

Family Investment (Four) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 9 and 10 January 2017. Short notice of the inspection was given because the service is small and people are often out with staff support. At the previous inspection in February 2014 there were no breaches of regulation.

Family Investment (Four) Limited provides accommodation with personal care for up to 8 adults with a learning disability. The shareholders and directors of Family Investment (Four) Limited are family members or guardians of the people who live there. The directors hold regular meetings to discuss all aspects of the service and any surplus monies go back into improvements. There were 8 people living at the service at the time of the inspection. Each person has their own en-suite room and share the lounge, conservatory and kitchen/diner. The service is situated in a rural area, with good links to Folkestone and Canterbury. It has its own garden with a patio.

A registered manager was in post. 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.

Staff knew how to identify and report any safeguarding concerns in order to help people keep safe.

A robust recruitment procedure meant checks were carried out on all staff before they supported people, to ensure that they were suitable for their role.

There were enough staff who were sufficiently qualified and competent to support the people at the service. Staff had worked at the service for a number of years and so helped ensure consistency of care.

There were safe systems in place for the storage, administration and disposal of medicines. Staff received regular training in how to administer medicines safely and people were encouraged to take responsibility for their own medicines.

Potential risks of harm in the environment and for people when carrying out their daily lives had been identified and guidance was in place as to how the risk of harm could be reduced.

A schedule of cleaning was in place to ensure the service was clean and practices were in place to minimise the spread of any infection.

Staff felt well supported by each other and the management team. There was a rolling programme of essential training to ensure staff had the skills and knowledge to care for people effectively.

People had their health needs assessed and these were effectively monitored. People were responsible for

planning, shopping and cooking their own food and took this in turns.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The service understood when to make an application, but had not needed to do so.

Staff were extremely kind, caring and compassionate, and enjoyed spending time with people. The service was run on 'family values' and there were positive relationships with people based on equality and understanding people's individual and emotional needs. People were supported to maintain links with individuals who were important to them such as family and friends. People were actively involved in making all decisions that affected their daily lives, including recruiting new staff.

People understood that information about their care, treatment and support needs were contained in their plans of care. This information included what was important to people and their choices and preferences. Staff knew people well which enabled them to support people in a personalised way.

The service prioritised ensuring people had active fulfilling lives. People undertook a variety of educational, creative and work based activities which reflected their interests and abilities.

People's views were sought in a variety of ways and they felt able to raise any concerns with staff. Information was available about how to follow the complaints process, should they need to use it.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. The registered manager was supported by a staff team who understood the aims of the service and were motivated to support people according to their choices and preferences.

Systems were in place to review the quality of the service and any shortfalls identified were addressed. Feedback was sought from people who lived at the service and the results were that people were highly satisfied with the care provided.

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.

People's medicines were managed appropriately and self-administration was promoted within a competency framework.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

Staff knew how to recognise any potential abuse and this helped keep people safe.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

The service was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good ●

The service was effective.

People were provided with care by a staff team that had received the support and training they required to effectively support people.

People's health care needs were assessed and monitored.

Staff understood that people had the capacity to make their own decisions and gained people's consent when supporting them.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff knew people well, were kind and caring and had developed positive relationships with people whose well-being they were interested in.

The care provided was sensitive and staff understood the importance of meeting people's emotional needs in addition to physical support.

Staff were highly motivated to ensure people remained independent and that their dignity was maintained.

People were fully involved in making decisions about all aspects of their care.

Staff supported people to maintain and develop relationships with family and friends and valued people's individual contributions and abilities.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's individual support needs, to enable them to provide personalised care.

People were offered a range of interesting and fulfilling activities according to their interests, which enabled them to develop life and work skills.

People felt able to raise any concerns or worries they had about the service. Information about how to make a complaint was available to people, in a way they could understand.

Is the service well-led?

Good ●

The service was well-led

Quality assurance and monitoring systems were in place to identify and address any shortfalls in the service.

People benefitted from a service with an open culture, and from staff who were motivated to put the aims of the service into practice.

