Autism Sussex Limited

St Saviours Road

Inspection report

56 St Saviours Road
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East Sussex
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14 January 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

St Saviours Road provides accommodation for up to four younger adults who have autistic spectrum disorders. There were three people living at the home at the time of our inspection. They had a range of complex care needs associated with living with autism and mental health needs. People had complex communication needs and required staff who knew them well to meet their needs. St Saviours Road is run by Autism Sussex Limited who run a number of care homes and outreach services in the county.

The registered manager retired from their role in December 2015. A new manager was appointed in advance of this and worked alongside the manager for a period of time before they left. The new manager has applied for registration with CQC. As they are currently registered in relation to another care home, they divide their working week between both locations. 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.

We told the manager the evening before the inspection that we would be coming. We did this to ensure that there would be someone to facilitate the inspection as staff are often out of the home supporting people with daily activities. This comprehensive inspection took place on 13 and 14 January 2016.

Although we were told that staff had been assessed as competent to manage the medicines in use there was no documentation to confirm this. Liquid medicines and creams in use were only used as and when needed, however, there were no systems in place to record when they had been opened and staff could not tell us. If they had been open a long time this could have made them less effective.

Fire drills had been carried out, but records did not show the names of staff in attendance and the outcome had not been evaluated. The provider was therefore unable to demonstrate that they had monitored that staff knew what to do in the event of a fire.

Although people had detailed support plans, associated risk assessments were less detailed and did not clearly describe the level of risk and were not reviewed appropriately.

The home had a range of policies and procedures in place to give guidance to staff on the actions they should take in certain circumstances. However, there was no effective system in place to ensure that the policies and procedures were up to date and to confirm that staff had read them.

The manager and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had access to healthcare professionals when they needed it. This included GP's, dentists, opticians and psychiatrists. A health professional told us that staff were friendly and they had no concerns with the

home. Another professional told us that care plans were up to date, staff were caring and had a good relationship with their client.

Staff knew people's individual needs and were able to describe to us how to provide care to people that matched their assessed needs. We could also see for ourselves that care was given in line with the guidance in people's support plans. People were supported to attend a range of activities based on their individual needs and wishes. Relatives told us they could visit when they wanted and that there were good communication links with the home.

There were enough staff who had been appropriately recruited, to meet the needs of people. People were asked for their permission before staff assisted them with care or support, from staff that had the skills and knowledge skills necessary to provide people with safe and effective care. Staff received regular support from management which made them feel supported and valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine procedures were not safe as there was no system in place to record opening dates on oral medicines and creams.

Individual risks to people were not detailed or fully reviewed to ensure people remained safe at all times.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received suitable training to support people effectively.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was promoted.

Systems were in place to ensure that records were stored safely and documentation was kept confidential to each person.

Is the service responsive?

Good

The service was responsive.

There was a comprehensive admission procedure in place with a transition plan that was based on the person's needs and wishes.

Support plans contained guidance to ensure staff knew how to support people.

People were supported to maintain contact with their family and friends and
take part in activities of their choice.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Policies and procedures were not always up to date and where updated not all staff had read them.

There was a positive and open culture at the home. Staff told us the manager was supportive and approachable. They were readily available and responded to what staff and people told them.

St Saviours Road

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.

We told the manager the evening before our visit that we would be coming. We did this because they were sometimes out of the home supporting people who use the service. We needed to be sure that they would be in. The inspection took place on 13 and 14 January 2016.

When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by an inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services.

Before our inspection the provider had completed 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 reviewed the information we held about the home, including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff files including staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at three support plans and risk assessments along with other relevant documentation to support our findings.

During the inspection, we spoke with four staff members including the manager and senior support worker. Following the inspection we contacted and obtained feedback from two of the three relatives. In addition, we requested feedback from healthcare professionals who had contact with people living at Saviours Road. We received feedback from a speciality doctor and a chiropodist.

We met with people who lived at St Saviour's Road. We observed the support which was delivered in communal areas to get a view of care and support provided across all areas. People chose to communicate verbally with staff and others who knew them well. We spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people living at St Saviours.

