

Leonard Cheshire Disability

King Street - Care Home Physical Disabilities

Inspection report

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Date of inspection visit:
13 July 2016

Date of publication:
20 September 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 13 July 2016. At the last inspection completed on 14 July 2014, we found the provider had not met the regulations for three areas; medicines storage, assessing and monitoring the quality of service provision and infection control. At this inspection we found the provider had made the required improvements and the regulations were being met.

The service provided accommodation for up to 17 adults living with physical or neurological disabilities. There were 17 people using the service at the time of our inspection.

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.

People who used the service were safe. There was a good standard of cleanliness. The premises and equipment people used were consistently cleaned and maintained. Staff had a good understanding of the provider's procedure to keep people safe from harm and abuse and knew how to report and respond to any concerns about people's safety and welfare.

People received the support that they required to take their prescribed medicines. The provider has safe practices for the storage, administration and recording of people's medicines.

People had the appropriate level of staff support they required to meet their assessed needs. The provider had safe and thorough recruitment practice to ensure that staff were suited to the people that used the service. They involved people in staff recruitment and completed relevant pre-employment checks which assured them that staff were safe to work with people.

Staff and volunteers had effective training and support that equipped them with the skills they required to look after people. They understood the Mental Capacity Act (MCA) 2005 and how they would practice it in their role. They supported people in accordance with relevant legislation and guidance.

People had access to a choice of nutritionally balanced meals. Staff provided the support people required to have timely access to health care services when they needed to. People had access to specialist equipment they required. The premises were adapted to meet their mobility needs.

People were complimentary of the caring attitudes of the staff that support them. Staff made them feel like they mattered. They provided the information and support that people required to make their own choices.

Staff were knowledgeable about the needs of the people that used the service. They treated people with respect and dignity. They also understood and promoted people's right to privacy.

People's care plans reflected their individual needs. Their care plans included comprehensive details of how they would like to receive their care and support. People planned their own care where required, and chose their preferred staff who supported them with their care planning. Staff supported people as they stated in their care plans. They tailored support to the person's needs and helped them achieve their ambition and be included as part of the local community. People had opportunities to use and contribute their skills in running the home and to make financial gains and economic contributions through using their skills. The registered manager with support from the volunteer coordinator developed links with the local community. This enabled them to acquire monetary contributions from local organisations and volunteers to provide the support that people required. They also maintained partnerships with other specialist learning disability college to provide support that offered their students the experience and support that they require to access future employment opportunities.

People, their relatives and staff had various opportunities to raise any concerns they had about the service. We saw that the provider actively encouraged them to provide feedback. The provider took note of and acted upon feedback received to make any required changes.

There was a shared ethos of providing person-centred care. The registered manager supported staff to meet the standards she expected of them which enabled them to deliver a good standard of care. The registered manager provided the support required to make the improvements required at their last inspection. They self-appraised the service using the regulator standards. We saw that the service had improved. They had quality assurance systems to monitor the quality of the service and drive continuous improvement. We saw that the improvements had achieved better quality of care for people that used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff on duty to meet people's needs. This include staff in charge of cleanliness and other domestic arrangements within the home.

Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

The provider has safe practices for the storage, administration and recording of people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff and volunteers were trained and supported to enable them carry out their role effectively.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005. They supported people in accordance with relevant legislation and guidance. They sought people's consent before they provided their care and support.

People had a choice of nutritious meals and also had timely access to relevant health care support including specialist care and equipment.

Is the service caring?

Good ●

The service was caring.

Staff were warm and compassionate when they supported people that used the service.

Staff were knowledgeable about the people who used the service. They used their knowledge of people's needs and preferences to involve them in decisions about their care and support.

Staff respected people's wishes and choices and promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care was focused on the individual needs of people. Staff supported people to achieve their ambitions and use their skills. People used their skills to contribute to the running of the home.

People using the service planned their own support where required. Their relatives and other professionals involved in their care also contributed to the planning their care and support. They could also raise any concerns with staff. The provider listened and acted upon people's views.

The provider maintained links with the local community. They formed partnerships which were beneficial to people that used the service. They also worked in partnership with a learning disability college to offer their students support with employment opportunities.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had made the improvements the service required. They had quality assurance systems and procedures in place to monitor the quality of care that people received.

The service had a clear culture that kept people at the centre of the service it provided.

Staff told us that they received the support that they required to meet the standards that the manager expected of them.