People were regularly asked for their views about the service and they were acted on.

Family Investment (Four) Limited

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.

This inspection took place on 9 and 10 January and short notice was given as it is a small service and people are often out with staff support. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to seven people who lived at the service and observed how staff interacted with them. We spoke to the registered manager, deputy manager, senior care worker and one carer. We received feedback from a care manager from the local authority.

During the inspection seven people proudly showed us their bedrooms. We looked at three people's care plans and spoke to them and staff to track how their care was planned and delivered. One person showed us information about their care which they kept themselves. We also looked at a number of other records including the recruitment records of three staff; the staff training programme; administration and storage of medicines; residents meetings; staff meetings; health and safety information ; directors reports and visits, quality surveys and audits; menus; and the safeguarding and medicines policies.

Is the service safe?

Our findings

People had confidence and trust in the staff team who supported them. One person told us, "I am vulnerable when I go out. Staff keep me safe and from harm". People communicated with staff in a relaxed manner and were clearly at ease in their home and in staff's company. A social care professional commented, "My client remains happy, stable and feels safe living at Bridge House". People explained they could undertake many aspects of their daily lives independently, but said that staff were always available if they required any advice or assistance.

The service's safeguarding policy set out the definition of different types of abuse, staff's responsibilities and how to report any concerns. It included the contact details of external organisations so there would be no delay in reporting any serious concerns. Staff received training in safeguarding. They understood that any changes in a person's behaviour could indicate that something was not right with a person and this should be reported to a more senior member of staff. Staff felt confident their concerns would be listened to by the management team. However, if they were not taken seriously they knew to contact the director of the service, the local authority or the Care Quality Commission. Staff said if they saw a staff member acting in a bullying or abusive manner, they would speak to the individual and report the event to the registered manager. This is called "blowing the whistle", where staff are protected if they report the poor practice of another individual employed at the service.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services.

Disciplinary procedures were set out in the service's policy. Staff signed to confirm they understood the expected standards of their performance and behaviours and what performance and behaviour may lead to disciplinary action. The registered manager knew how to follow these procedures if it became necessary.

People's support needs centred around enabling people to do as much as they could for themselves and required staff to prompt and give them verbal guidance, rather than physical support. Some people enjoyed travelling independently when they went out, but other people felt safer with staff accompanying them. Staffing levels took into consideration these needs and people's lifestyles. During the week everyone went out to undertake activities, apart from one day when they stayed at the service to carry out their domestic responsibilities. When two people remained at the service there were two staff members and when only one person was at home there was one member of staff. People said they valued and enjoyed this one to one time with staff. Staffing levels reflected people's independence. Two staff were available when everyone came back from day services and this reduced to one member of staff at 8pm. This staff member slept at the service and remained until people went out for the day. There were always two members of staff at weekends. The staff rota was set in advance and if special events were planned the staffing rota was adjusted accordingly to ensure there were sufficient staff to meet people's needs.

Some people told us they were responsible for keeping and taking their medicines. "I like that I take my

medicines myself", one person told us, "Staff don't check I've taken them, I show staff that I have taken them". There was a protocol that twice a week the person went to a member of staff with their medicines so this staff member could ensure they had been taken as prescribed by their doctor. This put the control and responsibility on the person taking their medicines. An assessment of risk had been undertaken for people who administered their own medicines to ensure they were competent and safe to do so. This included if the person knew what medicines they needed to take, their dosage and what to do if they forgot to take them.

The service's medication policy included guidance on the administration and disposal of medicines, what to do if there was a medicine error and for people who self-administered. There was a clear audit trail of all medicines entering and leaving the service. Medication administration records (MAR) contained no gaps indicating that people had received their medicines as prescribed by their doctor. Each person had a medicines profile which stated if they had any allergies, what each medicine was for, the route of administration and if they were able to self-administer or required staff support. Staff that administered medicines had received training from a new training provider. Staff reported they found the training programme had further developed their understanding of the management of medicines. The training package included a framework to assess each staff member's competency in administering medicines each year. The registered and deputy manager planned to assess staff and were looking at additional training available to ensure they had the knowledge and skills to do so.

