The Percy Hedley Foundation

Chipchase House and Ferndene

Inspection report

Station Road
Forest Hall
Newcastle Upon Tyne
Tyne and Wear
NE12 9NQ

Tel: 01912381313
Website: www.percyhedley.org.uk

Date of inspection visit:
22 March 2016
23 March 2016
24 March 2016

Date of publication:
13 May 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Chipchase House and Ferndene are operated by The Percy Hedley Foundation. The service is situated within a large site in Forest Hall, North Tyneside. Chipchase House is a two storey residential care home. Ferndene is a neighbouring row of purpose built bungalows. The service currently provides accommodation, care and support to 48 adults who have physical and/or learning disabilities.

This inspection took place on the 22, 23 and 24 March 2016 and was unannounced. We last inspected this service in July 2014, at which time we found them to be compliant against all of the regulations that we inspected.

The service had a registered manager in post. 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 told us they felt safe living and Chipchase House and Ferndene. Staff understood their responsibilities with regards to protecting people from harm and improper treatment. There was mixed opinions amongst people and staff as to whether there were enough staff employed at the service. We discussed this with the registered manager and the head of residential services who told us they always ensured people's assessed care needs were met. The service used agency staff most weeks to cover vacant shifts. The registered manager was in the process of recruiting more staff to strengthen their team of permanent care workers. We have made a recommendation about staffing levels.

Policies, procedures and systems were in place to ensure the smooth running of the service. Care needs were thoroughly assessed and plans were person-centred. Risks were regularly assessed and preventative methods were in place to instruct staff on how to deal with a situation.

Accidents and incidents were recorded, investigated and monitored. Action plans were in place to reduce the likelihood of a repeat event. The registered manager reported all incidents to external bodies as necessary.

Routine checks on the safety of the home were carried out by on-site maintenance staff as well as by external professionals where necessary. Personal emergency evacuation plans were in place.

Medicines were managed well and in line with safe working practices. Medicine was administered safely and medicine administration records were well maintained and accurate.

Resident steering groups were held and an annual survey was used to gather feedback and opinions from people and their supporters about the home and the service they received. The service employed their own advocate to ensure people were involved in the development of the service.

The registered manager had an understanding of the Mental Capacity Act (MCA) and their own responsibilities. Only one person who lived at the home was assessed as lacking mental capacity and the registered manager had applied to the local authority for a deprivation of liberty authorisation.

People were supported by staff to maintain a well-balanced, healthy diet, although people's opinions of the food and their experience at mealtimes were mixed. We have made a recommendation about mealtimes.

We found staff received an induction and were trained; however some formal supervisions and appraisals were overdue within the staff files we examined.

Staff displayed caring attitudes and treated people as individuals. We heard staff gave people choices and encouraged them to make small decisions. People were respected by staff and their privacy and dignity was maintained.

People participated in a variety of activities. The staff supported people to maintain links with their community by encouraging visitors into the home. Individual and group activities were on offer and the service had the use of transport to facilitate day trips and outings further afield.

Everyone we spoke with told us they knew how to complain and would feel confident to approach the staff or registered manager if there was a need to do so. Staff also said they wouldn't hesitate to assist a person to make a complaint.

The registered manager held a comprehensive set of records which showed they monitored the quality and safety of the service.

Staff told us they were proud to work for the provider and had a good relationship with the people who lived there and the management team.

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 always safe.

People and care staff told us there was not enough staff to ensure the smooth running of the service. Whilst people's assessed needs were met, people's preferences and expectations were not always met.

The premises does not fully meet with the needs of the people who live there.

Most people told us they felt safe. Accidents and incidents were recorded and monitored.

Staff were safely recruited and medicines were managed well.

Is the service effective?

Requires Improvement

The service was not always effective.

People told us they were unhappy with the catering. Mealtimes were not a pleasant experience for most people.

Staff told us they felt supported, however formal supervisions and appraisals were overdue.

Staff were trained in appropriate key topics suitable for their role.

The provider worked within the principals of the Mental Capacity Act (2005) and people had access to externals professionals to ensure their general needs were met.

Is the service caring?

Good

The service was caring.

Most people told us they were looked after by kind and caring staff.

Staff treated people with dignity and respect. Privacy was maintained.

The service employed an advocate and an independence support worker to enhance people's lives.

Is the service responsive?

Good

The service was responsive.

Care records were very person-centred. People were involved by providing information about their life history, likes and dislikes.

