

Adelaide Care Limited Greenways

Inspection Report

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Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	7

Detailed findings from this inspection

Background to this inspection	8
Findings by main service	9

Summary of findings

Overall summary

Greenways is a care home for up to six people. This service provides care and support to people with complex emotional and behavioural needs. Four people lived there at the time of our visit. We were able to see and talk with all four people.

The service had a registered manager in place and he provided good leadership and support to the staff. He was also involved in day to day monitoring of the standards of care and support that were provided to the people that lived at Greenways. This ensured that people received care and support that met their needs and enabled them to do the things that they were interested in.

All the people we spoke with said, or indicated through sign language, that they were happy living at the home. When we spoke with them they used words such as "Good" and "I like it here." One person told us "I see my relative every week. I like it here because I get to go out when I want." A relative said the staff understood their family member's needs and they were "Happy that they were living here." Another relative told us they thought the staff were caring and compassionate. They said "They help to create a loving and caring environment which makes the home feel relaxed and welcoming."

A health care professional told us "My overall opinion of the service is that they have done a very good job

considering the complexities that the individuals placed at Greenways present. I feel that the staff work in a person centred way and ensure the individuals living at Greenways are happy, content and settled in their home."

The service had good systems in place to keep people safe. Assessments of the risk to people from a number of foreseeable hazards had been developed and reviewed. We saw that staff followed these guidelines when they supported people who used the service, for example where people became agitated and displayed behaviour that could cause them or others harm.

People's needs and choices had been clearly documented in their care plans. We saw that people took part in regular activities that they had an interest in.

During our observations over the course of the day we saw that people were treated with kindness and compassion. Family members and a health care professional that we contacted all told us that the people were supported by kind and caring staff. Staff were able to tell us about the people they supported, for example their personal histories and their interests.

We saw that people were encouraged to make decisions for themselves. Where people were unable to do this the service considered the person's capacity under the Mental Capacity Act 2005. We saw records that showed a person's relatives and health care professionals had been involved in a best interest decision process for that person.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service told us they felt safe living at the home. Staff had a clear understanding of what to do if safeguarding concerns were identified.

Staff treated people with dignity and respect, for example knocking on doors and waiting for an answer before entering rooms. We saw that when a person displayed challenging behaviour the staff responded very quickly and discussed the options available to that individual to help them calm down. This meant the individual had not harmed themselves or others. We looked at the care records and saw that the staff had followed the recommended guidance for that person.

We saw that when a person became very agitated staff followed guidelines that were in that person's care plan. This ensured the person, or others in the house, did not come to harm. Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made. Staff also knew about the Deprivation of Liberty Safeguards, and what the legal requirements were if someone's freedom was to be restricted.

Detailed risk assessments were in place to ensure people were safe within the home and when on trips out. From our observations, we saw that staff provided care and support in line with these assessments. This meant that people took part in activities as risks had been assessed to protect them, for example, horse riding or attending college.

The premises were safe and well maintained. We saw that the service had regularly tested safety equipment such as fire alarms and emergency lighting. Floors and carpets were in good condition, which minimised the risk of people tripping.

Are services effective?

People had up to date care plans which recorded information that was important to them. These included information about their health and support needs, as well as a clear description of their hobbies, interests and wishes for the future.

People had access to regular health checks. Staff gave examples of where they had identified a person's health had deteriorated and the action they had taken as a result. This showed that staff identified when a person was unwell and took appropriate action to

Summary of findings

ensure the person received treatment quickly. Examples seen included referrals to other professionals such as GP's, speech and language therapists (SALT), behavioural practitioners and occupational therapists.

The staff were very complimentary about the support they received from the registered manager and the senior managers within the organisation. We saw that regular meetings had taken place between individual staff members and the registered manager. Staff told us they were able to discuss issues with the registered manager at these meetings, or at any time they had a concern.

There was a comprehensive training plan in place for each staff member. Staff had received training to enable them to meet the individual needs of people that they supported. We saw that a training course on the use of physiological and physical intervention had been identified for all staff. This had not yet been completed at the time of our visit. The registered manager explained they were just waiting for a training date to be confirmed. We saw that a version of this had been completed by staff just over a year ago as part of their induction, so the risk to people from staff using incorrect or illegal techniques to restrain someone was low.

