Omega Elifar Limited

19 Forrest Road

Inspection report

19 Forest Road
Bordon
Hampshire
GU35 0BJ

Tel: 01420488428
Website: www.omegaelifar.com

Date of inspection visit:
14 March 2016
15 March 2016

Date of publication:
18 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 14 and 15 March 2016 and was unannounced. 19 Forrest Road is registered to provide accommodation without nursing for up to six younger adults with a learning disability or who may experience autism. At the time of the inspection there were six people living at the service.

19 Forrest Road is purpose built and can accommodate people who require wheelchair access; each person has their own bedroom with an en-suite. There are a number of communal areas within the service: including the kitchen, dining room, lounge, activities room and a small upstairs lounge. Entry and exit to the service is secure for people via a key code. People have access to a large secure rear garden. The service has two vehicles to enable staff to take people out into the community or to attend appointments.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had ensured that there were sufficient staff deployed to meet people's needs and preferences regarding the gender of care staff providing their personal care. Staffing was responsive to people's needs and enough staff were available at the correct time to support people to attend their activities. Each staff shift had a senior member of staff, who led and guided the staff team in their work to ensure people received safe care.

The provider had completed recruitment checks in relation to staff. However, they had not always ensured that applicants had provided a full employment history or a satisfactory written explanation for any gaps. Therefore there was the potential that people might have been placed at risk from the recruitment of staff as the provider had not fully assured themselves of their suitability for their role.

People told us they felt safe in the care of staff. People were safe as staff understood their roles and responsibilities in relation to safeguarding and safeguarding alerts had been made to the relevant authority as required to ensure people were safeguarded against the risk of abuse.

Risks to people had been identified and assessed, specific risks to people in relation to financial abuse and exploitation had been identified and addressed by the provider to ensure their safety. Staff understood and managed risks to people. Incidents were correctly documented and reviewed to ensure any further action required was taken to ensure people's safety.

People received their medicines from appropriately trained and competent staff. People's medicines were stored in accordance with legal requirements. Staff had access to appropriate guidance to ensure they administered people's medicines safely.

Staff were required to undertake the recognised industry standard induction if they were new to social care. Staff were then provided with ongoing training opportunities; relevant to the needs of the people they supported and received regular supervision of their work. The provider encouraged and supported staff to undertake professional qualifications. People were supported effectively by staff who were appropriately trained and supervised in their role.

People's consent to their care had been sought. Where people lacked the capacity to make specific decisions staff had followed the requirements of the Mental Capacity Act 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications had been submitted for five people living at the service. People's human rights were protected as decisions made on their behalf met legal requirements.

People had a diet and nutrition care plan which described any support they required from staff with eating and drinking. People made choices about their meals and the time they ate and were involved with the preparation of meals where possible.

Staff ensured people received an annual review of their health with their GP and had a resulting action plan to ensure their health care needs were met. People were supported to access a range of healthcare professionals as required in order to maintain good health.

People experienced positive, supportive relationships with the staff who cared for them. They told us "Staff are very friendly and caring" and "Staff are good." Staff understood people's personal histories and had access to relevant written information about them which they used to form relationships with people.

Staff were provided with information about each person's communication needs. This enabled them to understand how to enable people to be involved in making daily decisions about their care and treatment.

People's care plans stated how people were to be supported to maintain their privacy and dignity. Staff understood how to uphold people's dignity when providing their care and this was confirmed by people.

People's needs had been assessed prior to them being accommodated at the service. Their care plans were developed in consultation with them and regularly reviewed to ensure they reflected their ongoing needs.

Staff were responsive to people's moods and behaviours which could challenge staff. They altered their response to people depending on the person's behaviours and how receptive they were to positive guidance or to being distracted away from the situation to ensure people's safety.

People were supported to maintain relationships that were important to them. They were also enabled by staff to develop and pursue their interests and hobbies. Staff assisted people to access the community regularly.

