

Positive Approach Services Ltd

Jubilee House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 30 October and 27 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Jubilee House provides accommodation and personal care for eight people with learning disabilities. The home is a detached house with surrounding gardens in a residential area near to public transport routes, local shops and community facilities.

At the previous inspection on 20 February 2014 we found the provider to be fully compliant with legal requirements.

The inspection was led by an adult social care inspector.

There was a registered manager in place who had been in their present post at the home for over 10 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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, and family members, made complimentary statements about the standard of care provided. They told us they liked living at the home, liked the people they lived with and they got along with staff who were friendly and helped them. Some people communicated with us in sign language to tell us they were happy at the home. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

There were sufficient numbers of staff on duty in order to meet the present needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out background checks when they employed staff to make sure they were suitable to work with vulnerable people.

Staff training records were up to date and staff received regular supervisions, appraisals and a training / development plan was also completed, which meant that staff were properly supported to provide care to people who used the service.

The interactions between people and staff that were supportive and people got along well with each other and staff. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

We saw that people were supported to take part in interesting and meaningful activities. They took part in education, leisure and social events and staff were constantly looking for more opportunities for people to enjoy.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were always accompanied by staff to hospital appointments and emergencies.

People at the home were regularly asked for their views about the service and if there was anything they would like to improve. People we spoke with told us that they knew how to complain and found the registered manager to be approachable with no concerns about the service.

There were robust procedures in place to make sure people were protected from abuse and staff had received training about the actions they must take if they saw or suspected that abuse was taking place.

People told us they were offered a selection meals and there were always alternatives available. We saw that each individual's preference was catered for and people were supported to make sure their nutritional needs were met.

We saw medication audits were carried out regularly by the management team to make sure people received the treatment they needed.

The home was clean, spacious and suitably built and adapted for the people who presently used the service.

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. We found the registered provider was following legal requirements in relation to DoLS.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and representatives. The staff and registered manager reflected on the work they had done to meet peoples' needs so they could see if there was any improvements they could make.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

The provider followed appropriate professional guidance when supporting people who may challenge staff or others at the home.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medicine and this ensured people's safety.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular general and specialised training.

The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They ensured DoLS were applied for when appropriate and staff applied the MCA legislation.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights.

We saw people were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

The staff were knowledgeable about people's support needs and their ways of communication and conversations and these were tailored to individual's preferences.

Good



Is the service responsive?

The service was responsive.

Staff assessed people's care needs and produced care plans, which identified the support each person needed. These plans were tailored to meet each individual's requirements and regularly checked to make sure they were still effective.

We also saw the provider had in place signs and signals for staff to recognise when a person's mood might change. Staff were able to intervene to prevent a situation from escalating.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home

Good



Summary of findings

Is the service well-led?

The service was well led.

A series of checks and audits were routinely in use at the home. These were robust, well established, used to monitor and improve the quality of the service provided and were overseen by the provider and senior managers.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open culture.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



Jubilee House

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.

One adult social care inspector completed this unannounced inspection of Jubilee House on 30 October and 27 November 2015.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning

Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse.

During the inspection we spoke with six people who used the service. We also spoke with two company directors, the registered manager and deputy manager, two care staff and one senior care staff. We also spoke with a community nurse who was visiting the home.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at two people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), bathrooms and the communal areas.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “We don’t have any trouble,” another person said they ‘felt safe.’

A visiting community nurse told us the registered manager and staff ‘always made sure the information they needed was available’ and they were ‘confident that any treatment was always carried out.’

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at two people’s care plans. Each had an assessment of people’s care needs which included risk assessments. Risk assessments included areas such as accessing community facilities and traveling. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting and promoting people to be independent and still take part in their daily routines and activities around the home and in their community.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

When we spoke with staff about people’s safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a person’s behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff including the role of the local authority. Staff had easy access to information on the home’s safeguarding procedures and a list of contact numbers were available. The registered manager was aware of their responsibilities to report any concerns to the local authority and ensure the immediate safety of service users.

Staff told us they had confidence in that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact

management out of hours should they require support. We saw there was a whistleblowing policy in place.

Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered or senior managers.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed ‘as and when required’, for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

We looked at two staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview and background checks which were in line with the provider’s recruitment policy.

Through our observations and discussions with the manager and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at Jubilee House. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people’s chosen daily activities in their home or community. There were arrangements in place to cover staff either for expected or short notice absences and if people’s needs increased. For example through illness, where more staff were required to support them. This demonstrated that sufficient staff were on duty across the day and night to keep people using the service safe.

The provider had a policy in place to promote infection control and cleanliness measures within the service. The service had an infection control lead to ensure there were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which

Is the service safe?

staff followed to ensure all areas of the home were appropriately cleaned each day. And some people were encouraged and supported to take an active part in cleaning their areas of the home and take part in

household tasks. We saw staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about the home's infection control procedures.

Is the service effective?

