

Zero Three Care Homes LLP

Maranello

Inspection report

Walden Road
Thaxted
Essex
CM6 2RE

Date of inspection visit:
01 March 2017

Date of publication:
08 May 2017

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 comprehensive inspection took place on 01 March 2017 and was unannounced. Maranello is a nine bed service for people with a learning disability and supports people to live within their community. On the day of our inspection there were seven people using the service. There was a second similar service located on the same site managed by the same provider.

This inspection was to see if the provider had made the improvements required following an unannounced comprehensive inspection at this service on 03 February 2016. At the inspection in February 2016 we had found two breaches of legal requirements in relation to Regulation 15 and 18. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance. The overall rating from the inspection in February 2016 was Requires Improvement.

At this inspection we found improvements had been made to meet the relevant requirements.

There was a manager in post at the time of the inspection. 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 living at the service required staff to provide support to manage their day-to-day care needs, as well as to manage their behaviour and reactions to their emotional experiences. Staff had taken appropriate steps and reviewed people's behaviour; and analysed what worked or not; and provided consistent responses when people's needs changed to ensure that they continue to meet the individual's needs.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and they and the registered manager understood the requirements of the Act. This meant they were working within the law to support people who may lack capacity to make their own decisions.

Most people had difficulty discussing complex issues and thinking about the future but a few were able to share their views about day-to-day life at the service. People indicated and told us they liked living at the service and that the staff were kind and helped them a lot.

We saw there were systems and processes in place to protect people from the risk of harm.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. All relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

We found that staff worked to assist people to lead ordinary lives and looked at how to assist individuals to

reach their full potential. People were supported to go out and about in the local community and routinely went out with staff.

Staff had received a range of training, which covered mandatory courses such as fire safety as well as condition specific training such as managing autism and other physical health needs. We found that the staff had the skills and knowledge to provide support to the people who lived at the service.

Relatives and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that consistent numbers of staff routinely provided support to people who used the service during the day and overnight.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We observed that staff had developed very positive relationships with the people who used the service. We saw that the staff effectively assisted people to manage their anxiety. Interactions between people and staff were warm and supportive. Staff were kind and respectful.

People made decisions about what they did throughout the day where they were able.

We saw that people had plenty to eat and that each individual's preference was catered for and staff had ensured that people's nutritional needs were met. Staff monitored each person's weight and took appropriate action if concerns arose.

We saw that people living at Maranello were supported to maintain good health and had access a range healthcare professionals and services. We found that staff worked well with people's healthcare professionals such as consultants and community nurses.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. Where able staff worked with people to create them.

We saw staff encouraged people to develop their daily living skills and supported them with their hobbies and leisure interests inside and outside of the home. During the visit we saw staff joined people doing creative work and identified activities people would enjoy doing.

We saw that the provider had a system in place for dealing with people's concerns and complaints. Relatives we spoke with told us that they knew how to complain and did not have any concerns about the service.

The provider used a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager used them to critically review the service. This had enabled them to identify areas for improvement and make the necessary changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from avoidable harm and abuse and risks had been managed so people were supported and their rights protected.

People told us that there were enough staff to meet their needs.

There were robust recruitment procedures in place.

People's medicines were managed so they received them safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

There were arrangements in place to ensure that people consented where able to the support provided to them in line with the Mental Capacity Act.

Staff received regular supervision and appraisals and felt supported in their work.

There were systems in place to provide staff with a range of relevant training.

People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Good 

The service was caring.

People were consulted and felt involved in the care planning and decision making process.

People's preferences for the way in which they preferred to be supported by staff were clearly recorded.

We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

People were supported to maintain their independence as appropriate.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. Staff responded to changes in people's needs.

Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

People were involved in making decisions about their care. Staff also worked with other professionals to assess the care they needed.

People were supported to access the community.

There was a clear complaints procedure that people who used the service were enabled to follow.

Is the service well-led?

Good ●

The service was well led.