People understood how to make a complaint and were regularly asked if they had any complaints about the service or feedback. The provider sought and acted upon feedback about the service.

The provider had values which underpinned the provision of people's care. Staff were observed to apply these throughout their work with people. The registered manager worked alongside staff to ensure they could monitor staffs behaviours for people.

People and staff provided positive feedback about the management of the service. The registered manager

had a good understanding of the service and the people they cared for. They were very visible within the service and approachable. They encouraged people and staff to raise any issues which they needed to in order to ensure people were well cared for. There were clear processes in place to provide management cover 24 hours a day or in the event of the manager's absence.

The registered manager completed both weekly and monthly reports for the provider about the quality of the service. The provider visited the service regularly and provided the registered manager with a written report following each visit of their findings and any actions required to improve the quality of the service for people. There were systems in place to regularly update the provider on the quality of care and to drive improvements to the service for people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were supported by sufficient staff to meet their needs safely. Staff had undergone relevant recruitment checks; however, not all of the required evidence was available for each staff member to fully demonstrate their suitability for their role.

People were safeguarded from the risk of abuse. Staff had received relevant training and understood their roles and responsibilities in relation to protecting people from the risk of harm.

Risks to people had been identified and managed safely.

People's medicines were administered to them safely by competent and appropriately trained staff. Processes were in place to ensure the safe management of people's medicines.

Is the service effective?

Good

The service was effective

Staff were well supported in their role. People were cared for by staff who had received relevant training in relation to people's specific health care needs.

Staff sought people's consent in relation to their care wherever possible. When people lacked the capacity to make a decision legislative requirements had been followed to ensure people's human rights were protected.

People were supported by staff to eat and drink enough to meet their needs.

People were supported by staff to access healthcare services as required and ensured they maintained good health.

Is the service caring?

Good

The service was caring.

People experienced positive, supportive relationships with the staff who cared for them.

People were supported by staff to express their views and to make decisions about their care.

Staff ensured that people's privacy and dignity were upheld in the provision of their care.

Is the service responsive?

Good

The service was responsive.

Staff understood people's care needs and how to respond when their behaviours challenged staff.

People were involved in their care planning and reviews of their care.

People were supported to take part in activities both within the service and in the community.

People understood how to make a complaint and their feedback on the quality of the service was sought regularly and acted upon.

Is the service well-led?

Good

The service was well-led.

The provider had a set of values in relation to the provision of people's care which staff put into practice in their work with people.

Leadership was visible at all levels of the service. The registered manager was approachable and supportive to people and staff.

There were systems in place to monitor the quality of care and to drive improvements in the service for people.

19 Forrest Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 and 15 March 2016 and was unannounced. The inspection was completed by one inspector.

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 included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people and one person's relative. We spoke with three care staff, the registered manager and the provider.

Following the inspection we spoke with a learning disability nurse who provided us with positive feedback about the service.

We reviewed records which included three people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was registered in July 2014 and had not previously been inspected.

Requires Improvement

Is the service safe?

Our findings

People told us staff kept them safe. One said "Staff look out for me" and another said "I feel safe. I have a key and lock my room when I go out." People said there were enough staff to meet their needs. People told us they received their medicines as they needed them.

Staff told us and records confirmed that they had undergone recruitment checks, these included the provision of suitable references, proof of identity, health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Two of the staff employment records reviewed did not contain a full employment history with a satisfactory explanation for any gaps. Therefore there was the potential that people might have been placed at risk from the recruitment of staff as the provider had not fully assured themselves of their suitability for their role.

The provider's failure to ensure that all of the required information was available in relation to each staff member employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there were four care staff from 07:00 until 19:00 one of whom was female to ensure people's needs and preferences were met, this was confirmed by records. There was a fifth member of staff from 09:00 to 21:00 and a sixth staff member who worked flexible hours depending on people's activities. At weekends there were less staff if people had gone home for the weekend and fewer staff were required. At night there were two waking night staff for people's safety. The provider deployed sufficient staff to ensure people's needs and preferences were met.

