Parkcare Homes (No 2) Limited

Inspection report

The Old Rectory
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Brede
Rye
East Sussex
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Website:

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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 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. The Old Rectory provides care for up to 16 people with learning disabilities. There are two properties set within large grounds, one accommodating up to 13 people and the other up to three people. The smaller property reflected the needs of a quieter group and the larger property was more lively and spacious.

People's needs were varied, some people had communication difficulties, a number displayed behaviours that challenged and a number were on the autism spectrum. The rear garden was secure which meant that people could use this area safely. Specialist equipment was available for those who required this and

Summary of findings

the property had been adapted in areas to accommodate people's individual needs. To the rear of the property there was day centre and some people chose to spend time there each day.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The manager provided good leadership and support to the staff. In addition to speaking with the manager we spoke with six people who use services, a senior care worker and two care workers. Throughout our inspection, staff were positive about the home, they said there was good teamwork and they felt supported. A staff member said that the manager, "Listens and values our opinions."

Staff treated people with respect and dignity. They had a clear understanding of people's individual needs and aspirations and could tell us how each individual liked to be supported. Each person had a keyworker who they spent time with. A keyworker is a named staff member who has specific responsibilities to assist the person in meeting their individual needs and wishes. People told us that if they had any concerns or worries they could speak with their keyworker or the manager of the home.

One person raised a number of concerns/worries with us during the inspection. By the end of the inspection the home had taken action to address the concerns and the person told us that they were happy with the actions taken and the outcome.

At one to one meetings with their keyworkers and at the monthly residents 'your voice' meetings people were supported to choose what activities they wanted to do the following month. Activities were flexible and people could change their mind if they wanted to opt out of an activity. Monthly meetings were also used to keep people informed about a range of matters for example, staff changes or upcoming maintenance of the home. In addition, they were opportunities for people to have a say in the running of their home.

Staff attended regular supervision meetings and received an annual appraisal of performance. Staff meetings were used to ensure that staff were kept up to date on the running of the home and to hear their views on day to day issues. Staff were also able to feedback their views through annual questionnaires. All staff received training to fulfil the duties of their role and more specialist training was also offered to ensure that staff met the needs of people.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the legal requirements of the Act. They were aware of restrictions posed on some people in the home and why they were in place.

Care plans were comprehensive and were written in a way that meant that any new carer would have been able to read the care plan and know how to support the person including specific information about their personal preferences. They had been reviewed regularly and people confirmed that staff had read the care plans to them and made sure they understood the contents.

Within each person's care plan there was detailed information about how best to communicate with the person. Staff were knowledgeable about people's needs and were clearly able to explain how they made sure they understood the choices made by people with limited verbal communication skills.

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?

Good

The home was safe.

Staff were clear about what to do if they suspected abuse. The provider had systems in place that regularly monitored staff were clear about the subject and the need to report any matters of concern.

When people displayed behaviours that could be challenging there were detailed risk assessments in place along with behavioural guidelines. Possible triggers to behaviours had been identified along with guidance to prevent behaviours escalating and there was clear information about how to deal with behaviours when they occurred.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home.

Is the service effective?

Good

The home was effective.

A comprehensive training programme ensured that staff had the knowledge and skills necessary to carry out their roles. This included a number of specialist courses to meet the individual needs of people. Staff attended regular supervision meetings and felt supported in their roles.

Menus seen were varied and well balanced. People told us and we observed, that they could choose where and what to eat and could choose alternatives if something was not to their liking.

Where appropriate, specialist advice and support was sought in relation to meeting people's changing needs and this advice was included in their individual health plans to assist staff in meeting their needs.

Is the service caring?

Good

The home was caring.

Staff communicated clearly with people in a caring and supportive manner and it was evident that they knew people well and had good relationships with them. We observed that people were treated with respect and dignity.

Care plans were personal to each person and included detailed information about the things that were most important to the individual and how they wanted staff to support them. Each person had a keyworker who knew them well and who coordinated their care and support.

Is the service responsive?

Good

The home was responsive.

Summary of findings

People were treated as individuals with different needs and wishes. A wide range of activities were provided to meet people's needs and staff were flexible when people changed their minds about what they wanted to do.