People and staff were supported where able to contribute their views about the service, and relatives felt listened to.

There was an open and positive culture which reflected the opinions of people living at the service.

There was good leadership and the staff were given the support they needed to care for people.

Maranello

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.

The inspection took place on 01 March 2017 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements had been made by the provider following our comprehensive inspection on 03 February 2016.

Following the comprehensive inspection on 03 February 2016, we asked the provider to take action within a given timescale to make improvements as known risks were not sufficiently mitigated. Premises and equipment were not adequately maintained, clean and secure, and staff were not suitably competent, skilled and experienced to meet the specific needs of people at the service.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also looked at the action plan supplied by the provider and considered any information which had been shared with us by the Local Authority

We focused on speaking with people who lived at the service who were able to verbally express their views about the service. We also spoke with staff and observed how people were cared for. Most people had complex needs and were not able, or chose not to talk to us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support provided to people and the interactions

between staff and people throughout our inspection. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care and support in the lounge, communal areas and during the lunch time meal.

We met all of the people who used the service and spoke briefly with five out of the seven people who used the service. We spoke with five care staff members, the deputy manager, the registered manager and the area manager. Additionally we spoke with four relatives on the telephone and one visiting healthcare professional.

We looked at three people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also reviewed daily records, recruitment and training records and records relating to the quality and safety monitoring of the service. We looked at the premises and also looked at information which related to the management of risk within the service.

Is the service safe?

Our findings

At our inspection in February 2016 we found people who used the service and others were not protected as known risks were not sufficiently mitigated, as the premises and equipment were not adequately maintained, clean and secure. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider to us that detailed how they would meet the legal requirements.

At this inspection we found improvements had been made.

Environmental risks were now much better managed since the last inspection and appropriate records were kept. The provider had increased their maintenance team to a complement of seven staff, and we saw all repairs had been attended to in a timely manner and there was nothing pending. For example, a specialist chair for one person, identified at the last inspection in February 2016 as being unfit for purpose was noted to have been replaced with a brand new one.

People told us they felt safe living at the home, one person who was non verbal was shown widget picture symbols on cards for 'safe' and 'happy'. This person pointed to happy and repeated "Happy" They were also shown the safe symbol which they tapped and repeated "Safe". Another person shown the same communication cards echoed this sentiment as well and clearly indicated they felt safe in the same way. Comments from four relatives included, "I think my [relative] is very safe, I have no issues with their safety" and, "Yes my [relative] is safe, this home is as good as it gets." Further comments included, "My [relative] is safe, I have no concerns." and "I do feel [person] is safe the level of care is one to one and its very good from my observations."

There were sufficient skilled staff to meet people's needs. Staff were available 24 hours a day and the ratio of staff to people was one to one during the day with additional support from the manager and deputy. One staff member told us, "We get very good training here, and safety is a priority, we never use agency here simply because of the complex needs of the people that live here." There were at least two waking staff and one awake staff rostered on duty at night. An on call system was also in place and staff told us this was sufficient. The manager advised us that dependency levels were assessed on an ongoing basis and if additional staff were required then they would be provided.

Staff had received safeguarding training, were aware of how to raise a safeguarding alert and when this should happen. There were no current safeguarding concerns. We saw the service had a policy for safeguarding vulnerable adults from abuse. One member of staff told us, "We do have some people we have to make sure are safe from each other, and avoid conflict, but we can gauge by a person's behaviour when this may happen." They also told us how they make sure other members of staff were made aware of possible risks by, "Talking about any issues or concerns at handover." The staff told us they had attended training on safeguarding adults from abuse. The staff training records we reviewed also confirmed this.

Support and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's physical and mental health were set out in people's files and we saw staff were monitoring these signs from the daily records we looked at. Where concerns were identified staff confirmed action was taken, which included when needed, liaison with health and social care professionals.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. They were reviewed regularly and staff through discussion showed an understanding of the risks people faced. For example, one staff member told us, "We know [person] very well and supervise them closely to make sure they stay safe. They have their own garden area as they like their own space. It works better for them." Risk assessments had been completed, specific to the individual, which included medication, absconsion, kitchen risks, risk to self and risk to others.

