

PAKS Trust

PAKS Trust - 17, 18 & 42 Clarence Street

Inspection report

17 Clarence Street
Nuneaton
Warwickshire
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Tel: 02476742200

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20 April 2016

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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 ●

Summary of findings

Overall summary

The inspection took place on 20 April 2016 and was announced. We gave the provider 24 hours' notice so people would be available to speak with us at our visit.

Numbers 17, 18 and 42 Clarence Street provide accommodation, care and support for up to five people with learning disabilities, or autistic spectrum disorders. There were five people using the service when we visited. Accommodation was provided across three terraced houses in the same street. Each house had a minimum of two bedrooms, a shared lounge, dining room, kitchen, bathroom and small garden area.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us staff were caring. Staff had a good understanding of people's needs. People were treated as individuals whose preferences and choices were respected. Staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain personal relationships with people that were important to them.

Staff had received training to help them safeguard people who used the service. They were able to explain the correct procedure to follow if they had concerns. There were enough staff to meet people's needs safely and effectively. Staff recruitment checks ensured staff were suitable prior to them starting work at the service. Risk assessments around the provision of people's care and support had been carried out and action was taken to reduce any identified risks.

People, their relatives and staff spoke positively about the registered manager. They were able to talk with the manager if they had any concerns and felt their concerns would be dealt with. The manager ensured staff received on-going training and had regular meetings in which their performance and development was discussed.

The provider understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with DoLS and the MCA, and at the time of our visit was awaiting the outcome of those applications.

People told us they felt safe and liked living at the service. We saw there was a good choice of food available and people could get snacks and drinks when they wanted them. People were supported effectively with

their health needs and saw the appropriate healthcare professionals when necessary. There were systems to ensure that medicines were stored and administered safely.

People were supported in a range of activities, both inside and outside their home. People had been asked what was important to them and how they liked to spend their time. Activities enabled people to be part of their local community and to take regular holidays.

People were supported to be involved in decisions about their life and their support needs. People were supported to make decisions about their environment and choose how their room was decorated.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

People who lived at 17, 18 and 42 Clarence Street and their relatives were given the opportunity to share their views about how the service was run. Quality assurance procedures identified where the service needed to make improvements and where issues had been identified the manager and provider took action to continuously improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their medicine as prescribed from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks related to their care.

Is the service effective?

Good ●

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. People had a good choice of food and drinks and were provided with professional health care support when needed. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The rights of people who were unable to make important decisions about their health or wellbeing were protected. People were supported to see healthcare professionals to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People told us they were happy living at the service and people and their relatives felt staff were caring and respectful. Care and support was provided by staff who had a good knowledge of people's needs and how people wanted their care and support to be provided. Staff frequently made positive, affirming comments to people, giving them confidence and a sense of self-worth. People's privacy and dignity was respected and promoted. People were encouraged to maintain their independence and make everyday choices which were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to take part in a wide range of activities that met their individual needs and wishes. Care records were up to date and reflected people's personal needs and preferences. Care records provided staff with the information they needed to respond to people's care and support requirements. People and their relatives were encouraged to be involved in reviews of their care. People and their relatives were given opportunities to share their views about the service and knew how to raise concerns.

Is the service well-led?

The service was well-led.

People and relatives were happy with the service and felt able to speak with the manager if they needed to. Staff were supported to carry out their roles by the manager who they considered approachable and responsive. The manager and provider had effective systems to review the quality and safety of service provided.

Good 

PAKS Trust - 17, 18 & 42 Clarence Street

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 20 April 2016 and was announced. We gave the provider 24 hours' notice so people would be available to speak with us at our visit. This was because people who lived at the service went out to work and day centres and may not have been available to speak with us if our visit was unannounced.

During our inspection we spoke with four people, and two relatives of people who lived at the service. We spent time observing how people were supported, and how staff interacted with them so we could get a view of the care they received. We also spoke with the home supervisor, three support workers, the manager and provider.

Before our visit we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information when conducting our inspection and found the PIR to be an accurate reflection of the service provided.

We reviewed information we held about the service; for example, information from previous inspection reports and notifications the provider sent to inform us of events which affected the service. This is information the provider is required by law to tell us about. We looked at information received from local authority commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance checks.