Risk assessments had been undertaken for each person to ensure that they received safe and appropriate care. This included potential risks when undertaking daily activities such as cooking, cleaning and when going out and taking part in activities. Guidance was in place for staff as to what action they should take to minimise any potential risks. Assessments of risk took into consideration people's skills and abilities and this ensured that people were able to undertake some tasks with no or minimal staff intervention. For example, some people were able to test the appropriate temperature of the water so they could shower without the need for any support. Other people had a good understanding of personal safety so were able to travel independently. Staff guidance was in place to check that people had charged their mobile phone and had enough credit so they could call for assistance if it was needed. Staff were knowledgeable about these guidelines which were reviewed to ensure they contained up to date information.

A range of environmental assessments were in place to minimise the risk of slips, trips and falls. A member of staff walked around the service each week and any concerns were reported and attended to. Checks were made of the service's equipment and utilities at the appropriate intervals to ensure they were safe and adequately maintained. This included checks of the electric supply and fire alarm and equipment. A fire risk assessment had been undertaken which had identified fire risks and the action taken by the service to reduce them to as low as reasonably practicable. Each person had been assessed as to their knowledge and understanding of what to do if a fire occurred. This included understanding when the fire alarm sounded, knowing where escape routes were situated and evacuation procedures. Everyone had been assessed as knowing what to do if the fire alarm sounded. Staff received fire training and this was regularly refreshed to ensure they knew what to do in the event of a fire. There was a programme of fire drills in place to help ensure people and staff were competent to evacuate the service safely.

Any accidents were recorded with details of what had occurred and the immediate action taken in response to the situation. All accidents and incident reports were given to the registered manager for review to establish if there were any patterns or trends which required further action. The report showed that very few accidents occurred at the service.

The service was kept clean by people and staff. People understood their roles and responsibilities and

followed a schedule of cleaning to ensure the service remained clean in all areas. People proudly showed us their rooms and bathrooms which were all clean on the day of the inspection. Staff had received infection control training to ensure they had the knowledge and skills to minimise the risk of the spread of an infection. People told us they were responsible for washing and ironing their own clothes, which they did separately from other people. These actions undertaken by staff and people helped to avoid cross contamination to minimise the spread of any infection.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them. They said staff always listened to them, they enjoyed sharing a joke and laughing with them, but staff also knew when they had something serious to share and acted accordingly. A social care professional told us the staff team always kept them informed of any changes in people's health or well-being.

People told us they were responsible for planning what they ate, shopping for groceries and cooking the main meal. One person showed us a new cook book they had been given for Christmas. They were looking through it and told us they had chosen a delicious meal to cook for next week. This person was preparing the evening meal. They discussed with staff all the ingredients they needed and discovered they needed a few additional things and so they and a staff member went to the shops to get them. The menu was displayed in the kitchen and a record was kept of what people ate each day. No one had any specific needs in relation to eating and drinking, but staff were aware of people's likes and dislikes. Assessments of people's understanding of meals had been undertaken which included if people understood about a healthy diet, cooking skills and how to serve food. We joined one person for lunch and observed part of the evening meal. Meal times were important social occasions where people and staff sat together to share what had occurred in their day and there was a lot of laughter and conversation.

People received care and support from staff that had the skills and knowledge to support them. Staff said they had received the training they needed to enable them to carry out their roles. A new training programme was in place by which staff's knowledge in each area was tested and sent to an external examiner for marking. Topic areas included all essential areas in social care such as safeguarding, health and safety, fire, infection control and food handling. The registered manager kept a record of staff training which highlighted when staff training required to be refreshed in each area. All staff had received specialist training in dementia care as some people at the service were living with dementia. Some staff had been trained in Asperger's and autism and end of life care.