The service offered a variety of meaningful activities to enrich the lives of the people who used the service.

Complaints were recorded and monitored. People told us they were very confident to complain if it was necessary.

Is the service well-led?

Good

The service was well-led.

People and staff spoke well of the management team. Staff told us they were proud to work at the service.

The registered manager aimed to promote confidence and independence to help people achieve their full potential.

The registered manager and provider undertook audits to monitor the quality and safety of the service. Surveys were used to gather the opinions of people and their supporters.

Chipchase House and Ferndene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the 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 the 22, 23 and 24 March 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert-by-experience. A specialist advisor is a person employed by the Care Quality Commission to support inspectors during an inspection and have specialist knowledge in a certain area. The specialist advisor on this team was a qualified mental health nurse with a background of working with people with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all of the information we held about Chipchase House and Ferndene including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted professionals from North Tyneside and Sunderland local authorities, to obtain their feedback about the service. We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed our planning of the inspection.

During our inspection we spoke with 11 people who lived at Chipchase House and Ferndene. We also spoke with 11 members of staff which included the registered manager, the deputy manager, a senior care worker,

care workers, domestic staff and other management support staff who were all on duty during the inspection. We also spoke with four relatives of people who used the service. We spent time observing care delivery at lunchtime in a dining room and we observed people engaging with activities. The head of residential services was present for some of the inspection and we were able to talk to them about leadership.

We reviewed all elements of people's care, including inspecting five people's care records, risk assessments, medication records and financial records.

We looked at six staff files, including staff who carried out care and non-care related roles as well as a range of other management records related to the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

There were mixed opinions about the staffing levels. People we spoke with made comments such as, "I feel safe, but sometimes there is not enough staff" and "They have to rush their work, especially at weekends". One person also told us that more people were being admitted with higher needs and needed assistance from two care workers which reduced the amount of staff available to others. One person said, "At certain times, there is not enough staff to keep us safe" and "It takes so long for some people to get ready due to the staffing".

Staff members also referred to staffing levels. We heard comments such as, "There are times when staffing is really low". One staff member told us, "There are staff on 'light duties' and staff who are new and not trained in certain tasks, that means they can't assist certain people at certain times so the rest of us are really busy. Regular people are doing overtime and split shifts quite a lot and its tiring". Staff told us that they realised there were constraints on the service such as sickness absence and the time spent conducting checks on new staff.

We spoke with the registered manager and the head of residential services about peoples comments. They told us that they worked with a ratio of one staff member for every four people and were recruiting more staff to fill the current vacancies and increase the balance. They felt strongly that people's assessed care needs were met. We checked the staff rotas and saw that 12 care staff were generally on duty per shift. The registered manager told us they used agency staff most weeks to cover vacant shifts. We did not find any evidence that people's basic care needs were not being met; however it would seem that individual preferences and expectations could not always be met.

On the first day of the inspection, the team heard the emergency call alarm ringing for long periods of time. On one occasion, the alarm rang for over ten minutes. We approached the head of residential services in the corridor about the length of time the alarm had been ringing. She told us that if any buzzer rang for more than four minutes the tone changed and the registered manager was alerted on a screen in her office, as to who was calling for help. We attended the registered manager's office for clarification. At this time, the screen was not switched on. The registered manager tried several times to turn on the screen which appeared to not be working. On another occasion, we observed staff checking the control panel in the corridor upon hearing an alarm and responding quickly. Staff told us, "There are certain times of the day when the alarm rings more often, usually when people are just back from day service and need assistance, rather than it being an emergency". People made comments such as, "It takes a long time for them (staff) to come".

We recommend the service consider current guidance on staffing levels, taking into consideration the skills and abilities of the staff on duty.

A person we spoke with told us, "I do like it here, I feel safe". Policies and procedures were in place to safeguard people from harm and improper treatment. Staff undertook safeguarding of vulnerable adults training and told us they were confident in the procedures in place and would not hesitate to inform the

registered manager if they thought someone was being mistreated. The registered manager also followed local authority guidelines and reported any concerns to them as necessary.

Risk assessments were in place which covered care and support needs and focussed on the risks individuals faced such as, bathing, eating and administering medicine. We found these risk assessments were thorough and recently reviewed. They contained information for staff on how to support people and prevent or reduce the likelihood of an incident occurring.

Accidents and incidents were recorded, investigated and monitored by the registered manager. Incidents of a certain nature were notified to the Care Quality Commission as required and we found these were collated and tracked to help the registered manager identify any trends or patterns.