Is the service safe?

Our findings

People told us they felt safe living at Clarence Street. One person said, "I feel safe and secure living here." Relatives told us their family members were safe. One relative said, "I know [Name] is safe because the staff make sure of that." Another relative said, "[Name] is aware of some dangers but not others. The staff know this and ensure [Name] is safe." We observed people did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. There was a homely and relaxed atmosphere in all three houses and the relationship between people and staff was warm and friendly.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who lived at the service. One recently recruited staff member told us, "I couldn't start until I had all my checks. They [Manager] got my DBS (Disclosure and Barring Service) and my references from my last job to make sure I was ok to work here." The DBS is a national agency that keeps records of criminal convictions. Records confirmed background checks were completed and references sought before people were able to start work. The manager told us, "No one can start work with us until we have completed all our checks." This minimised the risks of recruiting staff who were not of suitable character to support people who lived at the service.

There were enough staff available to support people at the times they preferred, and people received the support they needed. One person told us, "Staff are nice. They are there when I need them. We all get on together." A relative told us, "Staffing has never been a problem. One or more of them [Staff] are with [Person] 24 hours a day." Staff told us staffing levels were good and enabled them to spend time with people. One staff member said, "There are always enough staff on duty. The rota is done in advance so if anyone [Staff] is going to be off we [Staff] agree, in advance, whose going to cover." The home supervisor explained continuity of staff was important for people who lived at the service. They said, "Any staff changes are unsettling for residents. So we work as a team and cover for each other." During the day either one or two staff worked in each of the three homes depending on people's needs, and one staff member slept at each home overnight. This meant people received care and support from staff who understood their preferences and needs.

People were supported by staff who knew how to keep them safe at home and in the community. Staff told us they had received safeguarding training. When we talked with staff, they explained how people might experience abuse and what they as staff would be alerted to; For example, changes in behaviour or unexplained bruising. Staff told us they would report their concerns to the manager, and that there were policies and procedures in place to help them do so. One staff member said, "I have absolutely no doubt that [Manager] would act immediately, but if they didn't I would use our whistleblowing procedure. I'm here for the residents not the company."

The manager understood their responsibility to notify us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. We had not received any notifications. We did not see any information during our inspection which we should have been notified about. The manager told us they would follow the local authority procedures to ensure people were

safe whilst safeguarding concerns were investigated.

The manager had identified potential risks related to each person who lived at the service, and risk assessments had been written to instruct staff how to manage and reduce the risks to each person. Risk assessments were regularly reviewed and updated if people's needs changed. For example, one person had a risk assessment in relation to being out in the community because the person did not have an awareness of the dangers associated with crossing roads. The risk assessment instructed staff to reduce this risk by linking arms with the person. We observed a staff member following this instruction during our visit. Another staff member told us, "If they [People] want to go somewhere we haven't been before one of us [Staff] visits to look around and carry out a risk assessment. This way we are sure people will be safe before we visit. We did it when we first started going bowling. We know when it's busy and only go at quiet time because [Name] does not like crowds and can get upset." Risk assessments were regularly reviewed and updated if people's needs changed.

The provider had systems to minimise environmental risks, such as regular safety checks of the premises and equipment. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Staff knew the arrangements in the event of a fire, and were able to tell us the emergency procedures. People had personal emergency evacuation plans to instruct staff or emergency services how they needed to be supported in the event of a fire or other emergency situation. Accident and incidents were reported and the action taken was recorded. The home supervisor was responsible for reviewing accidents and incidents and the manager made regular checks to identify any patterns or trends. This meant action was taken, when needed, to respond to patterns of risk to reduce the risk of a reoccurrence.

The premises were well maintained. The provider had a contract with a maintenance service should any repairs be needed. For example, the toilet had broken at number 17 Clarence Street. Records showed staff had immediately reported the issue to the manager who had arranged for the maintenance service to complete the repair. The provider had also arranged for uneven garden slabs at number 18 Clarence Street to be replaced. This showed people were protected from potential risks arising from their environment.