New staff completed an in-house induction which included gaining knowledge about the needs of the people who lived at the service, policies and procedures, fire safety and records. Staff shadowed senior staff to gain practical experience and knowledge about their role. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. All but one staff member had completed level 2 or above Diploma/Qualification and Credit Framework (QCF). To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff felt well supported by their colleagues and the management team. They said there was good communication in the team which helped to ensure that people were supported effectively. Staff received regular feedback about their performance so they could develop their practice to improve care for people. This was achieved through supervision sessions, an annual appraisal and informal discussions. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

A social care professional told us, "The home works closely with local health professionals to assess and seek advice regularly to ensure support is properly delivered". Guidance for staff about people's health was recorded in people's care plans. This included information about people's medicines, foot care, eye care, dental care and allergies. A record was made of all health care appointments, the reason for the visit, the outcome and any recommendations. People were encouraged to take responsibility for their own medical appointments and kept details of these in the information they kept about themselves. One person showed us their "Health Action Plan" which they had filled in about their health needs and the action that had been taken to assess and monitor them. One person showed us the medical alert bracelet they wore which bore the message that they had an important medical condition that might require immediate attention. Information about this condition was contained in their plan of care and staff knew what action to take in relation to their medical condition.

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 the best interests and as least restrictive as possible. Staff had received training in mental capacity and there were policies and procedures in place which gave staff further guidance. Staff understood that everyone had the capacity to make their own decisions, but that sometimes they needed to present the information to people in a different way so they could make an informed choice. Mental capacity assessments had been undertaken for people in all aspects of daily living and staff supported people within this framework. They asked for people's consent and their choices when supporting people during the inspection. The registered manager understood that if a person had been assessed as not having the capacity to make a specific decision a meeting should be held with the relevant people so a decision could be made in their best interests. However, they had not needed to hold any best interest meetings as people had been assessed as having the capacity to make their own decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The service understood the principles of the DoLS, but had not needed to submit any applications.

Is the service caring?

Our findings

People described staff members in terms of being members of their extended family. One person said to a staff member, "You are my family". The staff member responded, "Yes, everyone here is a member of my special, second family". Another person told us, "The manager cares for us all. She is like having a second mother". People used physical touch to show their affection for members of staff and staff members responded affectionately and appropriately. One person placed their hand on a member of staff's shoulder when talking to them and another person gave a member of staff a cuddle. The person said to this member of staff, "I like cuddles" and the member of staff responded that they knew they did and continued the cuddle for as long as the person wanted.

People valued their relationships with the staff team and staff prioritised developing positive relationships with them. People and staff described the service as a "Family home" because it was friendly and relaxed. The staff team consisted of individuals who had worked at the service for between two and ten years and so knew people extremely well. There was a blurring of roles between staff and people as they all worked together. This meant it was not always possible to easily distinguish a member of staff from a person who lived at the service. For example, one person asked members of staff when they arrived if they wanted a drink. At lunchtime they asked the member of staff what they could get them for lunch. Throughout the day people asked staff how they were and staff asked people how they were. People and staff chatted with one another easily and clearly enjoyed being in one another's company. Staff asked people about their friends and families and people asked about staff's families too. Staff said they found their role rewarding and enjoyable as they loved to spend time with people and this was evident at the inspection. They chatted with people in an informal and relaxed manner, shared jokes and were interested in what people had to say. They highlighted people's strengths, rather than focusing on the things that they could not do. One person told us that if they went to the office to speak to staff, they ended up being there a long time as staff members liked to talk with them a lot!