The premises needed updating. The head of residential services told us that plans were in place to modernise the facilities. There were areas of the home which were not ideally designed for the people who lived there. One person told us, "You need to see the dining room at lunchtime, it's really crowded and there is not enough room for us all. People have to wait or move, just to get in". The current premises were in a decent state of repair and on-site maintenance staff carried out minor repairs and safety checks as necessary. We saw evidence that external contractors were used to test gas, electricity and water.

The registered manager had ensured personal emergency evacuation plans were in place for each individual person. We reviewed these documents which were kept within care records and also in a central place for easy access in the event of an emergency.

Staff recruitment was robust. We examined staff personnel files and saw that there had been an application and interview process. References had been sought from previous employers and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed.

We saw evidence in staff files that when misconduct had occurred the service implemented and followed the company disciplinary process in order to safeguard people and ensure staff were dealt with fairly and appropriately. We examined thorough investigation notes, recommendations and outcomes which involved input from the registered manager and more senior management.

We checked how well the service managed medicines. A staff member told us, "There is advanced training for staff who administer medication". The medicines were kept in locked trolley inside a secure room. Inside the trolley, each person had an individually labelled storage box. We carried out a random check of the medicines records and of the stock. We found these to be accurate, up to date and well maintained. Two members of staff always checked and signed the medicine administration record. Controlled drugs, these are medicines which have tighter legal controls under the misuse of drugs legislation were stored safely and securely as were the medicines which required refrigeration. We noted the service implemented a policy on homely medicines and saw care records contained consent forms signed by a GP with instructions for staff to follow. This allowed the staff to treat people for minor ailments such as headaches, indigestion and mild skin conditions for 48 hours before reviewing the situation and taking further action to consult a medical professional if necessary.

Two members of staff talked us through the medicines procedure and showed us evidence of how medicine is received by the home. Any refusal or disposal of medicines was recorded and returned safely to the pharmacy. "As required" prescribed medicines are those which are only given as and when specifically

needed, such as for pain relief. We found these were appropriately recorded and monitored. This demonstrated that the service was managing people's medical needs well.

The service had an infection control policy and we observed domestic staff on duty throughout the inspection. We saw an internal inspection was carried out in October 2015 by the registered manager. Comments and actions for improvements were recommended. Our observations were that in general the appearance of the home was clean and nobody gave us any concerns related to infection control. We checked the cleanliness of the bedrooms we were invited into and the communal bathrooms. We found these to be clean and tidy. However, the inspection team did find there was a mild malodour in the corridors which could mean that communal areas aren't as clean as they should be.

Requires Improvement

Is the service effective?

Our findings

We found that people had both positive and negative experiences with mealtimes. One person said, "Sometimes it is really nice but sometimes it's not so nice".

People told us the dining area was overcrowded and we observed this to be true at peak times. During a 20 minute observation over lunchtime, the inspection team saw people being interrupted during their meal to move tables in order to let others with large wheelchairs fit in. We also saw that some people had medicine administered from a large medicine trolley at the same time; which included eye drops being administered. We spoke with the registered manager about whether the service had considered the implementation of protected mealtimes and not administer medicine in the very overcrowded dining room. We were told that a few people chose this routine and did not want to change.

We recommend the service should consider the impact these individual choices have on the wider group of people.

We saw that the service had a 'food forum'. People were invited to attend and contribute to the forum by sharing their views on the food produced by the kitchen staff. People made comments such as, "There is no point in the food forum, nothing ever changes". And, "The choices aren't as good any more – sometimes food is still frozen". Another person said, "The food is on and off, not fresh, everything is frozen". And, "We would like better quality meat and sausages, fresh vegetables and home baking". A member of staff told us, "People sometimes have legitimate cause to complain about bland food". They then added, "Yesterday, tandoori chicken was on offer and everyone wanted seconds".

We did see that people's likes and dislikes were recorded in their care plans and a six week varied menu was produced by the chef. A choice of main meal was on offer and lighter snacks were always available, such as jacket potatoes, sandwiches and omelettes. People with special diets were catered for and the chef prepared meals which were mashed or pureed depending on people's needs. We saw that low fat options were also available for people who wished to control or lose weight. As well as the dining area, people could choose to eat their meal in other communal rooms or have a meal in their own room. There was also three small kitchenette areas where people could prepare their own food with support from the staff. We were told by the registered manager that plans were in place to address the overcrowding in the dining room. Whilst all of these options were available, people told us they were unhappy with the quality and presentation of their mealtime experience.

