report any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. The premises were well maintained, safe and comfortable for people to use. The home was kept clean and the risk of the spread of infection in the home had been assessed and managed.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place which included the checking of references. Staff had completed training and relevant qualifications to enable them to carry out their roles. There was an ongoing programme of training and development for staff. Staff were supported and supervised by the registered manager.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. When necessary, meetings were held to make decisions in people's best interest, following the requirements of the Mental Capacity Act 2005. People were involved in making decisions about their care and treatment. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered.

Staff were responsive to people's needs and requests. People's needs were assessed and personalised plans written to meet them. Staff knew each person well and understood how to meet their needs. People received personalised care. The service had positive links with the local community and people were supported to participate in a range of social activities that met their needs and interests.

Staff communicated effectively with people and treated them with kindness and respect. People spoke highly about the attitude of staff and told us they were caring and kind. People's right to privacy was maintained. They promoted people's independence and encouraged people to do as much as possible for themselves.

There was a system for monitoring the quality and safety of the service to identify any improvements that needed to be made. Clear information about the service and how to complain was provided to people and visitors. The registered manager sought feedback from people and used the information to improve the service provided. The registered manager had a clear and effective improvement plan for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to refer to the local authority if they had any concerns about abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

The risk of the spread of infection in the service was appropriately assessed and reduced.

Is the service effective?

Good

The service was effective.

People were referred to healthcare professionals promptly when needed. However, some people were not supported to access physiotherapy services as frequently as they felt was necessary. We have made a recommendation about this.

Staff were appropriately trained and were skilled in meeting people's individual needs.

Staff were knowledgeable in the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. The registered manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient

amounts to meet their needs and were provided with a choice of suitable food and drink.

The premises met the needs of the people living at the service and was comfortable and well maintained.

Is the service caring?

Good

The service was caring.

People spoke positively about the relationships they had with the staff that cared for them. Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy was respected by staff and their dignity promoted.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good

The service was responsive to people's individual needs.

People were involved in planning their care. They had personalised plans that met their needs. Staff responded effectively to people's needs. People received the care their plan said they needed.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The service delivered personalised care. There was a positive culture which demonstrated respect for the people using the service. Positive links had been made with the local community.

The registered manager provided clear leadership for staff and an opportunity for them to provide feedback and suggestions for improvement.

There were effective systems in place for monitoring the quality and safety of the service. Improvements were made as a result of quality audits.

Sobell Lodge - Care Home Physical Disabilities

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 carried out 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 was carried out on 25 July 2016 and was unannounced. One inspector carried out the inspection. The last inspection of the service was carried out on 13 February 2014 where we found no breaches of regulation.

Before the inspection, the provider completed 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 the information sent to us in the PIR. We also looked at records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with five people who lived in the service and three people's relatives to gather their feedback. We obtained feedback about the service from two health professionals involved in people's care. We spoke with the registered manager, the deputy manager, three care staff, one chef and the maintenance staff.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living in the service. One person told us, "I do feel safe here, they look after me well." A person's relative told us, "I don't have any concerns and I am sure X is quite safe."

People were protected by staff that understood how to recognise and respond to the signs of abuse. Staff had access to a folder to support them through the correct process should they receive a concern, complaint or have a safeguarding concern in the absence of the registered manager. There was a safeguarding policy in place that reflected the guidance provided by the local authority. Staff had access to the UK safeguarding advisor for Leonard Cheshire Disability for specialist advice and support if required. Staff we spoke with understood their responsibility to report any concerns about abuse and told us they were confident to do so. They were able to give examples of situations they would consider to be abusive and what action they would take to report this. Staff training records confirmed that their training in the safeguarding of adults was up to date. The registered manager understood how to report safeguarding matters appropriately and demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified. Information was provided to people who used the service to ensure they understood their rights and how to report any concerns they had about their care and treatment. There was a noticeboard for people using the service that contained a range of information leaflets and contact numbers for seeking advice if they felt they were being abused.