King Street - Care Home Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 2014.¹

This inspection took place on 13 July 2016 and was unannounced. The inspection team consisted of one inspector and a nurse specialist advisor.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with four people who used the service, a relative of a person who used the service, two care staff, one administrative staff, the volunteer coordinator and the registered manager. We looked at the care records of four people who used the service, medication records of fourteen people, staff training records, two staff recruitment files and records associated with the provider's monitoring of the quality of the service. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Is the service safe?

Our findings

At our last inspection carried out on 14 July 2014 we found that people's medicines were not always safely stored or recorded. These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is equivalent to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People's medicines were stored and administered in a safe manner. Medicines, including controlled drugs were stored securely following current guidelines for the storage of medicines. This protected people from unsafe access and potential misuse of medicines. We observed that staff provided the relevant support that people required to take their medicines. Staff explained to people the tasks involved and what medicine was being administered. Staff proceeded to the next task when they were satisfied that people had taken their medicines. Only staff who had received relevant training supported people with their medicines. A senior carer told us, "I attend annual update training for medicines management and administration provided by the company. When new staff start they have to attend training and have their competency assessed before they can give medication." They also told us how any errors made with people's medicines were managed. They said, "They [any error] get reported as a formal incident after medical advice has been sought in the first instance to ensure the residents safety." We reviewed people's medicines administration records which showed that they had been completed correctly and consistently. We reviewed records which showed that staff completed weekly audits of people's medicines. We reviewed records over a three months period which showed that these audits had been completed consistently.

At our last inspection carried out on 14 July 2014 we found that arrangements for cleanliness and infection control in the home and for the recording and storage of some people's medicines did not fully protect people from associated risks to their health and welfare. These matters were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is equivalent to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People who used the service had individual slings and shower chairs as a measure of infection control. We observed that the premises within the home and surrounding areas were clean and free from clutter. We observed that staff wore appropriate protective equipment when required. Staff told us that they had attended training on infection control. We confirmed this when we looked at their training records. They also had good knowledge of the provider's infection control policy and procedures. We reviewed cleaning schedule records which showed that all areas of the home was regularly deep cleaned. We also reviewed records which showed that staff carried out regular audits of the cleanliness of the home and staff compliance with infection control. These included hand washing audits and hand cleanliness checks using an ultraviolet box.

People were safe when they used the services at King Street – Care Home Physical Disabilities. People told us that they felt safe because they were content in the home and received support from staff in a safe manner. One person told us, "I feel safe here because I can go to people (staff). Another person said, "I feel safe here. I won't move to anywhere else. I am happy here." People understood the importance of their own safety and told us that they would report any concerns to their care staff or to the registered manager who would provide the appropriate support they required.

Staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They had good knowledge of what constituted of abuse, and how to recognise and report signs of abuse. They were aware of the provider's policies on safeguarding and whistleblowing and knew how to apply them when reporting any concerns they had about people's safety and welfare. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. A care staff told us "I would report concerns to the manager and she would deal with it".

Staff completed comprehensive risk assessments for the support people required. This identified where people could be at risk and the additional support they required to remain safe and be as independent as possible. This included areas such as people's mobility needs and skin care. This guided staff to support people to manage the risks to their care. There were appropriate safeguards in place for people who required support with managing their finances. This included safe protocols for recording financial transactions, weekly internal audits of finances and an annual external audit of people's finances. Each person who required this support also had access to their own finance records which their relatives could also access.

We reviewed records which showed that the service had robust systems for recording incidents and accidents. We saw that three incidents had been records since January 2016 which were dealt with appropriately.

There were sufficient numbers of staff to keep people safe and meet their individual needs. People told us that staff were available whenever they needed them. We reviewed the staff rota which showed that the service maintained their minimum assessed staffing levels. Staff absences were covered by their own pool of bank staff.

The provider had safe and robust recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe to support people using the service and as far as possible. They carried out all of the required pre-employment checks before a new worker was allowed to support people using the service. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. Another way the provider sought to ensure staff were suited to people that used the service was to involve them in the recruitment process. People were involved in recruitment interviews and selection of care workers. People's views about applicants were taken into account.

Is the service effective?

Our findings

People were supported by staff and volunteers who received relevant training and support that they required to be effective in their role. One person told us, "They [staff] have the required skills." Staff that we spoke with told us that they had received sufficient training that enabled them carry out their roles. Training included mandatory training such as safeguarding of vulnerable adults food hygiene and moving and handling. They also received specialist training that enabled them meet people's specific needs such as PEG (Percutaneous Endoscopic Gastrostomy) feeding, dementia awareness and dysphagia. One member of staff told us that they found their training "really interesting and useful."