Requires Improvement

Is the service safe?

Our findings

Although people could not tell us if they felt safe we observed when they were feeling anxious they approached staff for reassurance and support and this was provided. When one person asked the same question of all staff in turn, the responses received were consistent. This meant that the person felt safe knowing that all staff were in agreement about what should happen.

Some people had autistic traits that meant they liked to follow particular routines and as long as the routines were followed they felt secure. We observed two staff working separately with two people. In both instances staff continually provided clarification about what they were doing and what would be happening next. Staff were also mindful of getting 'stuck' with routines and ensured that opportunities for new experiences were planned. For example, one person had recently started swimming. Staff told us that people were open to change as long as they knew what would be happening at each stage.

Risks to people were identified and plans put in place to manage the risks whilst protecting people's freedom and maintaining their independence. Support plans contained specific guidance about how staff should support people to keep them safe. These included information about how people may react in specific situations, for example using a supermarket. However, risk assessment documentation was often less detailed and the level of risk was not always stated. For example, an incident occurred in 2012. Basic advice was provided to guide staff in terms of reducing the risk of a similar incident occurring. However, we asked if similar incidents had occurred and were told that yes, but this had not been reflected in the risk assessment documentation. There was also no advice to guide the reader as to the frequency/likelihood of such incidents reoccurring or to guide them to read the specific support plan. It was therefore difficult to see if risk assessments had been reviewed appropriately to keep people safe. This is an area that requires improvement.

During the inspection medicines were stored, administered and recorded safely. There were safe systems in place for disposal of medicines and all medicines taken from and returned to the home as part of people's social leave were clearly recorded. Medicines were given at times people required them. Regular count checks were carried out to ensure that the correct numbers of medicines were in place. There was a list of homely remedies in use and this had been agreed with people's GPs. (Homely remedies are medicines that do not require a prescription.) One bottle and some creams were not dated when they were opened and as they were only used when needed, it was not possible to determine how long they had been open. This could affect the quality of the homely remedies. This is an area that requires improvement.

All staff received training on the administration of medicines. In addition, we were told that medicine competency assessments were completed annually to ensure that staff followed correct procedures when giving medicines to people. There were no records to show that staff had completed an assessment in 2015. One staff member told us that they definitely completed an assessment in 2015. Records for other staff indicated that assessments had been carried out in either 2012, 2013 or 2014 but staff were confident that they too had been reassessed more recently. We observed a staff member taking medicines to a person and they followed a safe practice. Whilst there was a lack of documentation in place this did not have any impact

on the support provided to people.

Regular health and safety checks were in place and they included infection control and cleaning checks, gas and electrical servicing and portable appliance testing. All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. There were regular fire safety checks in place including fire drills and staff were clear about what they should do in the event of a fire.

Staff understood different types of abuse and told us what actions they would take if they believed people were at risk. They told us that when an incident occurred they reported it to the manager who was responsible for referring the matter to the local safeguarding authority. When an incident or accident occurred staff completed a form which described the incident and how it had been resolved. There were two formats in place, one prompted the writer to consider if the matter should be reported to the local safeguarding team. We found three incidents where matters should have been reported to this team. Staff told us that this had been done. However, records could only be found demonstrating that one of the matters had been reported. The manager told us that reporting of incidents had been identified as an area that required improving. They showed us a new format that had been devised for the reporting of these matters and they confirmed that this would be taken to the next manager's meeting for approval. The format included prompts to refer to the safeguarding team and to consider if the person's risk assessment documentation should be updated as a result of the incident. We therefore assessed that as the matter had been already been identified and was being addressed by the manager the risk of matters not being reported had been significantly reduced.

Staff and relatives told us and we agreed, that there were sufficient staff numbers to meet people's needs. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. One person required 15 hours one to one support throughout the day and the others also had a set number of one to one hours each week. There were enough staff on duty to ensure this level of support was maintained.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and evidence that a Disclosure and Barring System (police) check had been carried out, in addition to other required documentation.

Good

Is the service effective?