Staff were highly motivated to respond to people in a natural, compassionate and individual way and often went the "extra mile" when supporting people. One person told us they had recently suffered the bereavement of a close family member. This person was prone to anxiety and this was recorded in their plan of care, together with strategies to help minimise and effectively respond to it. A close bereavement is a significant event in a person's life and the staff team were aware that this could trigger an increase in the person's anxieties and associated behaviours. Staff continued to take time to listen to the person and respond to their emotional needs. The person was unsure how to grieve and staff used their own life experiences and of bereavement to enable them to explore their feelings. They told us the registered manager had supported them to buy a special photo frame with words and pictures and helped them to select a photograph of themselves and their loved one to put in it. This person showed us the photograph and frame and explained how important it was to them. The registered manager spoke with them about the funeral and they said they wanted to take part, but did not know how. Again, staff used their own experiences to talk about what they could do and they chose a poem together which described their relationship. At the funeral staff sat next to the person to give them support and they read the poem to the congregation. The person described how these actions helped them and made them feel really cared for.

The on-going support they received to work through their grief meant their anxieties had not increased. Staff were aware that specialist professional support and counselling were available, but they had not been needed due to the personalised support the person had received.

The service had a strong, visible person-centred culture which ensured that people continued to lead a fulfilling life according to their wishes regardless of changes in their care needs. This was possible due to the consistent, caring and strong relationships which had been established between people and staff. One person had been diagnosed as living with dementia. Staff were passionate about ensuring this person remained as independent as possible. They had a set routine of participating in activities, working locally and undertaking independent living skills at the service. Professional advice had been sought and as few adaptations as possible were made to their routine as staff understood that their independence was essential to their well-being. The risk to this person when out of their familiar home environment had increased. An incident had occurred from which they suffered no harm, but evidenced their increasing vulnerability when outside their home. The service had discussed this with the person in a sensitive way and helped them to come to an agreement which balanced their safety with their wishes to be as independent as possible. This ensured they were able to continue to work locally. Staff had an in-depth understanding of the person's individual needs and anxieties when they were in an unfamiliar environment. They did not take any action to minimise their independence, but discreetly linked arms with them when offered by the person so they felt cared for a safe. "The staff here are all great", this person told us.

The values and aims of the service were based on family values. People said there were house rules which they had all agreed to follow and these included how to respect and help one another. People helped one another when making their packed lunches. One person needed prompts to go to the toilet when out. Staff described how another person who lived in the service would say that they needed to go to the toilet when they were out and asked if this person would like to come with them. This showed that the values of caring and upholding people's dignity had been disseminated from staff to people and were central in the running of the service.

People were keen to explain how they were involved in all aspects of their care and support. They said they were responsible for food shopping and cooking; keeping their home clean; choosing the activities they undertook at the day centre; and deciding what trips and days out to go on. A monthly house meeting was held and the agenda set by staff and people. Each person was asked in turn what they wanted to say. At the last meeting staff talked about the building works in the garden. People said what they had enjoyed during Christmas and one person made people aware of a concert they and other people might want to attend. During the inspection one person asked the registered manager if a specific activity could take place at the service. The registered manager suggested they put it on the agenda for the next house meeting. They discussed the practical issues such as who could provide the activity, how much it would cost and if there were any alternatives. This gave the person different things to consider and find out before presenting the idea at the house meeting.

People were involved in planning and reviewing their care. If a part of their care needs changed, a red star was written against the relevant section. Their keyworker then discussed the changes with them and they signed the information to show their agreement. People participated in their care reviews with the local authority. They were encouraged to present information about what they had done and achieved in a verbal or written format, depending on their choice. "My client is always encouraged to host the review as independently as possible, such as welcoming guests and making the teas and coffees, but this is always done gently and supportively", a social care professional told us.

Although there had not been any new staff at the service for two years, people had been involved in the

recruitment process. They had discussed with staff what questions they wanted to ask the applicant and then asked them at the interview. Everyone had the opportunity to meet the potential member of staff and give their opinion about their suitability before they were recruited.

People were involved in writing a quarterly newsletter about the service. One of the directors of the service met with people and talked with them about what they would like to include. People discussed what they had done and photographs were added so everyone could understand the content. In the last newsletter one person had written about their bus trip to Windsor. There were reviews on trips to places and concerts and information about upcoming events including birthday parties, Halloween party, fireworks, pantomime and a house party and dinner.