Staff were inducted and trained in key topics such as moving and handling, medicines awareness and infection control. Newer staff undertook the 'Care Certificate'. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. We reviewed the training schedule and saw that regular refresher sessions were held. Staff had an opportunity to increase their skills and completed courses relevant to their role, such as falls prevention, epilepsy awareness and low-level restraint.

There was a mix of very experienced long term employees, some of whom had been employed at the service for over 20 years and also new employees who had just embarked on a career in this sector. We reviewed competency records which showed more experienced, senior staff observed new employees and recorded their competency within the role. Probationary reviews were also carried out for new staff.

Supervision and appraisals were historically carried out, however we noted that in the staff files we examined, three did not contain an appraisal of long term staff. One staff member told us, "I have not had supervision for over a year". Another told us supervisions were overdue because of the recent (temporary) move to another location. The registered manager confirmed that some supervisions were overdue because of the recent disruption to the service which had involved a temporary move to another location. She had a plan in place to address this issue.

The registered manager used a lot of different methods of communication to ensure people and staff were aware of news and developments within the service. We saw that 'resident,' relative and staff meetings had taken place. We observed posters, memos and other publications pinned to noticeboards around the service, some of which were in an easy read format so everyone could understand them. However people and staff told us that they sometimes felt communication was not as good as it could be. We heard comments such as, "Staff meetings aren't as often as they should be – we hear bits and pieces on the grapevine" and, "If I could, I would employ more staff as the communication is sometimes very poor".

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Care records showed, and the registered manager confirmed that one person's circumstances were being considered by the local authority for authorisation. The Care Quality Commission had been informed of this. Decisions which were made in people's best interests had been carried out in line with the MCA principals.

People had access to external professionals and their general health and social care needs were met. People were given support from staff to attend appointments with their GP and dentist for example. Information regarding these visits was documented in people's care records. We saw that staff had also supported people (if they'd wished) to attend a review with their social worker. The service also provided private services to meet people's health and social care needs. There was an additional charge if people chose to use the provider's services, such as occupational therapy, physiotherapy or attend the neighbouring day service.

Good

Is the service caring?

Our findings

People told us they had a mixed perception of the staff's approach. One person told us, "The majority of the staff are nice, at the weekend though they were short tempered and we could hear them arguing amongst each other". They added, "They were short staffed, but they shouldn't moan in our home – although at times I see their point". Another person said, "The majority of staff speak well to us, but some are confrontational at times – I have raised my voice to them when I felt unsafe". They added, "You don't want people like that working here".

People told us the permanent staff knew them well, but the agency staff did not. One person said, "Generally the personal care is very good, but sadly not always". They added, "The big problem is agency staff don't get used to you. I wonder sometimes if staff read the care plans". A social care professional we spoke with said, "My client had a glowing reference for the service, she had a close knit team around her – she was supported by her care coordinator during our meeting at her request and she spoke highly of staff".

The care staff we spoke with told us they were very fond of the people who lived in the home and they had developed good relationships. One staff member said, "I would hate to think people couldn't confide in us". We saw 'thank you' cards on display around the home which read, "Thank you for being a good friend to me, just wanted to say you're an amazing care worker", and, "Thanks a million for your hard work". Within the service, people had arranged 'love' awards and voted for a 'carer of the week'. Comments were made to nominate staff which included, "You make my home a special place".

Staff were trained in equality and diversity and we saw diverse needs around religion, meals and activities were individually assessed in people's care plans. People had been involved in the development of their own care plan and had described how they wanted their diverse needs to be met. For example, people who followed a religion had expressed the wish to attend church. We saw the service had agreed to support people to attend churches and when this wasn't possible, fellow parishioners had been invited into the service to meet with people.

The registered manager had introduced a Personal Independence Programme (PIP) in order to help people achieve their full potential. A support worker had been employed to run the programme and develop independence plans with people. The PIP support worker helped people build confidence and increase independence by devising a plan to achieve their goals and dreams. For example, one person's dream was to wear a wedding dress and host a fashion show. The PIP support worker and the person had worked together to make this dream happen. A relative told us, "We can't praise (PIP support worker) highly enough – she is always on the case", and, "Full marks also to the management for seeing the need for this". The PIP support worker told us, "I am so pleased with the programme; it is service user led and we do what they want to do. We have a person aged 56 now engaging with employment for the first time – it's amazing".