There were accident and incident records kept and a whistle-blowing procedure that staff understood. Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager and senior team to monitor and review to identify trends and ensure appropriate management plans were put in place.

The recruitment process was robust and ensured new staff were of good character and were suitable to carry out their role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. We saw appropriate checks were undertaken before staff began work.

Medicines were safely administered, stored in a locked facility and appropriately disposed of when no longer required. All staff who administered medicines were appropriately trained and this training was updated as needed. No one was responsible for taking their own medicines. Processes were in place for people to take medicines with them if they were going out for the day, so the taking of medicines did not affect or limit their activities and independence. We observed a member of staff doing a medicines round. They greeted people in a friendly manner and asked people where able for their consent before administering their medicines. We checked the covert medicines authorisation form for one person and saw that appropriate guidance had been followed. The person did not have capacity to understand this specific decision and so authorisation was sought following a best interests decision in which family members, the pharmacist, staff and the person's GP were consulted. We also note that where necessary medication reviews had taken place. We saw this for one person who had recently had their medication increased following a review to stop them having an increased number of seizures.

Is the service effective?

Our findings

At our inspection in February 2016 we found people who used the service and others were not protected as staff were not suitably competent, skilled and experienced to meet the specific needs of people at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider to us that detailed how they would meet the legal requirements.

At this inspection we found improvements had been made.

People were supported by staff with appropriate skills and experience. The staff induction course had been increased from three to five days and staff told us they received training and support to help them carry out their work role. The current staff had worked at the home for some time. Staff told us they were actively encouraged to complete training. One new employee we spoke to told us, "I have only been here two days and I am observing and listening to staff to understand all the resident's needs."

Staff files confirmed the training staff had been completed. Annual mandatory training was provided for staff. Training included infection control, manual handling, medicine administration, food hygiene, first aid and health and safety. There was also access to more role specific training such as for specific conditions such as autism, mental capacity and physical intervention training (Studio 3) for behaviour that may challenge. The clinical team at the service also provided specific day training which focused on the needs of each person at the service. We saw an example of this whereby a bespoke training day looking at [persons] complex needs and training staff on strategies to support them. Staff told us they enjoyed this and gained a lot from it. We were further advised that the clinical team will be providing this additional bespoke training for the entire service in the future to guide staff on the individual needs of each person. The registered manager told us, "Each person here is very different and staff need to understand their needs and the different approaches we use to support the guys here. We aim to ensure we offer individualised care here all the time."

Staff received ongoing supervision and were given the opportunity to have time with their line manager to discuss all aspects of their role. We looked at staff files and found they were able to fully participate in supervision, covering topics where they felt they either required additional support or areas they wished to discuss. One member of staff told us, "We have regular supervision and we are a close working team which helps." And another member of staff told us, "We are really good team here, and everyone looks out for one another, if we are struggling other staff members will always offer help and support when behaviour becomes challenging everyone pools together." Opportunities for staff to develop their knowledge and skills were discussed and recorded.

Throughout our inspection we saw that staff had the skills to meet people's care needs and that people could go out with support as they wanted. Staff communicated and interacted well with the people who

used the service. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest such as relatives or advocates.

The staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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).

Everyone at the service was noted to be subject to a DoLS at the time of our inspection. Staff told us people were free to come and go from the service as they wished and people were accompanied by a member of staff. Staff promoted decision making and respected people's choices. One relative told us, "My [relative] makes choices where ever it is reasonable to do so and they respect his choice." People's ability to consent to aspects of their care had been recorded in their care plans. Staff confirmed they were aware of any restrictions placed on people. For example, one person lived in a purpose built flat as they required 24 hour one to one support and did not like to mix with large groups of people.