The provider and the registered manager said people benefited from a stable and knowledgeable staff team. The registered manager told us they currently had two staff vacancies and that where possible existing staff covered the vacant hours, this was confirmed by staff. If the registered manager was unable to cover a shift then they booked the same agency staff where possible. People experienced continuity and stability in the staffing of the service.

Staff told us and records confirmed that there was a senior member of staff in charge of each shift. They allocated members of the staff team to work with people, ensured the smooth running of the shift and completed daily safety checks. Staff had access to management out of hours if required through an on-call system, to ensure they could seek assistance and advice. There was always a senior member of staff and management available to ensure people's care was provided safely.

Staff we spoke with told us they had completed safeguarding training, which records confirmed. Staff were able to demonstrate their understanding of safeguarding and their role and responsibility. Records showed the provider had tested staffs knowledge by speaking with them about safeguarding during their regular visits. Staff had access to safeguarding policies, procedures and telephone numbers in the event they were needed. People were protected from the risk of abuse.

The registered manager had reported safeguarding incidents to the local authority as required. Learning from safeguarding incidents had been reported back to staff during team meetings, this was confirmed by records. Safeguarding alerts had been correctly raised and learning had taken place to minimise the risk of repetition for people.

The provider recognised people's vulnerability to financial abuse and people had a risk assessment of their finances. There were processes in place to support people to access and manage their finances safely and to minimise the risk of them experiencing financial abuse.

People had risk assessments in place in relation to generic risks such as fire. They also had risk assessments in relation to their care needs. For example, in relation to their behaviours which could challenge staff, transport and activities. People's risk assessments identified the risks, the benefits of taking the risk and the actions required to minimise them. They documented how many staff were required to support people with personal care. If people required specific equipment to support them to transfer safely, such as hoists these were provided. Staff had undergone relevant training to ensure they could transfer people safely. Risks to people were managed safely.

Staff were continually aware of where people were within the service and were updated on potential risks to people through the staff shift handover. People's welfare was checked upon at night and this was confirmed by records. People were monitored by staff according to their needs, to ensure their safety.

Following safety incidents staff documented what had happened and completed a body map if the person had sustained an injury to ensure there was a written record. The registered manager reviewed the incident records and assessed if any further action was required. Following incidents people's care plans had been updated if needed and they had been referred to professionals for review if required. Incident records had been used to ensure any necessary actions were taken for people.

Regular checks were made upon the safety of the service, in relation to fire, electrical, gas and water safety. Records demonstrated required checks had been completed upon items such as wheelchairs, to ensure they were safe and in good working order for people.

The registered manager told us staff who were involved in the administration of people's medicines had undergone relevant training and had their competency assessed this was confirmed by staff and records. People received their medicines from appropriately trained staff to ensure their safety.

People's medicines were stored appropriately and securely. There were processes for the safe ordering and disposal of medicines. There were daily checks on the temperatures of the fridge where medicines were stored and the medicine storage cupboard to ensure medicines were kept within a safe temperature range. Some prescription medicines are controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. We checked stock levels for one controlled drug and they reconciled with the records. People's medicines were stored and managed safely.

People had medicine care plans in place which provided staff with details about what medicines people took. They contained guidance for staff about the actions they should take if people refused their medicines. Two staff were observed to administer people's medicines in accordance with the provider's policy. Medicines were administered at the person's pace; they were not rushed. Staff offered the person their PRN medication in case the person needed it, these are medicines which people take 'As required.' People's medicine care plans provided staff with guidance about what medication people took on a PRN basis and why. Staff signed the person's medicine administration record afterwards (MAR) to document what

medicine the person had received. Processes were in place to ensure daily checks were completed upon people's MARs to ensure staff had completed them correctly. People's medicines were managed effectively to ensure they received them safely.

Good

Is the service effective?