Are services caring?

Due to people's communication needs we were unable to ask them detailed questions. However relatives told us that they thought staff were very caring and they always had time to sit and talk with their family member. During the day we saw staff treated people in a caring manner. People were spoken to gently and in the way as detailed in their care plans. For example one person only responded when staff made reference to particular comic book characters during their conversations. We saw staff do this throughout the day.

People could lock their bedroom doors if they wished and there were a number of rooms available where they could meet friends and relatives. Staff understood their responsibilities about confidentiality.

We saw that people had regular reviews of their care and support. When people's needs changed we saw staff responded in a caring way.

The service had policies and procedures that had been read by staff. These gave guidance on how to respect people's privacy, dignity, protect their human rights and provide care that met the individuals needs.

Summary of findings

Are services responsive to people's needs?

Information had been provided in a number of ways. This meant that everyone living in the home had access to information in an appropriate format to meet their needs. This ensured they could be actively involved in making decisions about their care and support. Easy read documents were available, as well as detailed picture books for people who could not verbally communicate. Staff had also received specific training to ensure they could meet the particular communication needs of people who lived at Greenways. Where a need for a best interest decision had been made we saw that the individual, family, social services and staff had been involved.

A number of activities were arranged for people who used the service. There was a mix of internal activities in the house and external activities in the community. We saw from the care plans that these activities met people's individual interests. The activities on offer also encouraged people to expand their knowledge, and build confidence. For example one person attended a local college with support from staff at the home.

There was information about how to make a complaint to the service available in the reception area, and in the service user guide that each person had received. At the time of our visit there had been no complaints received. Where accidents had happened the service had completed a detailed investigation and action had been taken to stop the issue happening again.

Are services well-led?

The service promoted a positive culture for staff to work in. The staff we spoke with had a clear understanding of why they were there and what their roles and responsibilities were. One staff member told us they were there "To meet the needs of the people we support". They told us that the registered manager's door was "always open" to them and they felt confident to raise any issue they had with them. They also told us that senior staff from the main office regularly visited the service and they were able to talk with them if they wished. During the day we saw the registered manager was in constant contact with the staff to ensure they were alright and that people's needs had been met.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as pictures of the issues, and the actions that had been taken to resolve them.

Summary of findings

Records showed that before a person joined the service, their staff support levels had been agreed. We saw from staff rotas, and our observations, that there were enough staff on shift to meet the needs of people that lived there.

Emergency plans were in place, for example around what to do in the event of a fire. The service had a business continuity policy in place, which stated each service would have a plan in place to deal with foreseeable emergencies. The registered manager was unable to locate the plan at the time of our visit, but a copy was provided to us the next day. The registered manager was able to describe how people would be supported in the event of an emergency.

The provider completed a number of checks to ensure they were providing a good quality service. For example the quality manager carried out regular visits to the home to speak with people and staff, and check that records had been completed correctly. Where issues had been identified, action plans had been generated. These were monitored at follow up visits to ensure they had been completed.

Summary of findings

What people who use the service and those that matter to them say

We spoke with all four people who lived at Greenways. Some were able to talk with us while another was able to use sign language to answer our questions. All of them said they were happy living there. One person told us “I see my relative every week. I like it here because I get to go out when I want.”

All four relatives we spoke with were very complimentary about the service. A relative said “The service is very good. The staff are very nice, and the house is always clean.” They went on to say “The staff really understand who my family member is, their history, their likes and dislikes.” Another relative said “This is a fantastic service.”

They also told us “Staff keep me informed of what is happening. I am able to take part in reviews of the care provided. I think the staff are friendly, caring, and really understand my family member’s needs.”

A health care professional told us “My overall opinion of the service is that they have done a very good job considering the complexities that the individuals placed at Greenways present. I feel that the staff work in a person centred way and ensure that the individuals living at Greenways are happy, content and settled in their home. I trust the service and the Manager and feel confident that they are doing their best by the individuals living there, and treat them as individuals with respect and warmth.”

Greenways

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. We visited the home on 2 April 2014.

Before our inspection we had reviewed all the information we held about the home. At our last inspection in August 2013 we had not identified any problems with the service.