Our findings

Staff knew people well, they had the knowledge and skills to look after them. People approached staff when they needed support or assistance and staff responded to them appropriately. A visiting professional told us that the care plans they had seen were up to date and had been designed to meet the needs of the person appropriately.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had received training and had an understanding of its principles and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Staff had a clear understanding of people's capacity and this had been recorded in their support plans. It was clear in one person's support plan that they required time to process all requests and to ensure that adequate time was given to them to make decisions. We saw that when staff spoke to this person they waited for them to respond even if this took a long time.

Staff asked people's consent before providing support. They had assessed people's abilities to make decisions on a range of matters and were clear that should complex decisions need to be made, a 'best interest' meeting would be held. This was evident in relation to people's capacity to consent to dental treatment. Staff were concerned that one person might not fully understand consent to this treatment. Records showed that this was discussed fully with the dentist, a best interest meeting was held, and treatment was only provided when the dentist was satisfied that the person knew what they were consenting to. Another person refused to have particular health tests carried out and this matter had been fully discussed with the person's GP, their relatives and social worker. This meant that care was provided in line with people's assessed needs and wishes.

The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. There was a DoLS authorisation in place for one person and their support plan clearly stated why this was in place. It was noted that as part of the DoLS process the home had been asked to obtain quotes to receive input from a speech and language therapist for one person. The manager confirmed that this has been done and they were awaiting advice from the social work team as to when this could begin. As the manager was still relatively new in post they said that they had yet to formally assess if there were any restrictions in place for the other residents. However, staff told us that doors were not locked and there were no restrictions on anyone. During our inspection we did not see any restrictions in place.

Staff received ongoing training and support. There was a training programme and the system in place showed that staff had been booked to attend regular updates. Staff told us they received training which included safeguarding, infection control and food hygiene. In addition, they received training specific to understanding autism and how to support people and meet their individual needs. All staff completed Team

TEACH 2 training which is training that teaches staff how to use preventative strategies to stop behaviours that challenge, escalating. Staff were able to tell us people's known triggers and the actions they took when these were shown. For example, one person became anxious/excited at a particular time every year. Staff knew that this was the case and planned care and support to minimise the risk of incidents occurring. Records of incidents showed that when incidents occurred staff responded consistently and de-escalated situations that could have become more serious.

All staff had been booked to complete online training in communication. One person had mental health needs and required specialist support in all aspects of their care. Whilst staff were seen to provide this care, and had strategies in place to support them, they had not received any formal training in this area. Staff told us that they would like to receive formal training in this area. The lack of training was not seen to have a detrimental effect on the person but the manager confirmed that he had been looking for an appropriate course.

There was a structured induction programme in place when staff started work at the home. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. On completion, staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision which was booked in advance; they told us they were able to have extra supervision if they required further support. Staff said, supervision was useful and they were able to ask for support whenever they needed it.

There was a set four-week rolling menu from Mondays to Thursdays. We were told that the menus were being reviewed to ensure that there were seasonal alternatives. Each Thursday people decided the meals for the next three days. We were told that the home did not do bulk shopping so that they could be more spontaneous with meal choices. Staff supported people to take it in turn at least once a week to choose, buy, prepare and cook the main meal for everybody. Staff used photographs of meals to assist one person in making choices. People's participation varied depending on ability. For example, this could include observing meal preparation or active participation in peeling vegetables or stirring food. People were involved in choosing and where appropriate, making their own drinks. It was noted that menu planning had been discussed at the staff meeting and staff had been encouraged to enable people to have increased opportunities to participate in decision making, shopping and food preparation. One person had particular cultural food preferences and there were ample opportunities throughout the week for their preferences to be met.

Everybody had a health action plan in place. These identified the health professionals involved in their care for example the GP and dentist. They contained important information about the person should there be a need to go to hospital.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. Some of the staff had worked in the home a long time and they were able to tell us about people's needs, choices, personal histories and interests. We observed staff talking and communicating with people in a caring and professional manner and in a way people could understand. A visiting professional told us that they found the home was caring and that staff were supportive to the person and their relatives. They said that there was a good working relationship between them.