Staff valued and respected people and encouraged them to talk about their achievements. People told us about the skills they had gained whilst working and attending the day centre and showed us the certificates they had received. People involved in arts and crafts displayed their works on their bedroom walls such as drawings and wood work. People had decorated their rooms according to their choices and preferences and told us they contained everything they needed. Everyone had their own television so they could watch it in privacy.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. They kept in regular contact with family members who were able to visit at any time. People often stayed with their relatives and everyone had spent Christmas with family. People explained that staff had given them ideas about what to buy for their relatives for Christmas when they had found it difficult to do. They said staff were able to help them as they knew their relatives well. Each year a "Family Day" was held with a BBQ and people and staff were invited to bring along their family members. People told us they had friendships with people with whom they lived and also with other people who attended the day centre. This included boyfriends or girlfriends.

Is the service responsive?

Our findings

People proudly told us about their busy lives, how they spent their time and about their achievements. They said they attended a work centre where they took part in activities they had chosen and enjoyed such as photography, pottery, art and media studies. People also told us about the work they did such as gardening, serving food and drinks at The Vineyard café and in a charity shop in town. People had certificates of achievement displayed in their rooms. People said they were fully involved in the running of the service. They explained there were rotas for all household tasks such as cooking and cleaning. A social care professional said the service was responsive. "The service is willing to adapt to meet future challenges".

People were supported to follow their interests and take part in activities and work opportunities that were meaningful for them. Each person had a timetable of activities from Monday to Friday, which took into consideration their abilities and preferences. People attended a day centre four days a week. The day service, operated by the Fifth Trust, was set up by the family members of people who live in four residential homes, including Family Investment (Four) Limited. This included the Vineyard café and garden centre which were open to the public and provided people with work experience. This and an additional centre, opposite the service, offered people a variety of opportunities including horticulture, arts and crafts, pottery, woodwork, media skills and cooking.

People were enabled to express and meet their spiritual needs. One person said they attended the local church. They explained that they had been requested to make some kneelers for the church, which they had undertaken with support at the day centre. They described how the kneelers had been blessed by the vicar at a special service.

People told us they saved up their money throughout the year so they had enough to take part in activities and holidays at the times they wanted to. They said staff helped them to budget their money in this way. People discussed where they might like to go at residents meetings and then a poster was put up on the house noticeboard about the event. People were invited to sign their name on the poster if they wanted to take part in the trip. People told us about the various places and events they had attended. They said they had been particularly busy at Christmas going to the pantomime, a Christmas spectacular show, Christmas dinner and Christmas parties. One person expressed their delight in going to the horse show at Olympia and described how excellent this experience was for them.

There were opportunities for people to develop and progress. People who worked in the café and gardening service who had the potential were able to undertake a national vocational qualification (NVQ's). One person told us they had achieved NVQ level 1 in horticulture and another person said they had started one in cooking. People used the skills they had learnt in cooking to make meals at home and one person used their horticultural skills to work in a garden locally.

One day a week people spent time in their home so they could be responsible for undertaking household activities. People were engaged in cleaning, cooking and shopping during our visit. People explained there were a number of rotas in place to ensure these household tasks were divided fairly. This included hovering,

cooking the evening meal, food shopping, stacking the dishwasher, clearing away and cleaning the inside or outside of the house car.

People told us that important information about themselves were contained in their plan of care. Care plans contained information about people's health, social and personal care needs including their routines, likes, dislikes and preferences. There was an index at the front of each plan to make it easier for people to find the specific information they wanted. People's care needs were reviewed by staff each month and any changes discussed with the person concerned. In addition people kept information and pictures/photographs of things that were important to them in their own room. This included information about their family, birthdays and special events they had attended. One person had included information about what people liked about them, their wishes and how these could be met and things and people who were important to them. Each person's plan differed as it was up to the person what information they wanted to include.

Each year a formal review of people's care needs was held with their care manager. Staff from the day centre presented a separate report which reviewed their progress. People knew that staff made a daily record of how they spent their time. Staff read this information when they came on shift and there was also a handover. This was to ensure important information was shared and that people received consistency in how they were supported.