We looked at how people's medicines were managed. We found medicines were stored securely and disposed of safely when they were no longer required. We looked at three people's medication administration charts (MAR) which showed medicines had been administered and signed for at the specified time. Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them. Medicines audits were completed by a registered manager from one of the provider's other homes. The home supervisor told us audits were also completed by a pharmacist to ensure the home was managing medicines safely. The latest medicines audits had not identified any errors.

People received their medicine from staff who had completed medicines training. Staff told us their competencies in administering medicines were regularly assessed by a member of the management team to ensure they had the skills they needed to administer medicines to people safely. One staff member said, "Once I had done my training I had to be observed four times before I could do medication on my own."

Some people were prescribed "as required" medicine. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Medicine plans for each medicine prescribed 'as required' informed staff when and why the medicine should be given. This ensured people did not receive too much, or too little medicine when it was prescribed on an "as required" basis.

Is the service effective?

Our findings

People told us they were happy with the care provided by staff and that staff had the knowledge they needed to support people effectively. One person said, "I can do things myself, but they [Staff] know how to help me if I can't." Relatives told us staff had the skills and knowledge to meet their family member's needs. One relative told us, "All the staff know [Name] very, very well. They know exactly what [Name] needs." Another relative said, "The staff are well trained." They went on to say their family member was very settled at the service because of the way staff provided care and support. The relative told us, "I wouldn't want them to live anywhere else."

Staff completed an induction and received on-going training the provider considered essential to meet the needs of people who lived at the service. The induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. To receive the Care Certificate staff have to demonstrate they have the skills, knowledge, values and behaviours expected from staff within a care environment. This is to ensure they provide high quality care and support. Staff also spent time working alongside experienced staff in addition to having to complete a probationary period. One recently appointed staff member said, "My induction was brilliant. I spent six weeks shadowing (working alongside an experienced staff member). I learnt about the residents. How to do things and how not to do things. It gave me the information I needed to be confident when I was on shift on my own."

The manager maintained a training record which made sure staff received training at regular intervals which helped keep their skills and knowledge updated. Staff told us they enjoyed the training provided because it helped them to learn new things. A staff member told us, "Now, I would like to do my NVQ 3. [Manager] is very enthusiastic about me doing it." The manager told us, "Most of our staff have done NVQ 3. The provider supports this. New staff will be signed up once they have the necessary experience." NVQs (National Vocational Qualifications) are work-related, competency-based qualifications that reflect the skills and knowledge needed to do a specific job.

Training was also tailored to enable staff to meet the individual needs of people they supported. For example, one member of staff had recently received training to increase their knowledge and skills of a person's medical condition. This staff member was responsible for training other members of the team to ensure they too had the skills and knowledge to provide effective care to that person. The manager told us, "I view training as very important. It gives staff the tools they need to do their job. I encourage any training that helps improve the experience of the residents."

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 are called the Deprivation of Liberty Safeguards (DoLS).

People told us they were able to make some decisions, One person said, "I choose what to do and I just tell the staff where I'm going. I have a mobile phone so if I need help I can ring them [Staff]." Another person said, "I go to the day centre. I love it. At the weekend I go out to the town or to the pub." During our visit we saw other people were supported by staff to make decisions about their daily lives. For example, how and where they spent their time and where they preferred their meals to be served.

Staff knew what decisions each person could make for themselves so they remained as independent as possible. A relative told us, "Even though [Person] can't communicate that well, staff always ask what [Person] would like to do or where they would like to go. They [Staff] make sure it's [Person's] decision because they understand the reactions to the questions." We saw an easy read booklet called 'Deprivation of Liberty Safeguards and you' was available to people in each of the homes. Staff told us they showed people the pictures in the booklet to help them understand their rights to make decisions.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found where people lacked capacity to make decisions, the provider recorded information about the support people required. Where people were unable to consent to certain decisions, decisions were taken in people's 'best interests' with support of those closest to them.

The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had made DoLS applications to the local authority for people who lived at the service who were restricted from going out without a staff member. The manager was awaiting the outcome of the applications.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care and support. Throughout our visit we observed staff asked people for their consent. For example, we heard one staff member say, "[Person] are you ready for me to help you do your hair?" Another staff member was observed using hand gestures when seeking consent, to assist a person to the bathroom. The person responded by getting out of their chair and reaching out for the staff member's hand. One staff member told us, "We always check with people if they are ready for us to help them. Routine is very important for some resident's so we know what they want us to do, but we always double check to make sure. Our approach is to treat everyone as you would want to be treated yourself."