Our findings

People told us staff sought their consent; one told us "Staff ask me if I want to do things" and another commented "Staff always seek my consent." People said they had choices about their meals. They told us staff helped them to maintain good health. One person told us "I get help to see my GP."

The provider required staff to undertake an induction when they commenced their role with them which encompassed the requirements of the 'Care Certificate.' This is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised; this was confirmed by staff and records. Staff told us they also spent time shadowing more experienced members of the staff team prior to working alone. People were cared for by staff who had undergone a suitable induction to their role to ensure they could provide people with effective care.

Staff had undertaken a range of training relevant to their role. Some people experienced epilepsy and required the administration of medication if they experienced an epileptic seizure. Records demonstrated that all of the care staff had undertaken training in epilepsy and the administration of this medication. The registered manager told us that further training in this subject had been arranged which was specifically tailored to the needs of the people accommodated; this was confirmed by the nurse who was providing this training. Some people experienced chronic conditions such as diabetes; records demonstrated that eight care staff had undertaken training in diabetes, to ensure they understood and could meet people's needs in relation to their diabetes. The provider was in the process of launching training in autism for staff to further develop their understanding of this condition. People were supported by appropriately trained staff.

Staff told us they had been supported by the provider to undertake a professional qualification, records demonstrated that thirteen of the fifteen staff had either completed or were in the process of undertaking a qualification in social care. Staff told us and records confirmed that they received regular supervision of their work and an annual appraisal to review their progress across the year and to identify their developmental needs. People were cared for by staff who were supported in their role and professional development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care plans reflected what decisions they had the capacity to be involved in. Where people could give their consent to aspects of their care this had been sought. One person required bedrails on their bed which can be a form of restriction to manage the risk of them falling out of bed. Their use had been

discussed with the person to assess if they had the capacity to understand why they were required; their capacity to make this decision and their consent had been documented. People's consent had been sought where they had the capacity to make the decision.

Staff told us they had completed MCA training and were able to demonstrate their knowledge of the Act and its relevance to their daily work with people. Records demonstrated that 10 of the 14 staff had completed training on the MCA, two staff were still completing their probation before undertaking the training and two were in the process of completing this training. People were supported by staff who had undertaken relevant training.

The registered manager told us five DoLS applications had been submitted of which one had been approved to date; they were awaiting the outcome of the remaining applications. They were in the process of assessing if an application was required for the sixth person who had recently been accommodated. Records demonstrated these applications had been underpinned by an assessment of the person's capacity to decide to live at 19 Forrest Road and a best interest decision to ensure the application was needed and that legal requirements had been met.

Some people could present with behaviours that challenged staff and required them to intervene physically on occasions for people's safety. All staff had undertaken non-abusive psychological and physical intervention (NAPPI) training, which skills staff in verbal de-escalation and physical restraint techniques. The provider required them to update this training annually to ensure their skills and knowledge remained current, this was confirmed by records. People had NAPPI risk assessments in place where required which described exactly which interventions could potentially be used with the person if required. Decisions about the use of restraint were made appropriately, recorded and monitored for people to ensure legal requirements were met and their human rights upheld.

People had a diet and nutrition care plan which outlined any support they required from staff with eating and drinking. One person's care plan stated they kept a drink with them at all times, which we saw they had with them. Risks to people from choking had been assessed and where required people had been referred to the speech and language therapist (SALT). Their guidance had been included in peoples' records and staff followed this to ensure people's safety. People were weighed monthly to monitor their weight and a daily record was kept of what foods people had eaten, to ensure people ate sufficiently. Staff were observed to support people who required assistance to eat in the way they wished and in an unhurried manner. Risks to people in relation to eating and drinking had been assessed and they were supported effectively.

If people did not all agree on the choice of meal then they were provided with an alternative that they did like. People chose what time they wanted their breakfast depending on what they were doing that day. The main meal was served at lunchtime but people were able to eat this later if they wished. Staff led the cooking of the meals which were prepared on-site; people were involved with this activity where possible. The main meal of cottage pie and vegetables looked and smelt appetising; people appeared to thoroughly enjoy their meal. People were supported to make choices about their meals.

