Together for Mental Wellbeing

Swiss Cottage

Inspection report

130 Roman Road
Basingstoke
Hampshire
RG23 8HF

Tel: 01256324828
Website: www.together-uk.org

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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

This inspection was announced and took place on the 19 and 20 April 2016.

Swiss Cottage is a residential care home without nursing situated within a detached residential property on the outskirts of Basingstoke town centre. Swiss Cottage specialises in providing short to mid-term support to enable people to regain and maintain their independence before moving to more independent living accommodation.

Swiss Cottage is comprised of two floors containing individual bedrooms with communal areas including bath and shower rooms, toilets, two kitchens, a dining room and two living room areas. Outside is a large fully enclosed garden with fish pond and greenhouse as well as a large car parking area to the front of the service.

People who receive this care service live with long term enduring mental health conditions including paranoid schizophrenia and psychosis.

At the time of the inspection the service was providing personal care to six people. Care was available and provided by rehabilitation recovery workers who will be referred to as staff throughout this report.

Swiss Cottage has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and managed safely. Appropriate behaviour and medical condition related risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff. New staff induction training was followed by a period of time working with experienced colleagues. This ensured staff had the skills and confidence required to support people safely. There were sufficient numbers of staff employed to ensure that people's individual needs were met.

Contingency plans were in place, known by staff and evidenced in their practice to ensure the safe delivery of care in the event of adverse situations such as a fire, flood or power loss at the home. The registered manager was also qualified to be deployed to deliver care if staff were ill and unable to work.

People were protected from unsafe administration of their medicines because staff were trained effectively and had the competency to do so regularly assessed.

Staff had completed mandatory training to ensure they could prompt people to take their medicines where required and where they administered people's medicines this was carried out safely. People were encouraged to take steps to eventually enable them to self-medicate and become more independent. Where people did self-medicate processes were in place to ensure this was risk assessed appropriately. Staff skills in medicines administration were reviewed on a regular basis by the registered manager to ensure they remained competent.

People were supported by staff to make their own decisions. Staff were knowledgeable about the actions to take to ensure they met the requirements of the Mental Capacity Act (MCA) 2005. The registered manager and staff identified and evidenced they would work with health care professionals when required to assess people's capacity to make specific decisions for themselves.

Staff sought people's consent before delivering their care and support.

People were supported to eat and drink enough to maintain a balanced diet. People were encouraged to participate in identifying their menu choices, purchase the appropriate items and then prepare with support. A cooking club was created in the home to support people in preparing and cooking healthy and nutritious meals.

People's health needs were met to maintain their safety and welfare. Staff and the registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met.

Staff demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the support provided. The registered manager and staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by staff to make choices about their care including how and what care they required.

People had support plans which were personalised to their needs and wishes. They contained detailed information to assist staff to provide support in a manner that respected each person's individual requirements and promoted treating people with dignity. People were encouraged to be involved in preparing their support plan and these were subject to regular reviews and when people's support needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People and staff were encouraged to provide feedback on the quality of the service during regular support plan reviews and quality assurance questionnaires.

The provider's values included the right for people to: experience individual-centred care; be treated compassionately; work together with staff to ensure their wellbeing and; be supported with the planning of their future. Staff were knowledgeable about how they were expected to deliver care and staff demonstrated these principles. People told us these standards were evidenced in the way that care was delivered.

The registered manager and staff promoted a positive culture which focused on providing individual person centred care. People were encouraged to raise concerns with staff and the registered manager if required.

The registered manager provided positive leadership which instilled confidence in staff and people using the service. The registered manager had informed the CQC of notifiable incidents which occurred at the service, allowing the CQC to monitor that appropriate action was taken to keep people safe.

People and staff told us the service had a confident registered manager. Staff told us they felt supported by their colleagues, senior staff and the registered manager.

The provider carried out regular quality monitoring to assess the quality of the service being delivered.

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

People were safeguarded from the risk of abuse. Staff were trained to protect people from abuse and knew how to report any concerns.

There was a thorough recruitment process in place. Staff had undergone relevant pre-employment checks to ensure their suitability to deliver people's care.

Contingency plans were in place to cover unforeseen events such as a fire at the location or in the event of large scale staff sickness to ensure continuity of care for people.

Medicines were administered by trained staff whose competency was regularly assessed by the registered manager and senior staff.

Is the service effective?

Good

People were supported by staff who completed specific training in how best to support their needs and wishes.