People had access to food and drink throughout the day and were able to choose what and when they wanted to eat. One person told us, "We do a shopping list. I say what I want to eat and the staff fetch it." During our visit another person went to the local supermarket with a staff member. We asked the person if they had enjoyed the outing. The person smiled. The staff member told us, [Person] went round and put the things they fancied in the trolley. It's [Person's] way of letting us know what they want for tea."

Staff had a good understanding of people's nutritional needs. For example, one staff member told us how a person had been referred to the dietician because they were putting on weight. The person had chosen to enrol in a healthy eating programme and was now enjoying an improved healthy lifestyle. Records showed the person was no longer breathless and could walk for longer distances which they enjoyed. We observed staff supported and encouraged people to eat and drink by giving gentle reminders and prompts. This meant people were supported to meet their nutritional needs to maintain their wellbeing.

People told us staff always supported people to attend health care appointments. One person said, "[Staff member] comes with me to the doctors. We go in together." A relative told us, "They [Staff] make sure [Name] goes to any appointments and they will ring the doctor without hesitation." The home supervisor

told us, "A member of staff always goes with residents to appointments. If we need extra staff to cover we just ask someone to come in or the manager will go with them [People]." This was confirmed by staff.

Records showed people saw a range of health care professionals. For example, people saw their chiropodist, dentist, doctor and optician when a need had been identified. We found where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs.

Is the service caring?

Our findings

People told us staff were caring. One person said, "I've moved out and came back because I missed the staff." Another person said, "I love them [Staff]." Relatives spoke positively about how staff supported their family members. One relative told us, "[Person] always tells me they are happy. I can only describe the staff are excellent. They treat [Person] as family." Another relative said, "Yes, I would describe staff as caring. They are very welcoming." They went on to explain their family member had lived at the service for many years and was well-looked after, happy and contented.

We observed the interactions between staff members and the people for whom they provided care and support. Throughout our visit we saw friendly interactions between people and staff. People were content and relaxed. There was banter and laughter. Staff frequently made positive comments to people, giving them confidence and a sense of self-worth. Comments included, "You look absolutely lovely today." And, "Thank you for helping me. I don't think I would have managed on my own." We saw staff knew people well and had a good rapport with people. We saw this encouraged positive interactions and communication. For example, one staff member spent time with a person supporting them to choose which jewellery to wear. We heard the staff member say, "What sort of mood do you feel in today? Is it a big earring day or a small earring day?" The person giggled. The staff member spent time chatting until the person had made their selection. The staff member said, "That's a perfect choice it matches your clothes." This showed people were relaxed and comfortable with staff.

We asked staff if they thought the service provided was caring. All staff replied they thought it was. One staff member told us, "Each and every one of us is caring. Every day our goal is to make life for the resident's the best that it can be. That's not just the staff but the manager and the provider." Another staff member said, "At times this can be a tough job, but we do it because we care about each and every resident. We are like a big family." The manager told us, "I am proud to work with such a committed and caring staff team. We are all person centred. Everything we do is for the residents."

People told us their privacy was respected. One person said, "They [Staff] always knock on my bedroom and wait for me to answer before they come in. We observed staff knocked on people's bedroom doors before announcing themselves. We saw a privacy screen on a window in one person's bedroom. Staff explained this was because the person, at times, got undressed and stood looking out of the window. The staff member said, "We were worried [Person] could be seen by the houses at the back. With the screen [Person] can look out of the window but no one can see in." Another staff member told us, "Privacy is very important. Some residents don't understand so it's my job to make sure they are protected."

People were supported to maintain their independence. One person told us how staff had helped them to get a volunteering job which they enjoyed. Another person told us they enjoyed doing housework with staff. The person said, "Sometimes I vacuum and I make my bed. I like doing it." A relative told us how staff supported their family member to be as independent as possible which had had a positive effect. The relative said, "[Person's] behaviour and attitude has changed for the better since being there [Clarence Street]. It's because [Person] is involved and decides what they want to do." During our visit we saw people

being supported by staff to do their laundry, help prepare meals, clearing crockery and arranging food in the pantry. This meant people were supported to maximise their independence.