Staff received regular supervision. A care staff told us, "We don't have a separate appraisal this is part of the supervision session." New members of staff underwent a period of induction and were required to complete all elements of the induction before they were signed off from their probationary period. A recently employed care staff told us, "I had a really good induction for five days and when I was just shadowing and I wasn't counted in the numbers, I was asked to get to know the residents first before doing any personal care."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

At the time of our inspection nobody required a DoLS authorisation as there was no restriction to any person's liberty. Staff we spoke with had a good understanding of MCA and DoLS. They demonstrated that they understood their responsibilities under the relevant legislation and guidance. For example, they sought people's consent before they provided them with care or showed us their personal space. People's records also included 'best interest' and consent records to show that they considered how they supported people in a safe and unrestrictive manner.

People were supported to maintain a healthy and varied balanced diet. People told us that they enjoyed their meals and the variety of meals on offer. One person said, "I can chose what I want." People chose from a two option menu or could request for meals of their choice from staff. The staff who prepared the meals on the day of our inspection told us, "Sometimes I prepare up to six different meals." The registered manager told us that they chose to have a carer who was mainly in charge of cooking because this allowed them to use their knowledge of people to meet their nutritional needs and preferences. We saw that used

their knowledge of people's specific nutritional needs and preferences to provide the nutritional support that people required. For example, we observed staff support a person to have their meal. They described the meal, enquired if the meal was at the right temperature for them and whether they liked what they were being given.

Staff promptly referred people to health care services when required. Records showed that staff sought the support of other professionals promptly and worked with them effectively to manage people's ongoing health needs or changes in their health needs. We saw that people who used the service were supported by a physiotherapist weekly. The registered manager told us that this arrangement was made to meet to the mobility needs of the people that used the service.

The premises was designed to give people access to space that met their needs. They had access to outdoor spaces that met their mobility needs. We observed that notices and other relevant information were place at height accessible to people who used wheelchairs.

Is the service caring?

Our findings

People spoke fondly of the caring attitudes of the staff that support them. When we asked people if staff were caring to them, they all answered positively. One person responded, "Of course they are!" A relative told us, "[Person] likes it here. They relate well with staff. They [staff] do their best for them."

Staff engaged with people in a friendly manner. This allowed them to develop meaningful and positive relationships with people that used the service and made them feel like they mattered. A relative told us, "[Staff name] is a special mate of [person that used the service]. They are on the same wave length." They went on to tell us about the experiences of a person who used the service at other organisations before they came to live at King Street Care home. They said that previously, "because [person] cannot speak people think [persons] brain doesn't work, but here they recognise [their] abilities."

We observed that interactions between people and staff were warm and compassionate. Staff on duty communicated with people that used the service effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with people who were seated and altered the tone of their voice appropriately. They reassured people who were anxious or distressed and responded promptly, calmly and sensitively.

People were involved in decisions about their care. We observed that staff verbally involved people and asked for their consent when they provided support to them. For people who use non-verbal communication styles, the provider used a communication assessment record to guide staff on how to offer support in a way that is relevant to the person. Their communication record included information on how the person could use their body language to communicate their wishes and preferences, and how much time and support that they needed to communicate or be involved in decisions about their care.

Staff were knowledgeable about the people who used the service. They used their knowledge of people's needs and preferences to provide suitable support as people had chosen. Staff received a handover at the start of each shift. This included allocation of staff to people and tasks, general information and update on each person and any choice or request they had made. For example, we observed staff handover information saying, "[Person] wants to get up with the night staff tomorrow."

People were encouraged and enabled to be as independent as possible. For example, some people had their own landline telephones. We saw the people's wheelchair and premises were adapted so that they could mobilise independently. One person told us, "They [staff] help us to stay as independent as possible. Nothing stops me from doing anything."

Staff treated people with dignity and respect. People told us that staff respected their privacy when needed. A person that used the service told us that staff handled their information in a confidential manner and according to their specific request. They said, "Staff respect my privacy because it is my information." Another person gave us an example of how staff respected their privacy. They said that staff knocked and ask if it was alright to enter their room. We also observed that staff were discreet when people needed

assistance.

People's friends and family could visit them at the home without undue restrictions. Relatives had their own entrance key into the home which allowed them unrestricted access to their relatives when they visited them. A relative told us, "I've got a fob that lets me come and go as I please."