People were supported as much as possible to make choices with regards to personal care, medicine administration, activities and meals. People received support to keep them healthy and relatives were involved and kept informed about all aspects of their relatives care. A relative said, "Communication is absolutely fantastic they are very good with all [persons] health needs, I always attend [persons] reviews and staff are great." Another relative told us, "I attend annual reviews and we receive feedback forms, I get weekly phone calls and communication is very good."

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. Feedback about the food was positive. The registered manager assured us that people were involved at all times and had input where they were able into the choice of meals. The service ensured food provided was of a good quality and we did not see lots of cheaper store brand name products stored. People had a choice of where they sat for their meal and who they sat with. One person was observed to eat in a quieter area during the lunchtime meal. People were given choices about meal options, portion size, and choice of drinks. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved. People's special dietary needs and choices were met. A relative said, "My [relative] can be difficult to please as some foods they don't like. The staff are good, as they ask them what they would prefer." The staff team had a good understanding of the dietary requirements and likes and dislikes of people due to the effective systems that were in place. As staff placed each meal for each person with them they ensured it was correct in relation to each person's individual requirements and choice, and where a specific need had been identified, such as specific specialist diets or the risk of choking. Where people had a requirement for pureed food, each item was kept separate on the plate so people could taste the individual parts of the meal and enjoy the taste experience.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. One person had been offered extra support to help them with maintaining their blood sugar level. People also had access to a range of other health care professionals such as nurse specialists, dentists, and the optician. The care files included records of people's appointments with health care professionals. The registered manager told us there was good

contact with the intensive support teams, whose advice was sought and followed as required. We spoke to one visiting healthcare professional on the day of inspection who told us, "All the staff are very good with the people here. [person] has a specific management plan in place for car journeys and self injurious behaviour. Staff follow this very well and the communication between them and us is excellent."

The premises were clean and well maintained. There were clear arrangements for keeping the service tidy and clean with some people living there having chores to complete such as laundry or cooking. Clear procedures were in place to ensure safety and hazardous substances were locked away and knives were accounted for and kept in locked drawers in the kitchen. We observed one person helping out in the kitchen and they were supervised at all times by their allocated member of staff.

Is the service caring?

Our findings

We saw people were happy with the approach of staff. People actively smiled and nodded whilst interacting with staff members. We received some very positive feedback such as, "Absolutely they are caring, yes of course they all are, they would have to be with complex needs." And, "I would say yes to caring, I am satisfied." Additionally they told us, "Yes I think staff are caring, and keeping [person] occupied means they have their work cut out, [person] is always happy to come home and always happy to go back"

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes with them so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people were able to take part in any social activities which they chose. We noted one person who did not have a door on their room. This opened onto a corridor but was not in the main area of the house. We discussed this at length with the registered manager who advised us that they had tried a number of options but the person did not want to feel shut in and liked a member of staff with them at all times. Staff told us they took extra care ensuring the privacy and dignity of this person, and following discussion the registered manager stated they would look at ensuring a screen which could easily detach from the frame of the door be put up to try and further ensure the privacy of the person and their belongings when they were not in the room. We observed the member of staff supporting this person sitting just outside the room, in good sight. The person in the room was calm and only displayed distressed behaviour if they felt shut in.

Staff cared for people in a way which respected their privacy and dignity. We observed that staff demonstrated a good understanding of the importance of privacy and dignity. For example, we noted that one person who was supported on a one to one basis was taking a bath during the inspection. The member of staff was seen to stand just outside the door maintaining communication with the person. This ensured the person received the privacy they required whilst bathing. Staff had keys to people's bedrooms but did not enter without their permission. We observed this on the day of inspection. One staff member told us "I always knock before going into one of the guy's rooms."