People had communication plans which detailed their preferred methods of communication. Communication plans included pictures and information that people could refer to where they had limited verbal communication skills. People could show these to staff to help staff understand how they wanted to be supported. For example, one person's care plan read, "[Person] cannot understand long complex sentences which may seem like everyday sentences to staff. Staff must use short simple sentences and emphasise key words. Staff are to support this by using gestures and visual clues such as pictures and objects." We observed staff following this guidance by pointing to objects whilst supporting the person. The person responded positively to these prompts. This helped people to maintain their involvement in making their own decisions.

Staff supported people to maintain relationships with people who were important to them. One person told us, "They [Staff] take me to meet my [Family member] every week and they come here to see me." We saw another person made regular visits to their family home with the assistance of staff. A relative told us, "The staff are very good. I am always made welcome when I visit. I ring before I'm going, not because I have to make an appointment but just to check [Person] is at home." The manager told us, "I make regular phone calls to relatives just to give them updates and to keep in touch. If something happens or I need to tell them [Relatives] about a change I ring straight away."

People told us they chose how to decorate their bedrooms. A number of people showed us their bedrooms which had been decorated to reflect their personalities and preferences. People told us they had chosen wall colours, carpet, pictures and which personal items to display. People told us they were pleased with how their bedrooms looked. One person said, "We help choose the colours for all the decorating in the house not just our rooms. Sometimes we go with the staff to get the paint."

Is the service responsive?

Our findings

People told us they were supported to take part in a range of activities inside and outside the service which reflected their personal interests and hobbies. One person told us, "I go to work, I go to look round the market and I go to the youth club." Another person said, "I go walking in the park. I love going shopping on Saturday and doing the washing up." We saw another person regularly went horse riding. Staff told us this helped the person feel relaxed because they loved being around animals. A relative told us, "They [Staff] are wonderful. [Name] is always doing something, or happily going somewhere. They bring [Name] to meet me and we go out together which is important."

People were supported to go on holidays. One person told us how much they were looking forward to a caravanning holiday in Blackpool. Other people were planning to go to Exmouth with staff. A staff member told us, "They [People] love going to Exmouth. Everyone has a great time." We saw photographs displayed around the home and in people's bedrooms of individual and group holidays. It was clear that holidays were important to the people who lived at the homes and staff ensured they were supported to enjoy holidays of their choice.

Staff told us all activities were arranged according to people's personal interests and preferences. For example, we saw one person enjoyed spending time holding and stroking a padded 'animal friend' specifically designed to promote well-being for people with learning disabilities. Another person enjoyed going for walks around the local area. We observed people enjoyed these activities during our visit. One staff member told us, "Our job is to help people do whatever they want. Anything that makes them [People] happy." Another staff member said, "They [People] chose what they do. No two days are the same. Sometimes we stay at home, or we go out. It just depends how they [People] are feeling." This showed staff supported people to maintain their interests and hobbies.

People and their relatives told us they were very happy with the care and support provided at the service. One person said, "I love my home and all the staff are my family." Another person told us how they felt reassured knowing staff were there when they needed them. Comments made by relatives included, "One word. Excellent.", And, "Very happy with the way [Name] is looked after. [Name] has been there a long time and the staff know [Name] very well." The relative explained they felt the positive changes in their family member's health and wellbeing was due to the way staff cared and supported the person.

We saw one person enter the kitchen and said, "Can I have another drink please". The staff member responded, "Of course. Are we making it together or do you want me to make it? Coffee, tea, juice? Shall I bring it through as you're getting ready for work?" Another staff member noted a person was going out shopping. The staff member was heard saying, "[Name] shall we go and get the sun cream. It looks like it's going to be a hot one today." When the person returned from their shopping trip we saw the staff member support the person to apply 'after sun' lotion. The person's records showed they had sensitive skin and were prone to sunburn. This demonstrated staff responded to people's individual needs in a timely way.