Our findings

People living at the home said, “If I asked for staff to do something it would just be done. The staff are really alright – we’ve managed to train most of them by now,” “Staff are good – very helpful people” and “The staff are second to none – I’ve no complaints.”

Staff said they felt the home was effective because they encouraged people to be independent and made sure their preferences and choices were promoted both inside the home and in their community.

A visiting community nurse told us, “The staff always know when and why I am visiting and they always provide an update about how the person is keeping which is a great help when people might not always be able to tell you themselves.”

Staff we spoke with understood people’s routines and the way they liked their care and support to be delivered. The staff we spoke with knew people’s preferences and habits very well. Staff described how they supported people in line with their assessed needs and their preferences and they understood that these were important aspects of people’s lives without which they would be unhappy. We saw that staff took time to listen to what people told them and explored ways to support them in the way that people wanted.

Each day there was a handover of all staff at each shift change and we observed this taking place. This was to make sure up-to-date information was shared between shifts about each person living in the home. This demonstrated how the provider met people’s health and welfare needs.

We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective signs, gestures and pictures. This approach supported staff to create meaningful interactions with the people they were supporting. Other people living at the home were involved in learning sign language to help ensure everyone was able to communicate effectively. Care records contained guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to their care and support.

People had access to food and drink. Staff told us menus were based on people’s preferences and their likes and dislikes. If people didn’t want what was on the menu then an alternative was always available. Staff told us “People choose what they want each week on a Sunday. Everyone picks their favourite meal which is what is cooked as the main meal but if they don’t like this we cook something else. We know what people don’t like so we can make sure they have meals they enjoy.” People could access the kitchen areas at the home at any time to make themselves a snack or drink of their choice.

People had regular checks on their weight and a record of what they had eaten and daily records were kept. We saw guidance was in place to support staff with offering healthy options to maintain a balanced diet whilst supporting the people to eat well. We saw the Speech and Language Therapy team had been consulted when required and every one had a nutritional assessment completed.

People were supported by staff who had the opportunity to undertake training to develop their skills and knowledge. Staff told us the training was relevant and covered what they needed to know. Staff told us their training helped them to develop the skills they needed to support people and gave them confidence when working with people at the home.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. The company director showed us how they liaised with the national organisation “Skills for Care” for learning and development support and practical resources for the training of staff at the home. We looked at records which showed all staff except those recently appointed at Jubilee House had received relevant training which included National Vocational Qualifications (NVQ) in care. For new staff, as part of their induction, time was spent shadowing more experienced team members to get to know the people they would be supporting. They also completed an induction checklist and specific training to make sure they had the relevant skills and knowledge to perform their role. All the staff were up to date with mandatory training and condition specific training such as working with people with learning disabilities. Plans were in place for staff to complete other relevant training such as the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

Is the service effective?

(DoLS), Positive Behaviour Support and supporting people with epilepsy. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid and food hygiene.

All staff training needs were monitored through supervision meetings which were scheduled every month. Staff we spoke with during the inspection told us they received regular supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices, training and opportunity was given to discuss any difficulties or concerns staff had. We saw records to confirm that supervision and appraisal had taken place.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals GPs, specialist epilepsy trained nurses and occupational therapists if they had concerns over people's health care needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All necessary DoLS applications had been considered, or were in the process of being submitted by the provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

Is the service caring?

Our findings

During our inspection, we saw staff respected peoples' wishes and listened and acted upon what they said. We observed people being treated with dignity, compassion and respect. We saw people were relaxed in the company of the staff on duty; there was lots of friendly interactions between staff and people who used the service. People told us, "I think (the registered manager) is even better than Lady Diana," "The home is like a family" and "I can honestly say staff here have helped me to get through difficult times in my life and I thank them very dearly for that."

We saw staff interacting with people in a caring and professional way. The deputy manager and staff that we spoke with showed genuine concern for peoples' wellbeing. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people easily understood sometimes using the same language and phrases which gave people reassurance. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions and friendly banter.

Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke about their desire to deliver good quality support for people and were understanding of their needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We found people were involved in the running of the home and were supported to take up opportunities to make decisions and choices during the day. For example people chose what to eat, or where to sit in the lounge and what activities to take part in. We also saw people were comfortable to assert their views and preferences and were empowered and encouraged to be in control of their lives. We found the home spent time supporting people with their lives outside of the home for example using the local

and wider community facilities such as shops and restaurants. Staff also regularly supported people to meet and take part in activities and social functions with friends, acquaintances and family members.

We spoke with the registered manager who gave examples of how they respected people's choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. For example staff ensured people's personal care was conducted in private and helped people to maintain their personal appearance. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

The registered manager told us the people who lived at Jubilee House had capacity to make decisions in some areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person's best interests. We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions at the home. For example, meetings were held every month so people could decide and agree about decisions affecting their home such as bedroom locations, activities, meal choices and holidays.

The staff showed excellent skills in communicating both verbally and through body language. One person who used sign language to communicate was supported by staff who were skilled at interpreting their prompts and gestures. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly. For example seeing when people wanted to go to a different room, or have more food or drinks. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns. The staff were also skilled in encouraging people to take part in activities which they enjoyed a great deal.