Risks to individuals had been assessed as part of their care plan and action agreed to minimise the risk. This included the risk of falling, developing pressure wounds and specific risks to their health and wellbeing. Staff understood the action they needed to take to keep people safe. One staff described the action they took to ensure a person was repositioned regularly to reduce the risk of developing a pressure wound. The person's records confirmed that this had been carried out consistently and the person's skin had remained intact. Risk assessments were completed for people that needed to use bed safety rails to stop them falling from bed. Protective cushioned bumpers were added to minimise the risk of people's limbs becoming trapped. We saw that staff ensured these were in place when people rested on their beds during the day. A person had a detailed risk assessment and action plan to ensure that staff knew how to safely move them out of the bath. The action plan outlined the steps for staff to follow and the equipment to be used. The person had been asked what helped them to feel safe when being moved and this was recorded. A person who was at risk of choking had a clear plan in place to ensure their food was served at the correct consistency to reduce this risk. This included photos so that staff could see clearly what the consistency should be. The risk assessments were reviewed monthly by the senior care staff to ensure they remained effective.

The premises were safe for people to use and had been well maintained. Bedrooms were large to allow people to move safely using powered wheelchairs and to ensure they had access to the equipment they needed such as shower chairs, hoists and wheelchairs. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Maintenance staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. Maintenance staff completed a weekly health and safety check of the

premises and ensured risk assessments relating to the environment were reviewed and updated. A full health and safety audit of the service was carried out by a representative from Leonard Cheshire Disability each year. In the last audit some external doors to people's bedrooms were identified as needing replacement due to warping. A programme for replacing the doors was underway. A fire risk assessment had been completed and the maintenance staff tested the alarms and emergency lighting at regular intervals. Each person had a personal evacuation plan for exiting the building in the event of a fire and staff had been trained in the procedures for responding to a fire. The service had an appropriate business contingency plan for possible emergencies. The registered manager monitored accidents and incidents in the service to identify patterns and areas of risk that could be further reduced.

There were a sufficient number of staff on duty to meet people's needs in a safe way. The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends to meet people's needs. The registered provider reviewed staffing levels each month using a dependency tool to ensure that sufficient numbers of staff were provided. Some people received additional funding to receive 1-1 support from a staff member for particular times of the day or week. The rota showed that this had been provided and the registered manager monitored the delivery of these hours to ensure it remained in addition to the standard staffing arrangements in the service.

The registered provider followed robust procedures for the recruitment of new staff to ensure that staff were of good character and fit to carry out their duties. The staff files we viewed contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. Staff records demonstrated that new staff had been provided with a thorough induction and had shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. Volunteers were regularly used within the service to provide people with support for social activities and to help with maintenance of the garden. All volunteers had been subject to checks to ensure they were suitable and safe to work with people.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. Staff were required to complete training and undergo a check of their competence to administer medicines before they were authorised to do so. We saw staff administering medicines and accurately recording when people had taken these. People's medicines were stored appropriately and accurate records were maintained. A recent audit by the pharmacy had identified that the protocols in place for when people should receive medicine prescribed to be given 'as required' required review. These had been updated and signed by the GP.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. The service was free from any unpleasant odours at the time of our inspection. A staff member had been appointed to be the lead for infection control for the service and made regular checks of the premises to ensure standards were maintained. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. All staff we spoke with understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Staff understood and followed safe procedures for managing soiled laundry and clinical waste.

Good

Is the service effective?

Our findings

People told us that the staff were skilled in meeting their needs. One person said, "The staff are very good, especially the ones that are here all the time. They know what help I need." People told us that they enjoyed the meals provided and had enough to eat and drink. One person told us, "The food is very good. There are always two choices and they will be happy to do you something different if you wish." Another person commented, "The portion sizes are good, sometimes too big, I have plenty to eat. The food is of good quality."