People told us they were able to raise any concerns and that they were listened to and acted on. One person told us, "I can talk to staff if I am worried about something"; "The staff are easy going". Another person said, "I can laugh and joke with staff, but I can also talk to them if I was worried about anything". Details about how a person could make a complaint about the service was written in an easy-read format and displayed on the resident's noticeboard. There was a clear procedure in place detailing how to make a complaint, how it would be investigated and the findings fed back to the complainant. People were made aware of their right to direct their concerns to the Ombudsman if they were not satisfied with the way the service had handled their complaint. The registered manager encouraged open communication with people and their family members, so they could speak to her about any worries or concerns they may have. People were encouraged to bring any worries immediately to the attention of staff or to put them on the agenda at monthly resident meetings. The registered manager also kept in regular communication with people's family members and so was able to iron out any issues as and when they arose.

Is the service well-led?

Our findings

People said that the service was well run and described their affection for the management team. When asked if they would change anything about the running of the home to improve it, one person responded, "I wouldn't change anything" and another, "If it runs smoothly then don't try and change it. I do not want to move anywhere else. I'm staying here. This is my home". People approached the registered manager, deputy manager and senior carer throughout the inspection, chatting, gaining reassurance and sharing jokes. They said the management team were good as they were able to do the things they wanted to. However, they also understood there were house rules they needed to follow because they shared their home with other people. The registered manager was available all week, but was based at the service for half the week as they managed another small service nearby. There was good and regular communication between the registered and deputy manager which ensured the effective management of the service. A social care professional said the service was well led.

The registered manager was accessible and had an open door policy where people and staff were able to talk to and have access to her throughout the day. She was supported by a deputy manager who had achieved level 3 Diploma/Qualification and Credit Framework. A senior carer spent one day a week in an administrative role. People and staff were highly complementary about the registered manager, who was a strong role model and led by example. She chatted easily to people and it was evident that she knew them well and cared for their well-being.

The views of people were gained via daily conversations and monthly residents meetings. People completed survey questionnaires each month on a different topic. This included their views about the food, laundry, how they were supported with their medicines, the choices they were given and domestic tasks. The results were that people were satisfied with the current arrangements. There were systems in place that if a person made a comment that something could be improved, a note would be made so it could be followed up and sorted to the person's satisfaction.

Regular meetings were held with staff to share and discuss information in relation to the daily running of the service and people's welfare. Staff understood the aims of the service and were enthusiastic about their roles and responsibilities. They said the service was a good place to work as they all worked as a team and supported one another to ensure that people received a good quality of life. There was a low staff turnover and staff said this because they enjoyed spending time with people, got on well with their team members and received excellent support from the registered manager.

The registered manager was supported by a board of directors and attended meetings where issues were discussed which affected the running of the service. They wrote a report giving an overview of the service which was discussed at the meeting. People were also invited to write any comments if they wanted. One person had written a letter about a trip they had gone on and enjoyed and this was read out at the meeting. At the last meeting discussing took place about the purchase of a new car that was easier for people to get in and out of, that there was a stable staff team and where people had been on holiday. There were no action points which needed to be addressed. Board members were made up of family members of people

who lived at the service and therefore had a strong commitment to ensuring the service operated to the benefit of the people who used it. One director had undertaken a fundraising event in order to pay towards a new patio area for the garden. This benefitted people as they were able to sit outside in fine weather.

There were systems in place to oversee the quality of the service. Regular audits were made of all aspects of people's care and treatment including fire checks, care plans and associated risk assessments, staff supervision and training, medicines, first aid boxes, health and safety and infection control. A director of the service visited each month to monitor the quality of the service.. This included the talking to people and staff, looking at the safety of the environment, staff's approach with people, accidents and incidents, care plans and risk assessments and policies and procedures. The last visit did not identify any shortfalls, but if any were found the appropriate action would be given to the registered manager and checked by the provider.