A simplified easy read complaint procedure was on display in the lounge. People who were able to verbally express their views were able to tell us who they would talk to if they had any worries or concerns. People were involved in making decisions with support from their relatives or best interest meetings were organised.

Is the service well-led?

Good

The home was well-led.

Quality assurance audits were undertaken to ensure the home delivered a high level of care and shortfalls identified had been addressed. External management monitored the home to ensure that this happened.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were analysed and there were systems in place to ensure that the risk of occurrence was minimised.

The Old Rectory

Detailed findings

Background to this inspection

The Old Rectory was last inspected on 13 November 2013 and there were no concerns in the areas we looked at. During this inspection we spent time in each of the two houses. We talked with the registered manager and three staff members. In addition, we spoke with people and observed the delivery of care. In the main house we looked at some people's bedrooms, bathrooms, lounges and the dining room. In the cottage we looked at one bedroom and the communal areas.

This inspection was carried out by one inspector. A team was not required because of the nature of the service and it was considered that it would have been disruptive due to the complex needs of the service users.

During the inspection we spent time reviewing the records of the service. These included quality assurance audits, staff recruitment and training, staff rotas and policies and procedures. We also reviewed care plans and other relevant documentation to support our findings.

Before the inspection the provider 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 included in the PIR along with information we held about the home. For example, notifications received from the home since the last inspection. We spoke with two social care professionals for their views about the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us that they felt, "Safe," and that they could talk to staff if they had any worries or concerns. One person told us that there was, "Always staff to take me out when I want to go out." Another person told us, "It will be even better when we get the two new staff."

The policies and procedures for safeguarding and whistleblowing were up to date and appropriate for this type of service. They ensured that staff had clear guidance on what was abuse and what action they should take if they suspected abuse.

Staff records confirmed that all staff had received training in safeguarding and this training was refreshed annually. We spoke with three members of staff about their understanding of safeguarding. They were clear about their role and responsibilities and how to identify, prevent and report abuse. There was information available on safeguarding including the contact details for the local authority and alert forms if a safeguarding referral needed to be made. Records showed that the home made referrals to the local safeguarding team, when needed, and that any actions points as a result of the safeguardings had been addressed. The home had a six monthly safeguarding audit tool in place that demonstrated senior management monitored that staff were clear about the subject of abuse. The last audit seen was dated 29 May 2014. All shortfalls noted had been addressed.

We looked at the home's policies and procedures on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people did not have the capacity to make more complex decisions, the service had policies which enabled staff to act in accordance with legal requirements. The registered manager told us that in order to understand the recent changes to legislation as a result of a Supreme court ruling, staff had completed refresher Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff confirmed they had received MCA and DoLS training and were clear about the restrictions in place and why they were needed.

Mental capacity assessments had been completed for everyone living at the Old Rectory. Most people were able to make general day to day decisions and records showed that where more complex decisions were to be taken a 'best interest' meeting should be held. Where restrictions were in place, for example to restrict access to the kitchen, the home had made applications to the DoLS team. Some were still pending with the DoLS team and where this was the case risk assessments were in place to ensure that all staff were clear about the actions that needed to be taken to ensure people's safety. The DoLS team had refused one application. The person told us that they had access to the kitchen when they wanted it and could come and go from the house as they chose. It was noted that the home had been proactive in submitting documentation to the DoLS team at a time when advice on the learning from the Supreme court ruling was still unclear.

We looked at risk assessments in two care plans and found they had been reviewed regularly. Risk assessments had been carried out whenever there was an assessed need and had been reviewed as people's needs changed, and at monthly intervals. When people displayed behaviours that could be challenging there were detailed behaviour guidelines which included information about possible triggers to be aware of, information about how to prevent behaviours escalating and how to deal with behaviours when they occurred. This information was colour coded so that staff could quickly identify what to do at each stage. Risk assessments and guidelines were reviewed and updated at regular intervals which meant that staff always had up to date information about the needs of people.

One person was assessed as at risk of falls. Specialist advice and support had been obtained and was included in the person's care plan. However, the person refused to use the equipment provided to assist their mobility. The person had capacity to make this decision and the specialist had been made aware. The home ensured that the person retained their independence and the risks associated were controlled to reduce the risk of accidents. The person told us that they were happy with the measures in place and since they had been introduced there had been no further falls.