We observed staff interacting with people using the service throughout the day. Staff interacted with people in a friendly, warm, professional manner at all times. Staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified people needed extra support. For example, staff introduced us to people and they chose to speak with us if they wished. We did not see one person for most of the day as they chose to be alone, however at the end of the inspection staff said we could see this person. We met them for a short period of time with the staff member supporting them and chatted about the music they enjoyed whilst they danced with the staff member and visibly smiled. Staff told us they did not like new people so their reaction was a good one. There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people smiling and laughing with staff.

People using the service were supported to make daily decisions as they were able about their own care and we saw that people chose how to spend their time. People were able to choose what time to get up and how

to spend their day. One person was observed to be cooking a sponge cake with supervision in the kitchen whilst another person had gone out to a woodworking club. Upon their return they took great pleasure in showing us a spice rack and a garden bench that they had made. We observed staff to be caring in their approach to those who used the service. One staff member we spoke with gave the example of staff supporting a person living with challenging behaviour to make choices about what clothing they would like to wear. Staff demonstrated a good knowledge and understanding of those they supported. One relative told us, "We are so relieved literally from the day they did assessments, never in our wildest dreams did we imagine that they would manage [relative], we are very happy and their key worker is great all the staff are brilliant"

Daily records demonstrated how people were being supported. The staff told us this system made sure they were up to date with any information affecting a person's care and support. People's bedrooms were individualised and reflected people's preferences, for example, one person liked to collect things like shoe laces and recycling. Staff worked with them to manage their collections and also supported the person to take their recycling to the centre regularly.

Is the service responsive?

Our findings

People indicated and relatives told us that the staff knew them as individuals and understood how to meet their needs. We found that staff knew people's individual needs, which included what they liked to eat and what they liked to do. People's individual needs were met which included their mobility, communication, behavioural and physical healthcare needs. People's equipment was available and trained staff assisted people with their moving and handling needs by means of a hoist, when this was needed.

Information about people's life histories and about what was important to them was detailed in their care plans. One member of staff said, "They all have person centred planning and we do support their individual needs, we have one person who is not funded 1-1 but I manage the hours so that [person] gets full support." Additionally a relative told us, "This home is very responsive to [person] and us as well, I get emails weekly, and phone calls I couldn't be happier and we are so grateful."

Members of staff were also aware of people's individual communication needs. Care staff offered people choices of what they would like to drink in a way that they could understand. This included providing verbal information in measured way; repeated the question if it was needed and waiting for a response.

We saw people had enough to do and could choose how they wished to spend their time. One person had their own garden area and the use of a sunken trampoline in the garden. People benefitted from a sensory room with a water bed and a hot tub in an external hut. We were told this was used a lot and appropriate floatation aids were available for safety. Another person who enjoyed gardening had their own garden shed at the end of the garden. Additionally we saw people involved in preparing their own meals with assistance from staff. One person had also been out to a wood work class on the day we visited. Staff told us about one person who preferred their own space and listened to music through headphones and their own music player. People's records demonstrated that there was a range of hobbies and interest that people were enabled to take part in. Staff we spoke with described the activities that people took part in and we saw activity schedules in place for each person.

Each person had a care plan in place for each identified support need. The care plan identified each person's needs and their short and long term goals. Information was included in people's records about how the person could support themselves and how staff could support them to achieve their goals

Each person had a keyworker chosen from the staff team whose role was to lead on support for that person to stay healthy, to identify goals they wished to achieve and to help them express their views about the care they received. A member of staff told us they were responsive to people's wishes. For example, one person displayed anxiety and liked time on their own but often liked to talk to a member of staff whenever they wanted. The staff member told us they often went for a walk with this person to help them keep calmer. Staff were knowledgeable of people's needs. They were able to tell us what support people required from staff and the reasons why.

Information was provided to staff about maintaining appropriate boundaries in order to encourage people

to do things for themselves and support people to become more independent. For example, making it clear that the staff's expectation was that people should be responsible for their own personal care, and some cooking and laundry tasks when they were able to do so.