Staff spoke with people in a kind and respectful way. They demonstrated warmth and it was clear that all staff spoken with were genuinely fond of the people they supported. Staff told us meeting people's individual needs was the most important thing they did each day. They told us they put people first to improve their lives and enable them to have more choices. We observed people enjoying themselves in the company of staff.

People had timetables for each day, however they were supported and encouraged to make choices within the timetables. For example, when they got up or when they went out.

People's privacy and dignity was respected. Staff knocked on people's doors and waited for a response before they entered the room. Staff told us they maintained people's dignity by promoting their independence and involving them in decisions. People chose where they spent their time and if they wanted to be on their own or with others. For example, one person had a small sitting room on the first floor that they used as a music room. They liked to spend time on their own there and this was respected. Another person had a comfy chair in the conservatory and they enjoyed spending time there when they got back from their day centre.

People's bedrooms were individually decorated and furnished with people's own memorabilia, pictures and collections. We saw records of how staff had supported people to choose how they would like their bedrooms decorated. For example, colour charts had been used to assist people in choosing the colour of their bedroom.

People had an allocated key worker. A key worker is a person who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Monthly Key workers meetings were being introduced to plan activities with people and to give them opportunities to discuss any individual issues.

A relative told us, "Staff are very nice and my son is now going out more." Another relative told us that staff, "Are excellent, very caring. The house is nicely decorated and my son has everything he needs. Staff support him to send cards to us at appropriate times and we appreciate this. They keep in touch if there are problems and we are invited to reviews. Everything is fine."

Within one person's support plan there was information about the person's religion. Staff had spoken with

the person and their relatives and support was provided in line with their wishes. We spoke with the relatives of this person and they confirmed that they were happy with the support provided by the home in relation to this area.

The home were looking at ways of ensuring that confidentiality was respected at all times. As the office is located in the centre of the home it was agreed that whenever there were visitors in the home the office door would be kept closed. This happened during our inspection. The home was also being proactive and were looking at colour coding information stored in relation to people to assist in maintaining records confidentially.

There were a number of gaps in one of the fence panels in the garden, which meant there was a lack of privacy. Whilst not the responsibility of the provider, the manager said that they would address the matter.

Good

Is the service responsive?

Our findings

One person moved to the home within the past year. A detailed assessment was undertaken and several visits were carried out to determine, as far as was possible, that the person was happy with the move and that the people living at St Saviours were happy for the person to move into the home. The manager told us that lessons had been learnt from this experience and the assessment procedure had since been reviewed to ensure that the manager was involved in the process from the beginning, working alongside an external team. Matters that related to funding and staff training had not been clear initially and had taken time to resolve. It was noted that the relatives and the home had worked hard to sort out these matters and there were now good systems in place to ensure clear communication between both parties. A health professional told us that staff were proactive, forward thinking and easily approachable.

Staff had a good understanding of the support people needed and this and important information about people's lives had been recorded in their support plans. The manager told us the format for these plans was currently being changed to enable people to have greater input into the process. The support plans contained detailed information and guidance about people's routines, activities, goals and training plans. There was guidance to ensure staff knew how to support people if they displayed behaviours that may challenge others. In addition, there was specific advice on how each person's autism might affect their day to day lives. This information ensured staff supported people appropriately and consistently.

Routines were an important part of people's day and people had a copy of their timetables in their bedrooms. Staff had a copy of people's routines and these detailed how people liked to be supported and in what order they liked things done. This ensured people's daily routines were clearly person centred and meant that any staff member would be able to provide support at any given time. Staff were mindful of the risk of becoming too rigid with routines, and were working on ways of expanding choices and options for people.

People were responsible for cleaning and tidying the home supported by staff as needed. This was included in their individual timetables and in addition there was a pictorial cleaning rota on display to ensure people were aware of their and other people's responsibility each day.

Although routines were important to people they were supported to make choices within and about their routines. There were no time constraints, people were able to get up when they chose and complete their activities when they wished at their own pace. There was guidance about how people communicated their choices and expressed concern. During the inspection we noted that one person told the staff member that their washing was finished. The staff member then asked the person if they needed help to put the washing into the tumble drier. Once this was done the person then checked with staff at regular intervals to see if they thought the clothes would be dry. The person retained the responsibility for this task and maintained their independence and staff assisted when requested.