People had an annual review of their health completed by their GP and a health action plan which outlined any actions people needed to support them to maintain good health. People's records demonstrated they had seen a range of health care professionals, including GP's, psychologists, learning disability nurses, optician, SALT and the dentist, this was confirmed by staff. People had dental and hospital 'Passports,' these are documents which the person can take when visiting health care professionals. These provide professionals with key information about the person and their needs, for example, in relation to communication. People were supported by staff to ensure they maintained good health and accessed

healthcare services as required.

Good

Is the service caring?

Our findings

People told us "Staff are very friendly and caring" and "Staff are good." Staff were observed to have a good rapport with people, they interacted with them in a jovial but respectful manner. Staff spoke with a person whilst helping them to eat their lunch, in a warm and friendly tone of voice, enquiring how their morning had been. When people experienced behaviours which could challenge staff and required staff to be clear with people regards what was acceptable behaviour for people's safety. They did this calmly and sensitively in a way which people listened and responded to positively. People experienced positive, supportive relationships with the staff who cared for them.

People's care plans documented what they liked. One person's care plan stated "I find my bath very relaxing;" this ensured staff were aware of what the person enjoyed. Staff demonstrated that they had good knowledge of each person's personal history. They understood people and what they liked and preferred and what situations and triggers caused them anxiety and stress. Staff observed at lunch that one person was not feeling very relaxed eating in the dining room with everyone else. They immediately intervened and asked the person if they would like to move to a quieter room to eat, which they chose to do. Staff were observant and reacted to people's moods, in order to alleviate any signs of distress for people.

People had communication care plans which provided staff with guidance about people's needs, any specific communication aids they used and information about how to support people to communicate. The plans described what people's facial expressions might mean to assist staff in understanding people's non-verbal communications. The registered manager told us staff used a picture board with a person whilst supporting them with personal care. Staff were able to tell us about how they used the board to assist the person to understand what they were going to assist them with in relation to washing and bathing. Staff understood how to communicate with each individual person.

People had been able to decorate their bedrooms as they wished and to bring items of meaning to them, one person had chosen to bring their bed. Each person's bedroom was personalised to reflect their tastes and interests. One person was keen on football and their bedroom was based on the colour of their favourite team. People's care plans had been read to them and the content discussed with them to ensure they were involved with and satisfied with their content, this was confirmed by records. People were involved in making choices and decisions about their care.

People told us "I can make choices." Staff were provided with written guidance to involve people in decisions about as many aspects of their life as possible, staff were observed to continually offer people choices. Sometimes people were offered broad choices, for example, about how to spend their time. At other times when people were displaying behaviours which could challenge staff; they were still offered choices but these were more restricted to enable the person to focus on the specific decision which they needed to make. This ensured that even when people presented with feelings of agitation which staff needed to support them to manage safely, staff were still involving people in decisions.

People's care plans stated how people were to be supported to maintain their privacy and dignity. One

person's care plan stated staff were to remind the person to shut their bathroom door. Staff were able to describe how they upheld people's privacy and dignity in the provision of their personal care. By ensuring they knocked on people's bedroom doors and seeking permission to enter and covering people during the provision of their personal care. A person told us "Staff always knock before they enter." People's care plans noted if they had a preference for a male or female care staff to provide their personal care, people told us their wishes regarding this had been accommodated. People's privacy and dignity was upheld by staff.

People's care plans described how they were supported to maintain their independence. A person's personal care plan described what they could do for themselves and what activities they required staff supervision to complete. Staff told us "If the person is having personal care and wants to be left alone, we respect this." People were supported by staff to be independent where possible.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to them being accommodated at the service. Once the person had moved in this information was developed with them into comprehensive care plans, as staff got to know the person. People told us "Staff understand my needs" and "I get asked about my care." People's care plans had been reviewed on a monthly basis or updated in between if required with relevant information. People had an annual review of their care with their family and professionals, this was confirmed by records and a person's relative. People told us "I have had reviews of my care." People's needs were assessed and their care was regularly reviewed.