Over the course of the day we spent time observing the care and support that was provided to people in the home. We also reviewed care plans and other relevant documentation to support our findings.

On the day of the inspection we spoke with all four people who lived at Greenways. We also spoke with a visiting relative. We spoke with four staff members, which included the registered manager. We also spoke on the telephone with the quality assurance director, who was at the head office. After the inspection we contacted a further three relatives. We also contacted social workers that were involved with the people that used the service.

Are services safe?

Our findings

People who used the service told us they felt safe living at the home. All four relatives we spoke with confirmed they felt their family members were safe living at Greenways.

We spent some time watching staff interact with people over the course of the day. We saw that when a person became very agitated staff followed guidelines that were in that person's care plan. This ensured the person, or others in the house, did not come to harm. Staff identified the change in the person's mood very quickly and spoke calmly to the person, and asked what was wrong. They offered the person choices of where they could go and things they could do that might help them calm down, for example to go out into the garden. At all stages of this process staff listened to the responses from the person and acted in accordance with their decision. After the incident when the person had calmed down, staff spent time with the person talking through the activities that were planned for the day. This showed that staff dealt effectively with behaviour that challenged, in a manner that respected the person's rights and respected their dignity. A health care professional told us "I believe that people are safe from others and from themselves due to receiving the appropriate levels of support. Staff are experienced and consistent in their approach. The staff team have the relevant training and knowledge to enable them to manage and reduce any risk to the customers they are supporting."

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life. Staff also knew about the Deprivation of Liberty Safeguards, and what the legal requirements were if someone's freedom was to be restricted.

We saw that staff kept a record of accidents and incidents. These contained detailed information about what had happened, and the action that had been taken as a result. These reports were also shared with people involved in the care of the person affected, for example social workers and other health care professionals. Family members also told us that they were kept informed of any changes in their relative's health or care needs.

We saw that the service worked with local authorities and other healthcare professionals to ensure people received support that met their needs. For example, the local

funding authority and healthcare professionals had requested that where a person's behaviour had started to change staff record the times when the person's behaviour changed. They recorded what the person was doing beforehand, and other factors that could have triggered that behaviour. These were then reviewed with the healthcare professional to look for patterns. A plan of care was then put into place to ensure that the person received the support they needed to reduce the risk of harm to themselves and others.

We saw that there was a system in place to identify risks and protect people from harm. This system also ensured guidelines were in place to minimise the risk of harm to people. Each person's care file had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk; who could be harmed; possible triggers (for example when the risk was from challenging behaviour); and guidance for staff to take. We saw that these had been signed by staff, to show they had read them. Our observations of staff interactions with people that used the service showed us that staff had understood and followed this guidance.

From looking at the risk assessments we saw that people were able to do activities that were potentially risky, either from the activity or from how they may react to certain situations. Where risks were identified, people were still able to take part in these activities as support was provided to minimise the risk of harm to the person. This meant that people were able to take part in horse riding, bowling, attending college, and other activities out in the community and in the home. During our visit we saw that, when people went out into the community, they were supported by the number of staff as detailed in the care plans and risk assessments to ensure they were safe. This showed us that people were not discriminated against due to risks of challenging behaviour.

Staff had a clear understanding of what to do if safeguarding concerns were identified. Both of the care staff we spoke with could identify the various forms of abuse, the signs and what they should do if they suspected abuse was taking place. We saw that information had been provided about what abuse was, and what to do if it was suspected. This was available in the reception hallway. This meant that people who used the service, their relatives or other visitors had access to this information.

Are services safe?

The premises were safe and well maintained. All the relatives we spoke with commented on how well the house was maintained. A health care professional told us “I believe that Greenways is a safe environment and has been adapted sufficiently in order to meet the needs of the individuals living there.” Regular audits were completed by staff to check that the house was safe. These included checks on lighting, trip hazards, and cleanliness of the

house. Where issues had been identified, we saw that action had been taken to correct them. Risk assessments had also been completed around safety within the home, for example fire safety. Regular tests and checks were seen to have been completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers.

Are services effective?