The service also employed a "better lives" development worker. This person was an advocate. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The better lives development worker helped people get

involved in the development of the service. They facilitated 'resident' meetings; they also held the food forum. We saw a "better lives" noticeboard in the corridor which provided information and explanations which people could understand. For example, they contained easy read minutes from the latest residents meeting and easy read information about the company safeguarding and complaints policy. There were also details about local services such as advocates, police and Healthwatch. Healthwatch champion the views and experiences of people to influence health and social care.

We observed staff treated people with respect and displayed kind and compassionate attitudes. The staff were friendly and welcoming towards everyone who visited the home. As we carried out our observations around the home, we saw staff maintained people's privacy and dignity.

At the time of the inspection, the service was not providing end of life care, but had in the past been required to assist with this. We saw that some staff were trained in palliative (end of life) care and the registered manager told us they had recently supported someone with the help of district nurses and McMillan nurses to ensure they passed away at the home as they had wished.

Good

Is the service responsive?

Our findings

The care records we examined were very person-centred. They were very comprehensive and easy to follow. They contained a one page profile which included key information about the person such as a photograph, who was important in their life, their likes, dislikes and preferences. The assessments were separated into categories and covered aspects such as, health and medical information, care needs, a handling plan, meal management, therapy and behavioural plans.

We saw an initial assessment had been carried out with a multidisciplinary team including the person and their relatives. Some records included advocate support as required. The service took a holistic approach and had thoroughly assessed, planned, implemented and reviewed the care and support each person received.

The care records we examined all contained up to date information and had been recently reviewed. The records included some important documents in an easy read format to ensure the person could understand their own plan. We saw that photographs had been used to show staff how people manage certain tasks. For example, one record showed two pictures of how a person held their own cup. It was headed, "This is how I hold my cup".

All the care records we reviewed contained a hospital passport. If a person needed emergency care, this information could be removed from the care record and taken with the person. It contained personal details, emergency contact information, health conditions and medical needs. This ensured the person's care record did not leave the service and provided effective communication between services.

We saw the service offered a wide and varied activities programme. Compliments regarding activities on display read, "Thank you for a great week, I have really enjoyed British food week". And, "Thank you for another fantastic Mother's Day lunch".

The provider had another service located on the same site as Chipchase House and Ferndene, which offered day services. Most of the people who lived at Chipchase House and Ferndene attended these day services at some point throughout the week.

The provider also employed an activities coordinator who facilitated individual and group activities for those people who chose to stay at Chipchase House and Ferndene throughout the day. A staff member told us, "(Activities coordinator) is very good; people enjoy the activities plan and keeping fit but a lot of people do their own thing". People told us and records confirmed that some people liked to go out alone and visit the local shops themselves. Another staff member told us, "People here are well-known in the local community, they often chat to people at the shops".

We observed people engaged in activities throughout the inspection, which included arts and crafts. There were communal lounges with wide screen TV's, Sky TV, games consoles, DVD's, books, board games and jigsaws. The whole site was surrounded by gardens and they contained greenhouses, areas for planting and

relaxing. We observed people in the greenhouses being supported by staff. A relative we spoke with said, "We bring (person) out into the garden when we come as he loves to be outside".

The service also included two hours one to one time for each person per week with their care coordinator. This could be spent reviewing their care plan, attending appointments or anything else the person chose to do. The service also offered the opportunity for people to 'bank' their weekly hours and have longer with their coordinator on a fortnightly or monthly basis. People told us that this option was available but wasn't always possible as it depended on staffing levels.

The service had the use of three cars and a minibus. We saw in records that day trips were planned and people went out in groups. We were also told that people could use the cars on an individual or small group basis and relatives were encouraged to engage in these activities too. However, we read in resident meeting minutes that people were disappointed as quite often these trips were cancelled or postponed due to staffing levels and the availability of staff who could drive.

Three people we spoke with told us that they did not want to engage in the activities offered by the service anymore. However, they wished the care staff had time to just sit and chat with them throughout the day. A member of care staff told us, "I'd worked here almost one year before I had an opportunity to sit down and just chat to someone in the lounge". The registered manager told us, "While encouraging activities, I recognise that some residents, in their words, have 'retired' and just want to be supported to live in the home but not participate".