Staff were required to read people's care plans and to sign to demonstrate that they had read and understood them. Staff told us that in addition to reading people's care plans they spent time observing people and getting to know them as individuals. People were cared for by staff who understood their care needs.

In addition to the provider's care planning process which provided guidance for staff about people's care needs, people had a person centred plan (PCP). This noted people who were important to the person and their birthdays. It contained photographs of celebrations and significant events in the person's life. This demonstrated to people that staff valued them as individuals and documented and celebrated their relationships and achievements with them.

People were supported to maintain relationships with people that were important to them such as their family. People had pictures of family members in their bedrooms and were supported in a variety of ways to maintain contact with them. People's care plans described the arrangements for them to have contact with their family and whether this was in person, by telephone or by Skype. Records demonstrated people frequently went home to spend time with their families in addition to them visiting the service. Staff provided people's relatives with regular updates; this was confirmed by a person's relative. People were supported to maintain relationships that were important to them.

People had socialisation care plans in place which described the activities they enjoyed, their interests, how they like to relax and what activities they did not like. This provided staff with information upon which they could discuss and plan activities with people. People told us about the range of activities staff supported them to take part in. One person told us staff supported them to go trampolining, swimming and shopping. Another told us staff took them ice skating and out to lunch. Staff supported people to pursue their personal interests. One person was keen on a specific song; staff had helped the person to make cushions for their bed which reflected the lyrics of the song. Another person liked to access public transport and told us how they went out with staff regularly on the bus. During the inspection staff took the person out for the day using public transport. The provider told us the service had two vehicles people could use and one person had their own. Most staff drove and this ensured people were regularly able to be taken into the community to join in activities or to go shopping. People were supported to develop and pursue their hobbies and interests.

People's care plans documented what triggers could impact upon their mood. Staff understood who could present with behaviours which could challenge staff and how to intervene to ensure the person's safety and that of others. Staff understood the triggers for people's behaviours and were mindful of the need to closely observe people and to intervene before an incident occurred where possible, one person was frequently verbally aggressive. At times staff diverted the person's attention and re-focused them on something different. On other occasions staff were able to give them clear and simple information about which behaviours were appropriate and which were not, depending on how receptive to guidance the person was. Staff provided the person with positive verbal reinforcement to enable them to understand which behaviours were acceptable. Staff were responsive and flexible and depending on the situation and the level of risk to people.

The service had a number of communal spaces available for people, some large such as the dining room and some small such as the activity room. This enabled people to be able to find 'Space' for themselves apart from their bedroom or for staff to work with them on a one to one basis. People were able to access any of these areas freely. People were observed to take themselves off to the activity room, where there were a range of games, materials and craft to engage in an activity of their choice. As the materials were all available people could choose and initiate this for themselves. The service was designed in a way that was responsive to people's needs for 'Quiet' space which they could utilise alone or with staff support.

The registered manager told us people were provided with a copy of the complaints policy with the service user guide when they were initially accommodated. People told us they felt able to make a complaint if they needed to. Staff demonstrated that they understood their role in supporting people to make a complaint if they wished. People told us they had keyworkers whom they met with monthly; this gave people the opportunity to raise any issues which they wished to. Keyworkers were members of staff who had who had overall responsibility for the person's care, Staff completed a template for each keyworker meeting and complaints were a standard item on the agenda for these meetings. This ensured people were regularly asked if they had any complaints about the service they received. One person had made a written complaint, records demonstrated that this was dealt with in accordance with the provider's policy and addressed. We spoke with them and they confirmed they were happy with the way their complaint had been managed. People were provided with information about how to make a complaint and felt able to do so.

The registered manager told us people's feedback about agency staff was listened to and responded to. They told us if people said that they did not want certain agency staff to be booked again then this was information was relayed to the staffing agency and they were not re-booked, this was confirmed by records. People's views about staffing were taken into account in the planning of staffing.