People told us the care and support they received was centred around their needs and they felt involved in

making decisions about their care. One person said, "I go to bed, get up, and go out when I want." Another person told us, "That [File] tells you about me. Look my pictures on the front." We saw one person was having difficulty putting their shoes on. A staff member knelt by the person and said, "Would you like some help? Perhaps we can do this together?" The staff member encouraged and supported the person with verbal prompts. The person completed the task independently and seemed pleased they had done so.

Each person had a care and support plan which was securely stored so people could be confident their personal information was kept private. Care plans contained information that enabled staff to meet people's needs. For example, plans showed how people wanted to be cared for, their preferred routines, if people were at risk and how they wanted staff to support them and maintain their independence. Records showed people's wishes had been taken into account. Care plans were reviewed regularly and updated if a change occurred. One staff member said, "I have read all the care plans. The manager stressed how important this was when I started here." Another staff member told us, "As part of the team we are all responsible for recording any changes in care plans."

People and their families were involved in reviews of the care provided. One person said, "I sit with [Staff] and say if I'm alright. If I need anything [Name] helps me and tells the others [Staff]." One relative told us, "Yes, I get invited to meetings so we can discuss everything." Another relative told us, "We have input. We are asked our views and we feel listened to."

All the people who lived at the service had lived there for many years. They were supported by a small experienced and stable staff team. Staff had a very detailed understanding of each person's support needs and personal preferences which matched the information in their care records. For example, one staff member explained, "When [Name] puts their face next to yours it means they are happy, but when [Name] bangs the sofa it means they are agitated." This information meant staff had the necessary knowledge to ensure the people's preferences and needs were at the centre of the care and support they received.

People received care from staff who they were familiar with. People were allocated 'keyworkers' and these staff members were responsible for overseeing people's care. This provided people with a consistent named worker. The home supervisor told us, "Keyworkers have additional responsibilities. They go to all meetings, keep families updated, review care plans, ensure people have everything they need and make sure all the staff know about any changes." One staff member told us, "I'm not a keyworker yet. You have to work here a while and really know people before you can be a keyworker. I think it's good because residents don't like change."

Staff told us they were informed of any changes in people's needs at a handover meeting at the beginning of their work shift. Staff said they also recorded information in a communication book. One staff member told us, "It's all about communication, communication. The manager is always stressing this. If we don't get communication right then we could miss something." Another staff member told us, "We talk everything when we come on duty. The reason we write it down is so if you can't remember something you can always go back and check." This ensured staff had the information they needed to support people and respond to any changes in people's physical and emotional needs.

We asked people what they would do if they were unhappy or had any concerns. One person said, "I would talk to the [Manager] or [Staff]." Another person said, "I'd tell them [Staff]." We saw a copy of the provider's complaints procedure was available to people in each of the houses. Relatives told us they had no reason to make a complaint because they were very satisfied with the service provided. However, relatives were aware of the provider's complaints procedure and told us they would not hesitate to raise any concerns. One relative said, "I can ring anytime. I know everyone and they know me. If I had any worries I would speak

to [Provider]. They would be very disappointed if I didn't." Another relative told us, "I have no concerns. In the many years [Name] has lived there I've never needed to complain. If I had any issues I would speak to the staff first and then [Manager]."

Staff told us they would support people to share any concerns they had. One staff member told us, "I would always try to solve things. If I couldn't I would encourage the person to speak to the manager or I would ask if I could do it for them." The manager told us there was always a member of the management team available to talk to anyone who had a concern. The manager said, "We have an open door policy and we deal with things straight away." The service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People and their relatives told us the quality of the service provided by Clarence Street was good and the service was well managed. Comments included, "Couldn't ask for anything more.", And "[Manager] is my friend.", And, "Oh yes, you can't fault how [Name] manages things."

There was a clear management structure at Clarence Street to support staff. The manager was part of a management team which included a home supervisor. The manager was also the providers deputy general manager, so was not present at Clarence Street on a daily basis. However, the home supervisor told us the manager was always available if there were any concerns or issues they needed to discuss. The home supervisor said, "I have a very good relationship with [Manager] we have worked together for many years. I feel able to talk about anything." We saw details displayed in all the homes which gave staff the information needed to contact a member of the management team outside of core office hours, or in an emergency. One staff member said, "I was told when I started. Don't ever hesitate to call the manager in the night if you're worried or need help." This showed leadership advice was available 24 hours a day to manage and address any concerns raised.