Changes in people's support needs were discussed at handover when staff came on duty. A handover was used to update staff about how people were or if there were any changes to their health or support needs.

Staff also talked about what people had been doing and what was planned for the rest of the day. Staff on each shift were given good guidance on what support people needed for the rest of the day.

One person had one to one staff support to facilitate their daily routines in a way that met their needs. For example, each evening they were supported to complete a daily agreement sheet where they decided what time they would get up in the morning and what activities they would like to do. We observed that when called in the morning as agreed, the person wanted longer and staff supported their wish. We were told that routine tasks such as applying cream could take the person ten minutes but time was enabled rather than staff simply doing the task for them.

Where people had particular interests or hobbies staff supported them to continue with these. People were supported to keep in touch with their families and to maintain relationships.

There was a complaints policy in place. People were regularly asked if they were happy or if there was anything they would like to do differently. There was a complaints book and a post box that complaints could be posted should anyone require this facility. The complaints policy was available. Records relating to a complaint were detailed and it was clear what action had been taken and how the matter had been addressed.

Two people attended the organisation's day centres two or three days a week. One person's activity programme had recently been changed to ensure they were doing activities that met their needs. They had recently started to go swimming again. One person did more activities in the evenings rather than through the day as this was a time that suited them. People had a house day where they were supported to do cleaning tasks both in the house and in their bedrooms. They also attended to their laundry and any personal shopping. During the inspection one person did their personal shop and then went to a barber for a haircut. A staff member told us that they were trying a new barber. Following the trip the person responded, 'Yes' when we asked how the trip had gone. The staff member told us that they had spoken with the barber before the trip about how the person liked to be supported and said that the barber had gone out of their way to make it an enjoyable experience.

The manager told us that they recently purchased a new car for the home. They said that whilst people liked to do activities independently they are now also able to go out as a group if they choose to. They had tried this recently and this had worked very well. We noted that at the staff meeting the manager encouraged staff to get brochures for holiday destinations within people's budgets and encouraged staff to discuss these with people. Staff were also requested to assess if people would like to go on holiday individually or as part of a group. Staff were continually encouraged to offer people choices and opportunities to increase decision making.

The provider completed a PIR (provider information return) in advance of the inspection. This told us that the staff team would be expanded for one person who received one to one support. Whilst consistency was important it would ensure that if a staff member was sick or on leave there would always be another staff member who would know how to meet the person's needs. We saw that this had happened and the person's relatives told us that they were happy with this arrangement.

Requires Improvement

Is the service well-led?

Our findings

From our discussions with staff, the manager and our observations, we found the culture at the home was open, relaxed and inclusive. Support was person centred and focused on enabling people to live their lives to the maximum of their ability and encouraging them to develop skills and abilities at their own pace. People were involved in and supported to make choices and decide how they spent their time. Staff said the manager was available and they could talk to them at any time. Despite the positive feedback we also found that not all systems were as effective as they could be and this could lead to staff not following correct procedures.

Although fire drills were held regularly, records of fire drills did not show who was in attendance, how long the drills took and there was no evaluation of the outcome. Whilst all staff received training on fire safety and were able to tell us what they would do, the provider did not have appropriate recording systems in place to demonstrate that they had monitored that this was the case. This is an area that requires improvement.

People were weighed weekly. We asked if there was an assessed need for weighing people weekly. We were told that this had become a routine practice but that people's weights were stable and there were no concerns. The manager confirmed that they would assess the frequency at which each person's weight should be monitored.

There were a range of policies in place however, most of what the home classed as 'priority policies' had not been signed as read, or had been signed by staff a number of years previously. Most of the policies seen were out of date. The medicine's policy was dated 2012 and this had recently been signed as read by a new staff member. However, an updated policy was then seen in the medicine's folder. The manager confirmed that up to date policies and procedures were available to staff online and that these would be printed and staff advised to read and sign them.