Care records demonstrated that people's needs were assessed before they moved into the service to ensure that their needs would be met. People, if possible, and their relatives were part of this assessment process. Although it was unclear if people were involved in the on-going reviews of their care plans, we found that their relatives had been involved in this process. People's individual needs were assessed and these and risk assessments were reviewed at least once a month, if not sooner. In addition to these reviews, daily meetings enabled staff and management teams to review the needs of people. The care staff told us that the daily meetings enabled staff to respond to people's changed needs. For example, a change in health need which required a person to be assessed by a health care professional.

Relatives told us that they knew who to speak with if they wanted to raise a concern or complaint. One relative told us, "When I have raised concerns they were always dealt with promptly." Members of staff were aware of supporting people to make a complaint where they were able and if they raised concerns. Staff told us that this would be done following the provider's complaint procedure. Information about reporting abuse, whistle blowing procedures and reporting complaints to the Care Quality Commission was available to access. Because of people's high level of need and the requirement to keep the furnishings of a minimalist nature, a copy of the provider's complaints procedure was not publicly available. The registered manager assured us that a copy was made available upon request and that any concerns were discussed openly and candidly and action taken as soon as possible in response. One staff member stated, "Any ideas we have as support workers we are listened too and the manager is absolutely amazing really helpful and the deputy manager is very pro-active and supportive of any new idea we have."

The manager told us about the actions they had taken when one complaint had been received since the last inspection. We saw how this had been managed and a copy of the actions and response letter telling the person what action had been taken. Before the inspection we had received notifications from the service and we were able to confirm at the inspection what action had been taken, who had been involved and what action would be taken if there was any recurrence of the issue.

Is the service well-led?

Our findings

At our inspection in February 2016 we found that the registered manager did not have full and effective oversight of the service's internal monitoring and audit systems.

At this inspection we found improvements had been made.

There was a clear management structure including an operations director and a registered manager who had been in the service for just under a year. The manager was registered with CQC.

It was clear from the feedback we received from people who used the service, relatives and staff, that the registered manager and provider of this service had developed a positive culture based on strong values. Managers spoke of the importance of motivating and supporting staff to promote the values of the provider through training, supervision and leadership. Our discussions with staff found they were motivated and proud of the service. They found the registered manager approachable and told us they were a visible presence in the service. One member of staff told us, "Things have improved definitely since the new manager has been here, staff retention is good here now and we never use agency, I know all the safeguarding and whistleblowing procedures and training is good, it's all positive" Additionally one relative told us, "The manager is very approachable and I am very happy with everything, I know my [relative] can't speak but I would give it 11 out of ten." And another said, "The manager is great and we are so happy, really happy parents"

Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings. One staff member told us, "I enjoy working here and the manager is very supportive of everyone and we all help each other." The provider sought the views of people using the service and staff in different ways. Staff discussed how the registered manager worked with them to review the service to see if they could do anything better. They discussed how they as a team, reflected on what went well and what did not and used this to make positive changes. They had reviewed staff practices and taken action to assist staff work in line with current best practice guidance. Staff also told us that regular staff and clinical cascade meetings were held. We saw the minutes of the last meeting and saw that individuals were discussed in detail and actions points identified where any concerns were raised.

The registered manager monitored the quality of the service by regularly speaking with people and their relatives to ensure they were happy with the service they received. During our meeting with the manager and through our observations it was clear that they were familiar with all of the people in the home. We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. One relative stated, "The level of maintenance is exceptionally high the quality of furniture is very good, staff employed have a variety of expertise skills and this home is prepared to put their hand in their pocket and pay for things, to meet the needs of the young people, I would give it 9 out of 10."

Quality audits took place that included medicines, health and safety, daily checklists of the building, and

people's files were audited. Policies and procedures were audited annually. The registered manager showed us examples of monthly reports they submitted to their line manager. These included any actions that had been identified. We were able to track through to see where actions had been identified, when they had been actioned and signed off as completed. The registered manager had submitted notifications as required which showed they had a clear understanding of their legal obligations as registered manager.