People were seen to be given opportunities to make decisions and choices during the day, for example, whether to go out, take part in activities, what to have for their meal, or whether to spend time in the lounge or another part of

Is the service caring?

the home. Care plans also included information about personal choices such as whether someone preferred a

shower or bath. The staff said they knew people very well but made sure they read the care plans to find information about each individual or to update themselves and check their needs.

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. People themselves and where possible family members, advocates and social workers were involved in identifying their needs, choices and preferences and how they would be met. One person told us, “I fit in here”, another person said, “I’d much rather be at Jubilee House than anywhere else.”

A member of staff said, “We all work together and always in the best interests of the service users to ensure their choices are respected and met.”

A visiting community nurse told us, “This is a good home - people always appear to be happy and there are always things going on.”

People’s care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.

We looked at two care records of people who used the service to see how their needs were to be met by care staff. The care plans we looked at included people’s personal preferences, likes and dislikes. We found every area of need had very clear descriptions of the actions staff were to take to support them. We saw information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people’s needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

Some of the people who lived at this home found it difficult to say what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called ‘Person Centred Portfolio.’ This told staff, in detail, all about each person’s needs and preferences, using pictures and photographs.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may

have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples’ care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language and phrases, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. We saw examples of how staff had taken action to promote peoples’ independence and take calculated risks so they could have a more independent lifestyle.

The way care plans were written showed how people were to be supported and there were reviews to see if their needs had changed. These reviews included a meeting which had been attended by representatives (when required), care staff and peoples’ social workers. We saw each person had a key worker whose role it was to spend time with people to review their plans on a monthly basis. Key worker’s played an important role in peoples’ lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person’s current needs and wishes. There was evidence a great deal of thought, consideration and care had gone into peoples’ care plans.

The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain hobbies and interests. Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs and wishes. For example, some people preferred to take part in several shorter activities throughout the day whilst others preferred one activity. Sufficient staff had been provided to enable people to consistently access community facilities and also to support people to attend health care appointments.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. Staff were proactive and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people’s cultural backgrounds

Is the service responsive?

and their faith were valued and respected. The way that activities were planned and carried out at the home was effective and an asset of the home. People enjoyed taking part in these and there was evidence that staff had researched people's preferences. The registered manager showed us records of the activities and throughout the home there were photo mementoes of these taking place. People referred to these in their conversations and with smiles when we talked with them.

When people used or moved between different services this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure people were not unduly stressed by this experience.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made but none had been. The complaints policy was seen on file and the registered manager, when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People we spoke with said they would make a complaint to the manager if they were not happy with any aspect of the home or their care. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or registered provider.

Is the service well-led?

Our findings

People who lived at the home said it was well led. They said things like, “If I’m not happy I just see (the registered manager). She’s here all the time; she’s fair and takes no prisoners.” Another person told us “(The registered manager) keeps the staff on their toes.”

Staff told us that ‘everyone speaks their mind and has their opinion – it makes work much better.’ Staff told us they were well led because, “Our management team ensures that we have all the relevant training that is needed to provide a very good service to our residents.”

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by a company director and there were regular monitoring visits to the service. These showed that the provider’s senior managers had oversight of the quality of the service at Jubilee House.

Some people had moved into the home in recent months where it had been identified that this home could meet their specific needs. The registered manager company director and staff from the home had worked alongside social workers and healthcare staff to help ensure a smooth transition to the home. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including the community nursing service, GP’s, community psychiatric services, social workers and speech therapists in order to ensure people received a good service at the home.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

At the time of our inspection visit, the home had a manager who had been registered at the home for over ten years. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service

was delivered. For example, we saw people’s representatives were asked for their views by completing surveys. The outcome of the survey was presently being collated. The results from last year were consistently positive about all aspects of the service.

During the inspection we saw the registered manager was active in the running of the home. We saw she interacted and supported people who lived at Jubilee House. From our conversations with the registered manager it was clear she knew the needs of the people who used the service very well. We observed the interaction of the manager with staff and saw they worked together as a team. For example, we saw staff communicated well with each other and organised their time to meet people’s needs.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The company director and registered manager showed us how they carried out regular checks to make sure people’s needs were being effectively met. We saw there were detailed audits used to identify areas of good successful practice and areas where improvements could or needed to be made. The audits we looked at were detailed and covered all aspects of care. Audits also included checks on care plans, equipment to make sure it was safe, and administration of medication. We saw records which showed where action was taken following any issues identified through this process.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to meet people’s needs.

The registered manager showed us how information from all of the providers’ services was used to develop the ‘Positive Approach Development Plan.’ This included areas such as staff training, best practice / procedures development, quality assurance questionnaires and described progress made and targets that each area was expected to achieve. These are updated every two weeks and are researched through the provider’s visits to the home each month.

Is the service well-led?

All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people. We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service.

The registered manager and provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.