We looked at two staff files and that safe and relevant checks had been completed before staff started to work in the home. Disclosure and barring checks had taken place. This showed us that the provider had checked that people had no record of misconduct or crimes that could affect their suitability to work with vulnerable adults. Regular supervision and probationary checks were carried out to assess and monitor staff performance.

Good

Is the service safe?

We assessed that staff levels were safe to meet people's needs as people and staff told us that staffing levels were sufficient and records showed that people were given opportunities to go out daily and that they led busy lives. In addition, staff levels were monitored by external management to ensure safe levels were maintained and there were clear arrangements in place to gain additional support in an emergency situation.

Good

Is the service effective?

Our findings

People told us that the food was good and that they had enough to eat and drink each day. They said that menus were decided at resident's 'your voice' meetings, but that if they wanted to have something different on a particular day this would be provided. We asked four people what their favourite meals were and noted that these were included in the menus. We observed that people were offered a choice of drinks at regular intervals throughout the day and people told us they could have snacks if they wanted them.

People took turns to prepare food and were supported with this in line with their assessed needs and abilities. There was a four weekly rotating menu. We were told that menus changed seasonally and records showed that the last change had been made in June 2014. Two options were always available and people told us that they made additional requests for changes if they did not want what was on the menu. One person told us, "I would like ice cream for afters." The menus showed that ice-cream was on the menu once in four weeks and that ice poles were offered once a week.

There was information in each person's care plan about their dietary requirements and preferences and we were told that this information was also available in the kitchen. Staff told us that some people had healthy eating plans and they were able to explain what this meant on a daily basis. For example, if chips were on the menu, people would have fewer chips but extra salad. One person had a specialist diet. There was clear advice in the person's care plan about how this should be managed. Staff spoken with were also clear about what this meant on a daily basis and how they supported the person to maintain a healthy diet.

People who needed support in weight management were weighed regularly to ensure they maintained a stable weight. Within each care plan each person had a MUST score (malnutrition universal screening tool). MUST is a tool used to assess if people are at risk of malnutrition or obesity. Staff demonstrated an understanding of the importance of hydration and nutrition and knew to monitor for signs of dehydration and weight loss/gain. Where concerns had been raised, for example when someone had been assessed as overweight, this had been discussed with the person's GP. With the agreement of the person, a health goal was put in place which involved ensuring that the person received a healthy eating plan and was given opportunities to participate in regular exercise.

Each person had a health plan in place and where appropriate, people had been involved in drawing this up and had signed the document. People told us that they would talk to their keyworkers or the manager if they had concerns about their health. They said, "[staff member] would call the doctor." Health plan's clearly stated people's individual wishes in relation to all aspects of their health. Arrangements were made that were individually tailored to people's needs. For example, once person refused to attend medical appointments but the home had an arrangement with the local surgery that the GP would visit the home whenever an appointment was required. Records showed that within the past year staff had worked closely with a number of healthcare professionals to assist them in meeting the changing needs of people. In most cases the support was short term and there was evidence that the advice obtained was implemented by care staff, had been reviewed and the person no longer needed specialist input.

People received effective care from staff that were appropriately trained. A staff member spoken with described a very detailed induction programme that enabled them to spend time shadowing staff to observe how support was provided. They said that sufficient time was provided to read documentation, to complete training via the home's computer system and to get to know people. A staff member then shadowed them to ensure they were competent and felt confident to work independently with people.

There was a comprehensive training programme in place to ensure that staff had the knowledge and skills necessary to carry out their roles. Records showed that the training the provider required them to do was in most cases completely up to date. Where training had become due, staff had been given a target date that they had to complete the update. A wide range of training was available some of which included courses on safeguarding of adults, first aid, moving and handling and dealing with challenging behaviours. Staff completed some via the computer system and a number of face to face training sessions were also

Good

Is the service effective?

arranged. Two additional courses had been booked for staff and they included training on epilepsy and diabetes. Staff told us that the training they received was sufficient to meet their needs and they felt well supported.