Staff responded when people's health needs changed and made referrals to health professionals. Care plans were in place to meet people's health needs and these were regularly reviewed. People's care records showed that health and social care professionals were involved with people's care, including occupational therapy, district nurses, GPs, dentists and dieticians. People had access to a hydrotherapy pool in another of the registered provider services. The service did not employ a physiotherapist, but used an external physiotherapist to assess people's needs and devise exercise programmes for people to follow. There were two physiotherapy assistants working in the service who helped people to carry out their prescribed exercise. The registered manager told us that they hoped to review the physiotherapy arrangement to arrange for a qualified physiotherapist to be based in the service, but recruitment to this post had been difficult. There were plans in place to extend the current physiotherapy room to provide more space. Two people's relatives told us that they would like physiotherapy treatment to be provided more frequently to their relative. One person's relative told us that sometimes sessions were missed and they felt this was due to the staff not always ensuring their relative was supported to get to their session on time. Another person's relative told us that they would like to see a registered physiotherapist working permanently in the service in addition to the physiotherapy assistant. We recommend that the registered provider review the physiotherapy arrangements to ensure that people's requests for access to a physiotherapist can be met.

Staff received the training they needed to ensure they could effectively meet people's needs. New staff told us they had a detailed induction including shadowing more experienced staff until they felt confident to work alone. One staff member told us, "The training and induction has been very good so far. I feel very supported, everyone has been very approachable. The staff I am shadowing explain everything to me and I am getting to know people's routines." Another staff member told us, "We make sure new staff always work alongside another person so that they don't need to carry out moving and handling of people until they have completed their training." Records showed that new staff had a four week and eight week review of their progress with their manager.

Once staff had completed their induction there was an ongoing programme of training that ensured staff remained up to date with their knowledge and skills. This included training courses in the Mental Capacity Act, safeguarding, first aid, infection control, safe moving and handling, person centred care, equality and diversity and nutrition and mealtime support. The training records showed that most staff had completed the required training courses and those that had not yet done so were scheduled to do these once their induction was complete. Other training specific to the needs of people using the service was provided, such as epilepsy, positive behaviour support and P.E.G feeding (Percutaneous endoscopic gastrostomy tube

feeding). Staff demonstrated that they had understood the training they had completed, for example they were able to describe to us how they would recognise and report safeguarding issues. We saw that staff helping people to move did so following safe practices.

Staff were encouraged to gain qualifications relevant to their roles and their personal development objectives. Of the 40 care staff employed in the service 27 had completed a relevant health and social care qualification. New staff completed the Care Certificate once they had finished their induction. The Care Certificate was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. The deputy manager described how individual units of the Care Certificate were used to help existing staff refresh or develop their skills, for example in safeguarding or nutrition.

All staff received a supervision session with their line manager four times a year. The records showed that staff were given the opportunity to discuss their role, their development needs and any support required. We saw that a member of staff had been provided with opportunities to develop the skills required for a team leader role. They had been given the additional role of 'supervision champion' and had monitored the programme of staff supervisions to ensure staff were supervised regularly.

People were supported to make their own decisions about their care and treatment. Consent was sought before care was provided. We saw examples where people's consent had been sought and recorded, for example to receive a particular medicine. Staff used creative ways to seek people's consent, such as monitoring known communication methods, including eye gaze, head movements and sounds. Some people used communication aids and these had been used to help people make decisions and give their consent. Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People had access to easy read information leaflets on the service user notice board that advised them about their rights under the MCA. 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. Staff we spoke with were able to describe the main principles of the legislation. Where people had difficulty making a decision an assessment of their mental capacity to make the decision had been carried out. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interests. We saw that this had happened in respect of some people who were unable to make a decision about the use of bed safety rails. A best interest decision had also been made on behalf of a person who did not have the capacity to consent to a particular method of being moved using a hoist.

People's right to liberty were promoted and staff understood and followed legislation and safeguards in place in relation to this. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to go out unaccompanied. The registered provider had considered the least restrictive options for each individual. Kent Invicta Advocacy had been contacted and carried out work with particular people who were legally deprived of their liberty to ensure their rights were protected.