The registered manager told us they gave people's relatives feedback forms to complete as part of their loved ones annual review. To date, one feedback form had recently been received from a person's relative. Their feedback was very positive but the registered manager was in the process of reviewing it to identify if there was anything further they could do to improve the service for the person based on the feedback. The provider also told us they sought the views of people and their relatives during their regular provider visits, which records confirmed.

Good

Is the service well-led?

Our findings

People provided positive feedback about the management of the service. One person told us "She is a very good manager" and another commented "The manager is good."

The provider's statement of purpose outlined the aims of the service for people. These were to promote independence, assist people to use community based services, enable people to make choices and to consult with people. The provider told us staff learnt about the organisation's aims during their induction to the service, this was confirmed by staff. The office was centrally located within the service which enabled the registered manager to observe staff practice. They also worked alongside staff so they could observe if staff applied the provider's aims in their work. Staff were seen to promote the provider's aims in their attitudes and during the course of their work with people. They treated people with respect and recognised their rights as individuals whilst keeping them safe. They encouraged choice and enabled people to participate in their chosen activities. Staff supported people to access community based activities of their choice. People's care was delivered by staff who understood and implemented the provider's aims.

The registered manager told us people were involved in making decisions about the service. People were involved in the interviewing of staff and their feedback was then taken into account when appointing new staff.

Staff told us the staff team was stable and that they had a "Nice rapport" with each other. Staff were observed to work closely together as a team to ensure the safe provision of people's care. Staff told us there were regular staff meetings where they could express their views. Records showed the last staff meeting had taken place on 12 January 2016. The provider visit report demonstrated staff's views were regularly sought by the provider during their visit. Staff's views were sought by the provider to ensure people received good quality, safe care.

Staff provided positive feedback about the management of the service one staff member told us "The manager does a great job" and another said "It is well-led."

The registered manager had a good understanding of the people they cared for and the staff team supporting them. The registered manager was very visible within the service to people and staff. Their office door was open and people and staff were seen to drop in and speak with them at will about anything they wished to discuss. They and the staff ate with people, this provided an opportunity for social interaction and to talk with people about how their day was going and any issues that they had. The registered manager encouraged an open culture where people and staff could speak with them as required.

The provider arrived at the service during the inspection. People were pleased to see them and were relaxed in their presence. They demonstrated a good understanding of each person's background, needs and preferences. People received care from a provider who knew and understood them as individuals.

The provider told us they held a monthly manager's meeting with the manager's from all of their services to

enable them to meet and gain support and guidance from each other. There was also a 'Buddy' system so that manager's covered each other's services in the event of manager's being sick or on leave. As all of the managers covered the on-call system out of hours the provider expected them to visit each service to ensure they were familiar with each service and the people accommodated in the event staff contacted the on-call manager for assistance. People benefited from the provider having ensured there were clear processes in place to provide management cover 24 hours a day or in the event of the manager's absence.

The registered manager told us they completed a weekly written report on the service for the provider, covering areas such as care plans, risk assessments medicines and health and safety, this was confirmed by records. They also completed a monthly report on people's finances, people's reviews and staff meetings. The registered manager completed an annual medicines audit in addition to the weekly checks.

The provider completed a quality visit to the service every two months and produced a written report of their findings. They observed staff interactions with people and their attitudes towards people. The provider spoke with people and staff at each visit. They checked people's care plans, incident records, staff training and medicines. If actions were required to improve the service these were noted. The health and safety policy had needed to be updated and a health and safety audit implemented, records demonstrated these actions had been completed to ensure people's safety. If an incident had occurred the provider reviewed the actions that had been taken in response in order to manage the risk of repetition for people. There were systems in place to regularly update the provider on the quality of care and to drive improvements in the service for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's failure to ensure there was evidence that all of the required information was available in relation to each staff member employed was a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.