Staff attended supervision meetings every six to eight weeks. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed.

A staff member told us that the manager was "Brilliant, you can you can say anything to her." Another staff member said that the manager "Listens and values our opinions." In addition, all staff received an annual appraisal of performance and there was a mid-year review carried out. All but one person had received their mid-year review and this had been booked for the day after our inspection.

Good

Is the service caring?

Our findings

People told us that they were treated with respect. One person told us, "I decide what time I go to bed at, and what time I get up." Another person said, I go to bed at 10pm but I can stay up later if I want." A third person said, "I decide, I'm an adult." Staff confirmed that people decided what time they went to bed and what time they got up. They said that times were flexible and that most people were able to either say verbally, or indicate by not moving, when given a choice. People told us that they signed consent forms for care and treatment if they agreed with the content.

People confirmed that staff always knocked on their door before coming in. One person said that if their door was closed that meant that they wanted private time and staff knew this. Other people told us that staff respected their right to private time. There were systems in place that ensured people's privacy and dignity was respected. Staff told us that they always knocked on people's doors before entering. Over the course of the inspection we observed that this happened. One staff member said, "It's common courtesy." Staff also said that they ensured that people were covered appropriately when they provided personal care. They were able to tell us which people required extra prompting, for example, to wear a dressing gown going from the bathroom to their bedroom. Staff confirmed that training had been provided on privacy and dignity.

One person told us, "I get lonely." They said that they would like to meet with more, "Like-minded people." They said, "I would like to have friends that I could visit and invite back here." They talked about a meeting that they used to go to where they met people from the provider's other homes. The manager told us that this was a regional meeting that the person used to attend, to represent the views of people in the home. This meeting had stopped but was due to restart in the near future and they would have opportunities to attend. People had regular one to one meetings with their keyworker where they were given opportunities to raise any concerns or worries. We asked the manager why this person had not used the opportunity to share the concerns they had raised with us. The manager confirmed that the person had recently had a temporary change of keyworker as their keyworker was on leave. The person had had a particularly good relationship with their keyworker and it was known that they were missing them. As a result they had been offered increased opportunities to participate in activities and they went out daily. Records confirmed this. The manager told us that they would also look to provide further opportunities to ensure that this person could meet new people. Later in the inspection we spoke with the person and they said that they were happy with the proposed changes and would raise a concern if they had one. Following the inspection the manager confirmed that as a starting point she had been in touch with another home run by the provider and that they had made arrangements for the person to meet some new people.

People who had capacity, signed consent forms that dealt with a range of matters such as information sharing and use of photographs. Although the forms had been prepared in an easy to read format, some of the wording remained complex. The manager told us that staff would have explained each section clearly to people before they signed them. The manager had produced a simplified format by the end of the inspection that explained consent more clearly.

Staff communicated clearly with people in a caring and supportive manner. We spent time in the lounge observing staff interactions with people. There was a relaxed atmosphere and the staff member ensured that where possible everyone was able to contribute to the conversation. People had been involved in the decisions about how they spent their day and when one person changed their mind, their decision was respected.

One person who wanted something that their relative normally gave them when they visited was encouraged to contact their relative by phone. This was done with staff support and the person left a message on their relative's answerphone. Later in the day the relative arrived at the home. The person immediately thanked staff for arranging for this to happen but staff confirmed to them that they had made the phone call and that was why their relative had visited. This demonstrated that staff encouraged people to develop new skills. The relative told us that they were, "Very happy with the care my [family member] receives. [Family member] is now doing more activities and is much happier. I have no concerns." They confirmed that staff kept them informed of any changes as and when they occurred.

Good

Is the service responsive?

Our findings

A new wet room had been installed in one ensuite in the cottage at the request of the person. The person told us, "I'm very happy with the wet room, it is easier to have a shower now."