People's dietary needs and preferences were met. There was a seven week rolling menu that provided two

options for each meal. The menu was displayed in the dining room. People were able to choose a different meal than the options on the menu if they wished. We saw that this happened during the inspection. A person was asked what they wanted for their supper. They did not want either option on the menu and asked for sausage rolls. The chef arranged this for them. People's preferences and needs were documented and known by the chef and staff and their favourite meals included on the menu. The chef described how they met people's specific dietary needs, for example those that required a high calorie intake or blended consistency foods. People were given the assistance they needed to eat their meals. Staff described the care plan in place to encourage a person who was at risk of poor nutritional intake to eat their meals. We saw that staff spent as much time as was needed with them at lunchtime to enable them to eat well. People were able to access drinks when they wished. There was a water and juice machine in the dining room and tea and coffee making facilities. Cold drinks were also available in the fridge for people to take as they wished. The chef said that people were asked to provide their own snacks in addition to their three meals a day. However, they said that the kitchen was always open and people could ask for toast, a sandwich or fruit at any time of day or night.

The accommodation was spacious, comfortable and welcoming. The premises had been designed to meet the needs of people who used wheelchairs. Doors were widened and had sensors that opened the door automatically for people. All bedrooms were single and had en-suite facilities and overhead hoisting equipment. People could choose to spend their time in their own rooms, the lounge on each wing or the dining room. There was also a smaller quiet lounge that was used by people when they received visitors. Two areas of communal space were being redesigned this year to add accessible kitchens for people to develop their cooking skills. The gardens were accessible for people using wheelchairs. There was a pathway that led around the gardens and people had seating areas outside their bedrooms. There was a summer house for people to use. The gardens were maintained by a group of volunteers. They had designed the garden to provide different themed areas for people to enjoy including a jungle book area and a beach area. We saw that people were able to move around with ease through the premises and the gardens.

Good

Is the service caring?

Our findings

People, and their relatives, told us the staff were caring and treated them with kindness and compassion. One person told us, "I like the staff, some I get on with better than others, but that's life really." Another person told us, "They treat me well, I have no concerns about that." A further person told us, "It is the staff that make it here. They are absolutely first class."

A person's relative told us "I am very impressed; we have been given lots of opportunity to visit here to help us make the decision [about using the service]."

Staff knew people well. They had taken the time to get to know them as part of their induction into their role. A member of staff told us, "It's good to spend time getting to know people before you work alone with them, you have to build their trust and respect." Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. During the inspection we saw that people had positive experiences which were created by staff that understood their personalities. Staff were able to tell us what was important to individuals, for example their interests, things they liked to talk about or their families.

People were supported to maintain contact with their family and friends and develop new relationships as they wished to. Some people went out to a local pub and others were part of clubs or groups. People could receive visitors when they wished and could see them privately. There were computers available for people to use in the lounge and a computer tablet. Some people had their own computer tablets and the service provided Wi-Fi access throughout the building. People told us that they stayed in touch with family and friends through email, social media and the use of skype. Compaid (a charity that helps people with disabilities access IT) provided a monthly session in the service so that people could learn IT skills. The service also provided basic IT training to family members if required. Staff knew how to communicate with people and ensured those that needed equipment to communicate had this available to them at all times. Staff were able to describe specific ways people communicated their wishes, for example by using eye movements and sounds. People had care plans in place that described how they communicated and what staff needed to do to support them.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff spoke with people in a respectful way and addressed them by the name they preferred. People were able to lock their bedrooms if they wished and had secure storage for their belongings. People's records were kept securely to maintain confidentiality. People's spiritual and cultural needs were met. People were supported to practice their religion and were supported to attend religious services if they wished. The service celebrated people's birthday and key calendar events. On the day of the inspection staff were celebrating person's birthday with them. Decorations, presents and cake had been provided and the person was supported to go out for lunch with a friend. People were supported to express their sexuality and their preferences about their identity.