(for example, treatment is effective)

Our findings

Relatives told us that they had been involved in the planning and review of people's care. One said "I'm not involved that much as my family member is quite capable of telling staff what they want." Others told us "We are kept in the picture of what is going on, and I'm happy with what they are doing." Another relative told us "I am told of any issues and can come along to appointments if I want." Relatives also felt that their family member had been involved in the care planning process.

Before people moved into Greenways a detailed assessment had been completed by the registered manager. We saw that people's preferences and views on what they wanted from the service had been recorded. From the records we saw that the people who used the service and those important to them, such as relatives, had been involved in this assessment. This meant the service had a good understanding of each person's individual needs before they moved in.

People had up to date care plans which recorded information that was important to them. This included information about their health and support needs, as well as a clear description of their hobbies, interests and wishes for the future. The plans were very detailed and gave good guidance to staff on how to support each person. Each section of the plan covered a different aspect of the person's life, for example personal care, medication, communication, and accessing the community. Details of specific choices and preferences made by the person had been recorded. We saw that where specific interests and aspirations had been identified there was a plan in place to help the person achieve this. Relatives who we spoke with confirmed that care and support were provided that met their family member's needs.

There was information available to ensure that people's preferences and choices were known if they moved to another service, for example a stay in hospital. The registered manager explained that the service had developed hospital passports for each person. These detailed all the important information about the person, for example how they communicated, medication, care and support needs, and personal preferences.

The registered manager was aware of advocacy services such as Independent Mental Health Advocates (IMCA), but

explained that there had been no reason to use them at Greenways. This was because each person that lived there had relatives who acted as an advocate if they needed them. We saw that where decisions had needed to be made in a person's best interests, the person, their family, and healthcare professionals had been involved in the process. This meant that people, and others that were important to them, were involved in decisions around their care to make sure it was in their best interest.

People had access to regular health checks. Information was recorded in their care plans about when appointments had taken place, or were due. Relatives also confirmed that their family member's health was regularly monitored and checked. A health care professional told us, "My customer has attended all the relevant medical appointments and they are receiving specialist support from a speech and language therapist, behavioural practitioners and have received an occupational therapy sensory assessment."

There was an induction programme in place which gave the staff the skills to meet the needs of the people who lived at Greenways. We saw that there was a training schedule that detailed all the training that staff had completed and when a refresher, or new training, was due. The induction training covered areas such as medication, person centred care and how to manage behaviour that challenged others. Where a need for further training had been identified we saw that the training plan included this information. For example a need had been identified to build on the training completed during the induction by having staff complete non-abusive psychological and physical intervention (NAPPI) level 1 and 2 training. This is an accredited training course around managing challenging behaviour, with an emphasis on positive behaviour support approaches. This meant that the service had a system to review the training needs of staff so that people's support needs were effectively met. At the time of our visit the registered manager was in the process of confirming a date for this course to take place.

Staff had regular one to one meetings with the registered manager. Staff told us they found them useful as they were able to discuss any issues they may have, and get feedback on how well they were performing. As the service was just over a year old the appraisal process had just started at the

Are services effective?

(for example, treatment is effective)

time of our inspection. All the staff we spoke with felt they were supported by the registered manager, and that they had received the training they required to meet the needs of the people who lived there.

Are services caring?

Our findings

Due to the communication needs of the people who lived at Greenways we were not able to get detailed responses to some of our questions. However we observed the interaction between staff and people who used the service and saw that they were caring and treated people with respect. For example staff were seen to knock on people's doors and wait for an answer before they entered. People were given options and choices by staff and not told what to do.

The relatives who we spoke with were very positive about the service when we asked them if they felt it was caring. One told us "The service is fantastic. They treat my family member as I would treat them. They are very caring, friendly and approachable." Another relative told us "My family member is happy and comfortable, I can't ask for better." A third relative told us "They help to create a loving and caring environment which makes the home feel relaxed and welcoming."

A health care professional told us "Greenways is an extremely caring environment and I truly believe that the manager and his staff team are passionate about their jobs and treat customers with the respect that they deserve. I believe that staff do not talk down to customers and give them the choice and freedom that they require, whilst ensuring they are safe and protected from harm by others."