Each person had a weekly plan of activities in their care plan that had been tailored to their individual needs and wishes. Some people attended college courses, the day centre on site or were supported to use their local community. One person tried out a new work placement on the day of our inspection. This person loved animals and the work placement had been sought to meet their individual wishes and aspirations. When they returned from the placement they told us that they had enjoyed their day and said, "Go again." Staff responded to the changing needs of people. For example, one person told us that they were going fishing on the day of our inspection. However, we noted that they then changed their mind and opted to go shopping instead. They told us, "I'll go fishing another time, I want to go to town with the others." Outings were discussed regularly as part of resident's 'your voice' meetings and these were available to anyone who wanted to join. For example, some people were going on a trip to Chessington Zoo the day after our inspection. In addition, the home was in the process of organising passports as some people wanted to go on a day trip to France. Records demonstrated that people led busy and active lives in accordance with their preferences and needs.

Staff supported people to ensure their spiritual needs were met. For example, one person told us that they went to church weekly. We were told that until recently this was an activity that the person did independently but as their mobility had decreased they now required support to go weekly. Records confirmed that the home was proactive in supporting people to maintain contact with their relatives. One person was taken to see their relative on the day of inspection. The person's care plan stated that they should be supported to telephone their relative weekly. There was an email from their relative thanking the staff team for enabling this to happen and saying that their relative had never done this before moving to the home.

Care plans demonstrated that people's needs had been assessed and a plan of care had been developed to meet those needs. Staff ensured that as far as possible people had been involved in this process. Detailed information was provided in relation to how to support each person with their communication, personal care, health and emotional needs. Where appropriate, easy read formats were used to assist people in understanding their care plan. For example, the medicines prescribed to people had been simplified in a way that people could understand. Guidance was provided to staff about how people wished to be supported, including details of their personal care needs and the individual goals people had chosen at keyworker meetings.

Within care plans there was detailed information about how best to communicate with each person so that staff could respond to their individual needs and wishes. Staff knew people well and were able to tell us how this was achieved. For example, when communicating with one person they confirmed, and this was observed, that when they offered this person a choice, the person often repeated the last word said to them. Staff told us that they had to be careful not to just assume that the person had made a choice. They said that they used pictures to aid communication and asked the person to point. At meal times they showed them two options to choose from.

In each care plan there was information about the person's past history. There was information about the things that were most important to the individual and how to support them best. There was an explanation of what a good day looked like for the person and what a bad day looked like. This meant that staff were given clear information about how to support the person and how they could quickly identify when they were not happy.

Those people, who had capacity, had signed their care plans. People told us that staff had read the care plans to them and if they were happy they signed the plan. With the exception of one person, people knew who their keyworkers were and said that if they had a problem they would talk to their keyworker or the manager. (A keyworker is a named person who has specific responsibilities to assist the person in meeting their individual needs and wishes). One person had had a temporary change to their keyworker and they were unsure who was fulfilling this role.

People had regular one to one meetings with their keyworkers and these meetings were used to give the person the opportunity to talk about things that were important to them. Staff asked people if they felt safe and if they had any concerns or worries. During these meetings staff helped people to decide on short, medium and long

Good

Is the service responsive?

terms goals and aspirations. For example, one person said that they would like to learn how to prepare a picnic. Within this person's care plan there were easy read guides on how to make drinks and sandwiches and records showed that the person had been given opportunities to learn these tasks. The one to one meetings were also used to review goals and to determine if the person required additional support to meet them.

Care plan progress and evaluations were completed monthly. Staff told us that changes to care plans were communicated to staff at handover and a message was put in the communication book to read and sign the changed care plan. Staff had signed that they had read the updated care plans.

There was information about how to make a complaint displayed on the notice board in the main lounge. This was displayed using an easy read format. We were told that people were asked if they wanted a personal copy of the complaint procedure and one person had opted to have their own copy. The service user guide was also displayed in the lounge. This provided information about the service including information on how to make a complaint. Staff we spoke with felt confident in supporting people to make a complaint. People who were able to verbally express their views were able to tell us who they would talk to if they had any worries or concerns. Staff were able to tell us how they could identify signs or indications that people who could communicate might be unhappy. For example, someone pacing or changes to people's vocalisations.

The home had a clear complaint's policy in place. This detailed how complaints would be dealt with. The complaint's procedure contained timescales so people were informed about how and when a complaint would be handled and responded to. There had been no formal complaints to the home since the last inspection in November 2013.

Good

Is the service well-led?