Clear information about the service was provided to people and their relatives. A brochure was provided to

people who wished to move to the service to help them make their decision. There was a clear complaints procedure which was made available to people and was displayed in the entrance hall. Communication aids were available to help people make decisions, such as pictures for choosing meals. Important policies and documents were provided in an easy read format. People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be. One person was supported to chair their own care review meeting. A service users' noticeboard displayed a number of information leaflets about local services and agencies that provide support, such as the Citizen's Advice Bureau. A person had made an advance decision about having a PEG fitted if needed as part of their end of life care. Staff at the service had advocated for the person to ensure their advanced wishes were respected by other healthcare professionals.

Staff encouraged people to do as much as possible for themselves. People's care plans reflected where they could do things for themselves and where they required support. Staff told us about how they had supported a person who wished to be more in control of their money. A plan had been written to help the person learn how to safely use an ATM machine. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People were able to prepare snacks and drinks using facilities provided by the service, for example a one button coffee dispenser. Those that needed equipment to enable them to eat independently had been provided with this and staff ensured it was available to them at mealtimes. People were supported to access occupational therapy services for advice and equipment to promote their independence. This included powered wheelchairs, computer speech programmes and adaptions to their living environment. People told us they were encouraged to be independent and we saw reference to people being encouraged to do things for themselves within their care plan and records.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff were generally responsive to their needs and requests. One person told us "I am happy here, they take good care of me. They help me with my bath or whatever I need really." However several people commented that it sometimes took a long time for their call bell to be answered. One person told us, "It's always a problem in the afternoon, sometimes I wait too long." A person's relative told us, "Often when I am here I hear the bells ringing a lot and for a very long time."

A healthcare professional involved in the care of people using the service told us, "I feel the care is good, the social support excellent and on each occasion I have found the staff engaged and up to speed with the person and their current needs." People told us they received a personalised service that respected their preferences. One person told us, "The staff are very good, they do as I ask them to when they help me in the mornings." Another person told us, "The care I get is what I need and is first rate."

Staff responded to call bells within an appropriate time during our visit. The registered manager monitored the call bell response times through the call bell system. The records of this showed that there had been some delayed responses to the call bells in March and April 2016. Changes in the shift patterns in the service had reduced the number of delayed call bell responses. The registered manager had also recently agreed with the safeguarding lead for the local authority that male care staff could attend to females personal care needs if the person consented to this and was happy with the arrangement. It was intended that this would further prevent delays on occasions where a high number of people were calling at once. This was implemented the day after the inspection.

People's needs had been assessed and a care plan written to meet the identified needs. The assessment process included seeking the views of the person about their own care needs. We saw that an assessment was being carried out during our visit. This included the registered manager and staff meeting with the person and their family to establish their needs and preferences. The person was invited to spend time in the service to see how things worked and to join others for a meal. We saw that assessment documentation included the person's goals and wishes, risks to their wellbeing and an overview of their care and support needs. There was a record of 'Your story' which gave staff information about the person's personality, background and life history.

When people moved to the service a care plan was developed that addressed the assessed needs. We saw that people had personalised plans in place, for example one person's plan for included 'What makes a good day and a bad day for me.' A person's care plan gave detailed guidance for staff about their preferences for their personal care, such as having music on whilst having a shower. Care records showed that these wishes had been respected by staff. Other people's plans included information about how they preferred to dress, including jewellery and perfume they liked to wear. A one page profile was available for each person providing an overview of their needs and their preferred routine.

People were supported to spend their time how they wished. Records showed that people were engaged in a range of activities including Church groups, cookery club, swimming, shopping, bowling, meals out,

exercise classes, walks in grounds and art classes. One person enjoyed riding their trike around the grounds. This was included in their care plan and we saw them being supported to do this during the inspection.