Is the service responsive?

Our findings

People and their relatives were involved in assessing and planning their care and support. A relative told us that they were very involved and that staff sought their opinion in the development and delivery of the care of a person that used the service. When we reviewed people's records we also saw that staff had consulted with their family where required. People chose the level of involvement that they wanted from their family or staff in planning their support. One person who described themselves as a private person told us, "I don't like people knowing any information about me, I like to keep myself to myself." Staff developed an agreed plan on who the person wanted to be involved in planning their care. This person chose a designated member of staff who they planned their care and support with, and where this staff member could store records of their information. Their records also showed they were supported to be as independent as possible with planning their support and stages where they could consult the person's family for further involvement. We saw that staff respected their wishes and supported them according to their preference.

People's care plans were centred around the person and included comprehensive information about their personal history, their interests, their likes and dislikes and how these may affect the way they react to various situations or their preferences with their care. They included a detailed assessment of their individual needs which allowed one to build the picture of the person as an individual. They also included a 'person centred plan'. One person showed us their plan which they stated was very much theirs as they had contributed to all elements of the plan. Their views were clearly recorded within the reviews and the evaluation of their care. The registered manager told us that some people did their own support plans.

People were supported to engage in activities that were meaningful to them. Staff encouraged them to follow their interest and hobbies. For example, one person who had a passion for fishing was supported to do this regularly during the season, and to enter fishing competitions. We saw that their fishing achievements and trophies were displayed outside their room. The provider had a weekly programme of activities including theme nights, movie nights and organised community trips.

People were part of the community they lived in. For example, they voted at a recent election. They had been supported to vote by proxy as the polling station was not accessible for their needs. Staff supported people to attend the local school's play and be involved in community activities of their choice. They also used an 'outing rota' to record people's personal activity plan and people's request for staff that they wanted to support them to or at the activity. The provider employed an activities coordinator who tracked people's weekly activities and would flag up if people were observed not to participating in activities or receiving the level of social stimulation that they desire. They then followed this up with senior staff to further social inclusion for people who required this. This meant that there was a people had the support that they required to prevent social isolation.

People had access to regular holiday. Staff supported them to go on breaks at locations of their choice. People also chose staff who supported them on their holidays. One person told us, "[staff name] makes me laugh. I am going on holiday with her." A relative told us, "[Person] just had a trip to Skegness, next week they are going to Blackpool."

People had opportunities to utilise any skills that they had. One person who had a passion for arts and crafts made cards. They sometimes sold them to staff and other people that used the service. Another person who was a hairdresser washed and styled people's hair. Another person contributed to baking pastries and cakes for the home when required. This enabled people to maintain a sense of self-worth through maintaining their and to make an economic contribution when they earned money from their skills and interest.

People also had opportunities to maintain relationships with people that mattered to them. Their friends and family could visit them without restriction. They were supported to go out regularly in order to avoid social isolation. They were also supported to remember their loved ones and friends who had passed away . The provider had an outdoor space which they called 'the reflection or remembrance corner' where people could go to have a quiet space to remember friends who have passed away. This area contained items that represented that person that had passed away or something that was unique to them. For example, there was a wagon wheel for a person who had loved westerns and an owl for another person. This demonstrated that people who used the service were supported to remember their friends.

People were supported to follow their religious beliefs. One told us that staff supported them to be an active member of their local church. They said "I am a reader in church."

The care and support that people received was tailored to their individual needs. The home showed each person's individuality. Outside each person's bedroom there was a display of items and belongings that told a story of the person's interests and history. Their bedrooms were also personalised to their preferences and taste. Staff supported people to achieve their aims and aspirations as much as possible. For example, one person who desired to live independently had their room designed in the style of a flat with their own door which allowed the person to have some independent living whilst having the level of staff support that they required to meet their needs. Another person was supported to keep their own pet cat. A person that used the service told us they were supported to go on a cruise. Another person that used the service who had been a game keeper at a local castle had expressed their wishes to visit their former place of work. Staff contacted the owner of the castle to make arrangements for a meet and greet session with the person to make the day special for them.

The provider made required reasonable adjustments which met people's needs and preference and allowed them to stay as independent as possible. For example, the premises were adapted so that people had easy wheelchair access to all areas and individual mobility aids. We saw that the service made provision for people to access relevant technology which enable them to have a better quality of life. One person used technology to communicate. The registered manager told us that they were in the process of trying out, with view of purchasing a new technology that could allow a person who was a published writer to regain some skills which could support them to write again.