The registered manager held a comprehensive record which related to complaints made about the service. Following a recent local authority inspection, the registered manager had implemented a more open and transparent system whereby she not only logged formal complaints as before but now also included 'niggles' and negative comments made about the service.

A member of staff told us, "The residents are quite confident here and speak up – they are very vocal". Another said, "We try to deal with little niggles as they occur so they don't escalate into formal complaints". Staff told us they were confident to assist people to complain, one staff member told us they emailed the registered manager and informed her of "little grumbles" people had. They said, "I know she (registered manager) has a complaint's file. I trust she would log it properly – she is good with paperwork".

We reviewed ten complaint records dated 2015/16 which contained details of the complaint, investigation notes, actions and learning outcomes. We saw in staff meeting minutes and supervision records that learning from previous incidents had been shared with the staff.

Two people told us that they had complained about an aspect of their service and "nothing had been done", however we spoke to the registered manager and head of residential services about these individual issues and they explained that constraints on the service which were out of their control meant that some people's higher expectations could not always be achieved but they had ensured people's assessed needs were met. They liaised with people to explain this and had offered the best possible service they could provide.

Good

Is the service well-led?

Our findings

People spoke well of the registered manager and the senior care team. One person said, "I like (registered manager), the new boss, if I go to her with a problem, she does sort it out". Another said, "There is a new deputy, hopefully she will get things done".

Staff members also spoke positively about the management. One staff member said, "It's a good place to work, I am well managed and they never say no, you can't". Another said, "I love working here, we have a good relationship. There is new management and (head of residential services) is always there if you need her". A social care professional we spoke with said, "The manager was very helpful, staff were pleasant and friendly".

There was an open and relaxed culture amongst the staff team. There was a leadership presence and all the staff we spoke with understood their roles and responsibilities. One staff member said, "We are a good team, people have strengths in different areas. Some are good at organising and sorting medication out, others and good with socialising".

Most of the staff we spoke with told us they felt valued in their role. They made comments like, "I am proud to work with the people who live here". And, "I chose to work here permanently above the other services I had worked at through an agency". The registered manager told us about staff recognition schemes. Staff benefited from discount at local retailers, there was an employee assistance programme and healthcare benefits. The service also took part in the provider's staff awards ceremony which recognised staff who had excelled in their role or showed commitment to the service.

The registered manager shared her vision for the future of the service with us. She said, "My aim is to promote confidence and independence by creating social opportunities and help resident's achieve their full potential". She added, "I recognise the accommodation is not fit for purpose however my aim is to provide a safe and supportive environment where residents are listened to and encouraged to express their needs, wishes and feelings".

We reviewed the provider's committee report and saw that the management used information, views and opinions gathered from resident run committees to feed into the strategic plan for all of the provider's services. The provider had recognised that improvements could be made to this service and the building which would benefit the people living at the home, this included, staffing resources and better accommodation facilities.

Staff meetings were held between different departments and at different levels of seniority. We reviewed ten records of staff meetings which involved staff from care and non-care related roles. Discussions were held around individual people's care needs, recent referrals for external services, conditions of people and any further actions required. We saw that issues including safeguarding, recruitment, retention, activities, mealtimes were openly discussed and plans to develop the service were shared with the staff.

The registered manager and the provider were both involved with audits of the service. The registered manager carried out checks on the quality and safety of the service by reviewing care records, cleaning and maintenance records as well as other information related to the operation of the service. Regular checks of medicine administration records were undertaken and there were random checks of medicine stocks.

The provider carried out a quality audit which looked at all aspects of the service including, risks, staffing and management, safeguarding, health and safety and service user involvement amongst many other items. We reviewed the last audit carried out in February 2016 and saw that information was gathered to evidence their compliance with the requirements of running the service and comments were made to support and develop the service further. Actions which needed to be taken were clearly documented.

The registered manager carried out a residential quality standards survey which was devised by the 'better lives' development worker. We reviewed the results from 2015. 43 people took part in the survey; some people were assisted by their relatives or an advocate. Overall the responses were positive. The information was collated and shared with people, and the provider. Feedback was given to those people who raised individual issues and items for discussion were added to the agenda of the resident steering group. We noted that issues raised related to staffing and the experience at mealtimes.

The provider has a very good local reputation and their fundraising was well supported by local businesses and celebrities. The provider was proactive and worked in partnership with a lot of local companies to ensure disabled people have a voice. The head of residential services told us, "People here are ambassadors for disabled people; they are on committees at Newcastle United Football Club, Nexus and Beamish".