Staff told us they enjoyed working at Clarence Street and felt supported by the manager. Staff said the manager was always available to provide guidance and advice. One staff member told said, "This is the best job I have ever had and the first job I can say I really enjoy. They [People] are lovely and the staff are great." Another staff member said, "[Manager] is amazing. [Manager] is always checking that they [People] and staff are ok. [Manager] knows the resident's better than I do. If you need to talk they are there in a shot." We observed this taking place and saw people were relaxed during these interactions. For example, we saw the manager chatting with people in their bedrooms and communal areas in a friendly and familiar manner. This showed us the manager was known to people living at the home.

Staff told us they had regular individual and team meetings with the manager. One staff member said, "I've only been here five months and already I've met with [Manager] and been to team meetings. It's great." Another staff member told us they found the team meetings valuable because of the different things that were discussed. The staff member said, "We talk about everything. We can share our ideas or ask about things we are not sure about. The manager tells us everyone's views are important." The manager told us, "When a meeting has finished I telephone any staff who couldn't make it and I share the content of the meeting. This ensures everyone is kept informed." Minutes of the last staff meeting held in March 2016 showed a range of topics had been discussed including, people's satisfaction with the service and DoLS.

The manager told us they felt supported by the provider. The manager said, "I see [Provider] every day at the office. We have a very good relationship which is open and honest. We are always talking about things, sharing ideas, making decisions and problem solving. [Provider] is extremely supportive." The manager explained they were also supported in their role by other registered managers who worked for the provider. They told us, "We have regular managers meetings and talk on a daily basis regarding all areas of our job. It's good to talk. We are always thinking about ways to make the service better for the residents. We can learn from each other."

There were systems so people who lived at the service, their relatives, and staff could share their views about how the service was managed. People took part in regular 'house meetings' where they were able to discuss what activities they would like to take part in, what food they would like and to share ideas about improvements that could be made. For example we saw the manager had responded to people's requests to have their bedrooms redecorated.

The provider conducted a yearly quality assurance questionnaire that was sent out to relatives. Feedback from the questionnaires was collated and reviewed by the manager to identify any areas of concern. The manager told us, "The surveys go out yearly." We saw the most recent survey gave the service very positive feedback. Comments made included, "Thank you all.", And "I am extremely happy with [Name] care.", And "[Name] told me they enjoy living at Clarence Street."

We saw the manager and provider completed internal checks within the homes to ensure the safety and quality of service was maintained and areas for improvement identified. For example, these included regular checks of health and safety and medicines management. We saw action plans where a need for improvement had been identified. Action plans were reviewed and updated to show when actions had been completed and those which still needed to be addressed. For example, a new kitchen and a replacement washing machine was needed. The provider had approved both requests and work had been completed. The provider told us, "If residents want something then we get it, or do it. We [Management] discuss it, agreed it and arrange it." These checks ensured the service continuously improved.

We asked the manager about their responsibilities for submitting notifications to us. This was because we had only received one notification since the last inspection. A notification informs us of events that affect the service which the provider is required by law to tell us about. The manager demonstrated they understood their legal responsibility for submitting statutory notifications. We did not see any information during our inspection which we should have been notified about.

During our inspection we asked the manager what they were most proud of in relation to the service people received, they responded, "I am proud that since living here the way residents have been supported means they don't need support from The Loft [Community learning disabilities service] anymore. I am proud that the staff teams have established relationships with residents that work well. We see the person first. Each person is individual. I am proud of the fact that when people go out to visit their families they want to come back home. And without doubt, I am very proud of the staff team." The provider told us, "Staff are a credit to this company. I care about them, and we all care about the residents."

The manager told us everyone at Clarence Street was committed to continually improving the service provided. The manager had a clear understanding of the short term focus areas for improvement. They told us their priorities were further developing risk assessments, making links with best practice organisations and strengthening the management team's understating of MCA and DoLS. The manager said, "Anything we can do to make residents lives any better we will do. We always, and will continue to always put the residents first. We are a very person focused service."