The registered manager maintained links with the local community for support to meet some of people's identified needs. They did this with support from the volunteer coordinator. Some of the support they had received from the community included monetary support from a local organisation to fund an accessible patio area for people. The registered manager told us that the volunteer coordinator was working with other community groups to raise funds that they required to purchase specialist technology for people that used the service. They also recruited volunteers from the local community to provide support and befriend people that used the service. They worked with a local college for people with learning disabilities to offer their student placements within the home which mutually benefited the students and people that used the service. On the day of our inspection, we saw students from the local college completing their placements. The provider offered them references and other support that enabled them access employment opportunities should they require this. We saw that the volunteer coordinator had won awards for the support that offered to through developing community links.

People and their relatives had opportunities to share their experience of the service. They did this through resident's meetings. People met regularly with an independent 'personalisation and involvement officer' who supported them to express their views at the meetings. We saw that the provider responded to any concerns appropriately. For example, people discussed that their Wi-Fi signal was not strong in some areas of the home. We saw that that this was fixed promptly. The provider had robust protocols to seek, manage and respond to concerns or complaints. People concerns had been dealt with promptly according to the provider's protocols. They had been no complaints received at the time of our inspection. The provider also had a customer helpline which people or their representative could ring or write to provide feedback about the service. People also provided their feedback by using a suggestion box which was accessible to people that used the service, their relatives and staff. People we spoke with told us that they were able to raise any issues about the service with the registered manager and were confident that it would be dealt with promptly. A relative told us, "I feel well able to talk to [registered manager]."

Our nurse specialist advisor commented about the service saying, "A lovely home, very person centred, and some excellent examples of empowerment and inclusion of residents, the staff have positive relationships with the residents. It is translated into practice, they don't just talk the talk, they walk the walk."

Is the service well-led?

Our findings

At our last inspection carried out on 14 July 2014 we found that although the manager told us they carried out regular checks of the quality and safety of people's care, these did not always ensure the cleanliness of the environment and some of the equipment used for people's care and the safe storage and recording of people's medicines. These matters were a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is equivalent to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements. Regular and thorough checks were completed consistently. These included checks of environmental cleanliness and medicines. The service had systems and procedures in place to assess and monitor that they provided a good quality of the service. They used this to drive continuous improvement in the quality of service people received. The provider's quality assurance procedures consisted of regular audits of various aspects of people's care. We saw that the registered manager responded and developed an action plan in response to people's feedback on their latest survey.

People who used the service were involved in developing the service to ensure that they received high quality care that met their needs. People were involved through the provider's 'customer action network' where people met to discuss and compare practices across the organisation. They told us that they used this forum as an opportunity to influence the provider's policies to ensure that they met their needs.

The service had a registered manager. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC).

The registered manager was supported in their role by a team of senior carers. They also had support from a regional manager. There was a team approach to supporting people that used the service. The registered manager told us, "I am lucky because I have resources and skills I can call on in the organisation." They went on to say, "We are all in this together. I am just as important as [name] the maintenance man as are the carers."

The registered manager drove a culture which was open and had the people that used the service at the centre of its operations. They also demonstrated a commitment to continuous improvement. We reviewed records which showed that the senior staff self-appraised the service they provide using CQC inspection reports of other services to ensure that they delivered a good standard of care. We saw that the registered manager had displayed a response to the service's previous CQC ratings inspection and how they would make the required improvements. The registered manager encouraged staff to improve their knowledge of people that used the service so that they could provide support in a way that suited their needs and preference. They said to staff, "When you put people to bed, try and find out something about them that we didn't know before." They went on to say, "People forget that people had lives before, they don't give up because they became disabled." We saw that staff promoted this culture as they demonstrated this in the person centred manner in which they delivered care to people. The registered manager told us the provider

was in the process of developing a 'future choice workshop' which was an initiative to give people that used the service greater ownership of directing the future model of care that the service delivered.

Staff told us that they were supported by the registered manager. They said the registered manager supported them to meet the standards she expected of them. They told us that they were able to approach the registered manager for feedback, guidance and support when required. A care staff told us, "The home manager is very approachable and supportive and receptive to new ideas." Other staff spoke positively about working in the home and commented saying, "The team is really good and staff work well together. Another said, "The best home, best team, the best training the best in every way."