The DoLS policy was dated 2010 and did not take into account changes to the current regulations. However, as staff had received training on this subject and were clear about when a DoLS authorisation was needed, this had no impact on people. Staff were able to tell us about duty of candour and confirmed that they had received information from head office about this subject. The manager told us that they were waiting on head office to send them a policy covering this area and that they had been told this was imminent.

The organisation had systems in place to monitor the management and quality of the home, for example in relation to finances, recruitment and health and safety. There were systems in place to ensure that the manager notified the provider of all changes or when events occurred such as, incidents and accidents. A representative from the external management team visited the home twice yearly to carry out a quality standard audit. Following this, a corrective action report was sent to the manager to complete within set timescales. The last visit was in August 2015. It was noted that not all matters had been signed as having been addressed. There were also matters in the previous report that had not been signed as having been completed. The manager told us that as and when matters were addressed they informed the head office. In

addition, they said that the first part of any audit was a follow up on any recommendations from the previous audit to ensure there were no matters outstanding. Although records seen did not show that any matters had been left outstanding, the manager was clear that documentation could be improved to demonstrate this more clearly.

There were a series of quality assurance checks completed each shift and these were recorded on the daily shift form. This included environmental, infection control, medicine and food hygiene checks. If checks had not been completed for any reason, this was also recorded to ensure staff on the following shift were aware and could address the matter. For example, when a person's washing could not be completed because the person had chosen to go out instead, staff on the next shift ensured that the person was supported with this task. The shift plan ensured that staff were clear about what was expected of them on each given shift and meant that people could be confident that their needs would be met.

As there is no longer a manager based full time at the home, a senior carer was appointed to ensure that there was always a senior staff member on duty. The manager worked approximately half of each week at the home. Staff told us that the new system worked well and that there was always someone that they could contact if they needed advice or support.

People were continually asked for their feedback and involved in changes that happened at the home. People were asked and supported to make decisions about the décor and were encouraged and supported to be involved in activities around their home daily.

Staff told us that their views were heard through the supervision process and through regular staff meetings. Meetings were held monthly and staff told us they were updated about new ideas and changes that were taking place. During the inspection a meeting was held and we saw that staff were encouraged to share their views and everyone's opinions were sought before actions were agreed.

The views of relatives and people were sought through annual satisfaction surveys. We were told that the format for the surveys was under review. The results of the last relative's survey were very positive. No changes were required to be made as a result. The previous registered manager had supported two people to complete their surveys. It was recognised that the format was not appropriate for the people as they were unable to answer the questions. However, staff told us that people's views were captured on a weekly basis via a 'weekly views' sheet. The format for each person had been adapted to meet their individual needs and it was evident that each person had been able to participate in the process. Whilst staff were able to tell us how they responded to issues raised by people this had not been recorded. However, staff told us that they were introducing monthly keyworker reports and that these would include an evaluation of the weekly views sheet. The format for this process was in place and although yet to start it was evident that the home had already identified ways of capturing people's views more clearly and ensuring that actions agreed were met.

All staff said they were well supported by the manager. One staff member said the registered manager was a, "Good listener. He listens to our ideas, for example, we want to explore new meal choices and he is in agreement." Another staff member described the manager as "very approachable." A health professional told us that staff were friendly and they had no concerns with the home.

Staff had a clear vision about the service they provided. They told us they were there for the people who lived at the home. Comments included, "We encourage independence and teach people to reach the best of their ability. We only do what a person cannot do and let them do what they can." Interactions between staff, people and the manager were supportive, friendly and open.

Staff told us that prospective staff were invited to the home to meet people and that part of the recruitment process was observing interactions with the people at St Saviours Road. Following a recent visit one person had continually asked if a particular staff member would be working in the home and they were keen for this to happen. The manager said that this feedback had been emailed to the recruitment team at head office.

The provider completed a PIR (provider information return) in advance of the inspection. This included areas where the home was planning to make improvements. At the inspection some of the areas had already been addressed such as the purchase of a new car. In addition, there was reference to creating staff, 'Champions' who will have responsibility for reviewing how the home performs against each of the five domains (safe, effective, caring, responsive and well led.) During our inspection this concept was discussed with the staff team at their meeting but the practicalities were not been discussed.