Our findings

During the day in the main house it was quiet as most people were out and about making use of their local community. When people returned from activities there was a lively atmosphere as people talked about their day and the various activities they had participated in. The smaller cottage was quieter and more suited to the needs of the people living there. Whilst we were there we observed that one person came and went with staff supporting them in various tasks in and out of the house. We noted that when they decided what they wanted to do, staff gave them a choice of which staff member they wanted to support them. One person told us, "I think I have everything I need and if I want anything I speak with (staff member)."

In the main house we noted that some people liked routine and this gave them security in knowing what they did at different times of the day. One person said, "I like to help out in the kitchen." We observed one person putting the lights on around the house when they got back from their day's activities. Staff told us that the person saw this as their role and didn't like anyone else interfering with this. It was clear that staff knew the people very well and the way they liked to be supported. There was good banter between people and staff and it was clear from the lively conversations, that people got on well with staff.

Staff told us that despite some people's complex needs they tried to make full use of their local community. It was evident in keyworker meetings and resident's 'your voice' meetings that the staff team were proactive in ensuring that people had opportunities to participate in activities that were important to them. People had been supported to make decisions about where and what they did as individuals and with their friends. Where there were perceived risks, risk assessments had been carried out and, where appropriate, additional staff were used to facilitate activities. People told us that they liked to go to the local pub each week and records showed that this happened. One person said that they loved having fish and chips on the seafront and going to the shops in Hastings. They also said that they went to the local theatres and went out for dinner in Hastings. One person who used the local church also enjoyed the weekly opportunity to catch up afterwards with friends in the village.

We found incidents and accidents were recorded in a way that meant any patterns could be identified. When one person experienced a number of falls, measures had been put in place to reduce the frequency. This included taking professional advice and ensuring that the person's risk assessment was updated with the advice obtained. We spoke with the person who told us, "I don't like having to ask for staff help as I like doing things on my own but I know I need it and I just have to accept that. Staff are very good to me."

People, their relatives and staff were regularly asked to complete satisfaction surveys. Results were then reviewed by external management for any trends or patterns. The response rate from relatives and visiting professionals was low. However, the manager said that the organisation had plans to update the survey format and were going to look at ways to encourage a better response. A pictorial survey was used to seek views of the people living at the Old Rectory and the response was very positive. They showed that people were happy living at the Old Rectory and that they felt their needs were met by the staff team. For example, one person requested that they went out more with their keyworker. Records showed that this had happened.

There were robust auditing systems both within the home and from the external management team to identify shortfalls, to ensure they were addressed, and to look at lessons learned. For example, we were told that following a safeguarding alert, the company looked at how they could minimise the risk of further incidents. As a result, a safeguarding audit was implemented and carried out six monthly. As part of this process, questionnaires had been sent to staff to test their knowledge on safeguarding matters and to ensure that they had understood recent training provided. The results were stored in individual staff files. In addition, safeguarding was a standing agenda item at all staff supervision meetings to ensure that staff were given the opportunity to share any concerns they might have.

The organisation had systems in place to monitor the running of the home. This involved the carrying out of regular unannounced assessments by various members of external management. They demonstrated that staff and

Good

Is the service well-led?

people were listened to and action was taken to address problems identified. For example, when staff raised concerns about the walkie talkies in use in the home this matter had been resolved in a timely manner.

We spoke with two adult social care professionals as part of the inspection process. The said that they home was run well. When matters were brought to the attention of the manager they had confidence that they would be dealt with. They said that standards had continually improved since the manager had started in post and that the manager had created a very positive culture for the staff team to work within. They had no concerns about the home.

Minutes of regular staff meetings demonstrated that a wide range of topics were discussed and that staff views had been sought. Staff told us that they felt their views were valued. They had raised a problem about difficulty in supporting people in wheelchairs on the new driveway. As a result a new pathway was to be installed in the driveway to make the driveway more user friendly for people in wheelchairs. Staff told us, “The guys here rely on staff to make life good. We are passionate about what we do.” Another staff member told us, “There is good teamwork here, we all get on and (the manager) is brilliant you can say anything to her.” This staff member also said that external management “Pop in regularly and want to hear what we have to say.”