We asked staff about the people who they supported. They were able to tell us about the person, their likes and dislikes, personal interests and what was important to them. The information they gave us matched with what was in the care plan. This meant that staff treated the person as an individual. We saw evidence of this by the way staff talked with people, using particular words or phrases to involve them in conversations. Other examples were seen where staff understood a person's cultural preferences around food, and they ensured this person was provided with the food that related to their cultural background. The person was also involved in visiting the shops and purchasing these items with the staff.

We saw that when a person became agitated staff spoke to them in a calm and respectful manner. They showed compassion and a willingness to find out what was causing the person distress. The person was given space to calm down, but staff remained nearby, and were able to respond

quickly when the person displayed behaviour that could have resulted in them hurting themselves. After the incident staff talked through what had happened with the person, but then moved on so that the person did not dwell on the negative experience. The person was invited to sit with us and take part in what we were doing. This showed that staff reacted in a calm and caring way to meet that person's needs, and then enabled the person to move on from the incident and continue their normal day to day activities.

All the relatives we spoke with confirmed they felt their family member was treated with dignity and respect by staff. During our observations we saw that people were treated with dignity and respect. We saw staff knock on people's doors and wait for a response before they entered. Relatives told us that their family members always looked clean and were appropriately dressed whenever they saw them. Our observations supported this. For example when people went out on activities they were appropriately dressed for the weather conditions and so that their dignity was protected.

People had privacy when they needed it. Each person was able to lock their bedroom door if they wished. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private. For example there was a conservatory, and lounge area in the main building where the door could be closed for privacy. One person lived in an annex, so had access to their own living room for meeting people.

The service had a clear set of values. These were recorded in the service user guide and the staff induction handbook. This meant that people who used the service, their relatives and staff were aware of the standard of care that was required. Staff were able to describe the values of the organisation when we asked. From our observations we saw that staff acted in accordance with the values of the organisation.

People and their relatives were listened to and felt that they mattered. A relative told us "I have been involved in my family member's care reviews, and was able to talk about the care that had been provided." Another person said "I know I can raise issues if I want to. I have in the past and the staff responded quickly. I was satisfied with the outcome."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People took part in activities that were relevant to their interests both inside the house and in the community. For example where people had expressed an interest in horse riding or going to college these were organised and supported by the staff.

A relative told us "My family member is able to do things for themselves. Staff help them to be as independent as possible." Another person said "My family member is actively encouraged to be as independent as possible. The support worker knows them as well as I do." All the relatives we spoke with confirmed they were involved in decisions around their family member's care.

People who needed an assessment around mental capacity received one. Assessments were done around specific decisions of someone's life rather than a blanket assessment. The only assessment that had been identified as required was around managing finances. We saw that the service had completed financial profiles and assessment forms. These detailed what the person's understanding was around money and their finances. They identified what support was required, or who could make the decisions for that person. In addition to these assessments we saw that where a best interest decision had been needed the service had involved the person, their family and appropriate health care professionals. This ensured that it was not just staff making the decision for the individual, and that the person was given the appropriate time and support to be involved in the decision making process.

A health care professional told us "I feel that people are given choice, and when decisions need to be made on an individual's behalf these are done so in the correct manner and by following the best interests/mental capacity route. The individuals are seen as individuals and their own needs are promoted."

People were involved in planning for the future. This was done in a section of their care plan which listed their dreams and aspirations. We saw that work towards people achieving these goals had been planned. For example one person had expressed an interest in attending college. The staff had worked with that person, their family and the health care professionals to put a plan into place to support them to do this. A health care professional told us "The customer who I work with is supported to lead a healthy and active life and is getting out and about and taking part in meaningful activities."

Information was given to people in a number of ways to ensure they understood it. This meant they were actively involved in making decisions about their care and support. Easy read documents were available, as well as detailed picture books for staff to use with people who could not verbally communicate. Staff had also received specific training to ensure they met the particular communication needs of one person who lived at Greenways.

The service had a clear complaints policy in place. This detailed how complaints would be dealt with by the organisation. This included the timescales that the organisation would respond by. At the time of our visit Greenways had not received any formal complaints. The people we spoke with confirmed they had never felt the need to make a formal complaint. One person said "If I had any concerns I would go to the manager and I know they would respond."