People we spoke with, and their relatives, were aware of how to make a complaint. Detailed information about how to complain was provided for people in the brochure, in the reception area and on the noticeboards in the main areas of the home. People had an opportunity to give their feedback about the quality of the service through the resident and relatives meetings. Minutes of a meeting showed that people had raised concern about new coffee mugs in the service being too heavy to lift easily. The deputy manager had reported this to the kitchen staff who were arranging replacement. People were given information about how to access the customer support team and the personalisation and involvement officer, who visited the service on a regular basis to support people to express their wishes and rights. People and their relatives were invited to complete an annual satisfaction survey. The most recent survey results had been collated and a report produced. The report included a 'You said, We did' section which responded to areas of required improvement. The responses were positive and clear for the reader and we saw that action had been taken to address the areas of improvement people had identified.

Good

Is the service well-led?

Our findings

Most people told us they felt the service benefitted from clear leadership. However, two people's relatives said they had found the registered manager was not always visible in the service. The registered manager had recently been supporting another Leonard Cheshire service and had not been working in the service as frequently over the last few months. They had been present in the service to oversee the management of it one to two days a week. The deputy manager was managing the home on a day to day basis. This arrangement was due to end in the next month and the registered manager would be returning to the service on a full time basis.

People were positive about the service they received. One person told us, "For me it had to be a Leonard Cheshire home as I was confident they would give good care. I haven't been disappointed."

Staff told us that they worked to a set of values, promoted by Leonard Cheshire Disability, which respected people as individuals and provided personalised care. We saw that staff practiced these values in the way they interacted with people and provided their care. The registered manager had in place a number of systems that were effective in ensuring that staff understood their roles and were supported in carrying out their duties. Team meeting records showed that the registered manager had held discussions about the Health and Social Care regulations and relevant guidance for good practice. Staff were positive about the support they received from the registered manager and deputy manager. One staff member told us, "I can always speak to the manager if I am not sure about something." Another staff told us, "I have received lots of training with this organisation and I feel they do value their staff." The registered provider had achieved 'Investors In People' accreditation April 2015 to recognise the support provided to staff.

The registered provider and registered manager were open and transparent. They notified the Care Quality Commission of any significant events that affected people or the service. They were aware of updates in legislation that affected the service and communicated these to staff effectively. The services policies were appropriate and clear for staff to follow when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. The registered manager maintained accurate records for the purpose of monitoring the care delivered to people. All records were kept securely and confidentially. Care records were detailed and provided clear information about the care that had been provided to people and their wellbeing.

There was a robust system of quality assurance and governance in place to monitor the quality and standards of the service. A number of audits had been completed and the findings had been used to develop action plans for improving the service. For example, a recent medicines audit had resulted in improvements to recording and the review of medicines guidance. A health and safety audit had led to the replacement of doors and a compliance audit had resulted in improvements to staff supervision records and inductions. A national quality improvement team audited the service annually and carried out themed reviews to identify areas for improvement. People were invited to give feedback through a comments book held in reception. At the last service user survey and issue was raised about the security arrangements for the building. Improvements were made and published in the 'You said, We did' document. The registered

manager and deputy manager carried out 'Out of Hours' visits to the service to assess the quality of care in the evenings, nights and at weekends. The records of these visits showed where required improvements had been identified and what action had been taken. Information relating to complaints, safeguarding and accidents were reviewed monthly by the registered provider's management board and the outcome of the review fed back to the registered manager.

The service was integrated into the local community. A number of volunteers were used to support people with social activities and to help with the maintenance of the gardens. The service had developed links with the local community including the local library, churches, WI, Bridge Club, carnival committee and Staplehurst Society. Some of these community groups hired meeting rooms within the service with the agreement of the people living there who were able to join in the meetings and club sessions. A beer tasting event was being held in the service during the summer and members of the local community had been invited. The service offered students from the police service, health services and local schools the opportunity to complete work experience placements. The registered manager told us this provided people using the service with social opportunities with others from their local community, but also raised awareness within police services and schools of the issues faced by people with disabilities and how these can be overcome. The service worked with a range of multi-disciplinary partners including the local authority, safeguarding teams and NHS services including GP surgeries, district nurses, tissue viability, speech and language therapy and occupational therapy.