We saw that information about how to make a complaint, or give comments on the service was available in the reception area, and in the service user guide. The relatives we spoke with said that if they needed to make a complaint they would tell the registered manager. They all felt that he would listen to them and take action.

Are services well-led?

Our findings

Our observations of how the registered manager interacted with people who used the service, staff and visitors showed us that the service had a strong leadership presence and a positive empowering culture. The registered manager was supportive of staff during the day of our visit, taking time to check that they were alright and that people's support needs were met. Staff were able to carry out their duties effectively, and the registered manager was always available if staff needed any guidance or support.

A health care professional told us "I feel that the manager is always transparent and honest, he is fully open to support from our team and we have a very close working relationship with him."

The staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

We saw records of audits and meetings that had taken place which showed that senior management were aware of the culture of the service. Staff told us that senior managers visited on a regular basis and they had the opportunity to talk with them if they wished. The service held staff forum meetings and we saw the minutes of the last meeting held in March 2014. The minutes recorded that a discussion was held around current difficulties that staff had experienced. Staff also had an opportunity to raise any issues in the 'any other business' section of the meeting. We saw from the minutes that, where an issue had been raised, the senior manager had informed the staff what action they would take to resolve the issue.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as pictures of the issues, and the actions that had been taken to resolve them. We saw that a senior manager reviewed progress on any action plans that had been generated to ensure they were completed in good time. This was documented in the regular quality assurance visits that had been carried out. This showed us that the service learned from mistakes, and minimised the chance of them happening again.

There were sufficient numbers of suitably skilled staff to meet people's needs. Before a person joined the service their support levels had been agreed. We saw from staff rotas, and our observations, that there were enough staff on shift to meet the needs of people that lived there. Over the course of the day we saw that people always had a member of staff to support them, in accordance with the ratio recorded in their care plans. When people went out on activities the service ensured they had the correct staff ratio. For example where someone had a 1:1 ratio when they were in the house, they needed a 2:1 staff ratio outside. We observed that staff were made available to meet this change in staffing ratio, without affecting the support arrangements for the people who remained in the house. We noted on the rota that at night there was a waking night staff and one sleep in staff member. We saw from staff rotas that when the service had supported a person with very complex needs this ratio had been increased to ensure more staff were available at night. This showed that the service had reviewed and taken action to ensure there were enough staff to meet this person's support needs.

Emergency plans were in place, for example around what to do in the event of a fire. At the time of our visit the registered manager was unable to locate a copy of a business continuity plan. This is a plan that details the actions to take if an emergency took place that could mean the house could not be used. They were able to describe what the plan contained and how people would be supported if the house could not be used. A copy of the written plan was supplied to us the day after our inspection visit. The plan covered emergencies such as staff shortage, and relocation of the people that lived at Greenways. The plan matched with what the manager had told us. This meant that there were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

The provider completed a number of checks to ensure they provided a good quality service. For example the quality assurance director carried out regular visits to the home to speak with people, relatives and staff, and check records were completed correctly. Where issues had been identified action plans were generated. These were monitored at follow up visits to ensure they had been completed. This ensured that people had the opportunity to talk about what they thought of the service and that the provider listened and took action.

Are services well-led?

The provider had a system in place where the service was required to produce weekly reports to the central office. These gave a summary of events that had taken place in the home, for example accidents, incidents, complaints, staff issues. However at the time of our visit the last report we were shown had not been completed for some months. The manager of the service and the quality assurance director from the provider had already identified this issue. We saw an email instructing all managers to begin completing a new style weekly report. This would ensure that the provider had the information to identify risks at the team and organisation level. As this data was not available at the time of our visit we were unable to assess how effective the provider was at managing this information. However we saw that other quality assurance audits and checks completed at the house had been actioned and reviewed effectively.

The staff we spoke with were complimentary about the service and the support they received. One staff member told us “They are very supportive here. They listen to us at meetings, we can say what we want to them and they listen.” They went on to say “The head office people also visit and they talk to us and the residents. They send the home an email with what they have found after their visit, so we can see that they have listened to what we said.” All staff felt they were motivated. We saw that there was an employee of the month scheme in place, and the service had also gained the Investor in People Award. This is a national accreditation services can achieve that shows they value and develop their staff. This meant that people benefited from being supported by motivated, well trained and caring staff.