People were supported to make their own decisions and if people lacked the capacity to do so staff were able to demonstrate that they would comply with the legal requirements of the Mental Capacity Act 2005.

Where required people were supported and encouraged to eat and drink enough to maintain their nutritional and hydration needs.

People were supported by staff who demonstrated when they would assist people by supporting them to seek healthcare advice.

Is the service caring?

Good

People told us the staff were caring. Staff developed positive and professional relationships with people.

People were encouraged to participate in creating their personal support plans. Where appropriate, health and social care

professionals were involved in planning and documenting the support people required. This ensured that people's needs health care needs were taken into account when developing their support plans.

People received support which was respectful of their right to privacy whilst maintaining their safety and dignity.

Is the service responsive?

Good

People's needs had been appropriately assessed by the registered manager or senior staff prior to care delivery. Support plan reviews were completed regularly and when people's needs changed to ensure they remained current.

People were encouraged to make choices about their care and to participate in activities to prevent them from experiencing social isolation.

There were processes in place to enable people to raise any issue or concerns they had about the service and they would be responded to appropriately.

People's views and opinions on how to improve the quality of service provision were regularly sought and action taken where possible.

Is the service well-led?

Good

The registered manager and senior staff promoted a culture which placed the emphasis on being open to feedback as well as promoting and enhancing people's independence.

Staff were aware of the responsibilities of their role and felt supported by the registered manager. Staff told us they were confident to raise concerns with the registered manager and offer feedback which was listened to and respected. People and staff told us they felt the registered manager provided good and strong leadership.

The registered manager and provider regularly monitored the service provided. This was to identify where any potential improvements could be made. These were acted on to improve the quality of the service people received.

Swiss Cottage

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 was 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.

This inspection took place on the 19 and 20 April 2016 and was unannounced. The inspection was completed by one adult social care inspector. We did not request a Provider Information Return (PIR) at the time of our visit. A PIR 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 gathered this information on the day of our inspection.

Before this inspection we looked at the previous reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law.

During the inspection we spoke with three people, the registered manager, one member of senior staff and three staff. We reviewed six people's support plans and six medicines administration records (MARS).

We reviewed two staff recruitment files, the induction process for new staff, training and supervision records and quality assurance audits. We also looked at the provider's policies and procedures, maintenance records, staff rota for the 28 February to the 17 May 2016 and complaints records. During the inspection we spent time observing staff interactions with people.

Following the inspection we spoke with a health care professional.

This service was last inspected on 19 September 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the staff who provided their support. A health care professional told us, "Those who I work with at Swiss Cottage find the staff approachable and are able to raise any concerns regarding safety with them, also staff have always alerted me if there have been any concerns regarding safety".

Staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. The provider's safeguarding policy provided information about preventing abuse, recognising signs of abuse and how to report concerns in a timely manner. Staff knew the external agencies from which they could seek support when reporting and discussing safeguarding concerns including adult services and the Care Quality Commission. Staff received training in safeguarding vulnerable adults and were required to repeat this training on a three yearly basis with a yearly update. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of them experiencing harm. All people's support plans included the specific areas of risk associated with their individual mental health or physical health diagnoses, including if people were at risk of hurting themselves. Risk assessments included detailed information about the main risks associated with a particular behaviour. Information regarding people's specific risks to their health and wellbeing were gained from people as well as from liaison with medical professionals. Records documented the type of risk a person could experience, early warning signs which could indicate there the risk to the person was increasing and the ways in which that crisis will be managed. For example, one person using the service had a particular health condition which could place others at risk of harm if guidance was not followed. Information in this person's risk assessment provided guidance to staff about how to assist this person safely and to ensure any risks were minimised. Staff knew the particular risks associated with the people they supported and were able to discuss how they would care for people safely.

Accidents and incidents were documented and risk assessments amended to prevent reoccurrences. The provider used a grading system to identify those incidents which posed the most risk for people, other service users and the staff. One person had suffered a negative response to the use of a recreational but legal substance. This was documented accordingly and immediate action taken to inform and involve the relevant health and social care professionals. As a result of this incident this person's risk assessment was updated with the response staff should take if they identified this activity was occurring. This was to ensure that any reoccurrence which could harm this person was minimised.

Another accident and incident form was reviewed which identified that one person with a specific health condition which posed an infection control risk. They had allowed another person living at the home to place themselves at risk of exposing themselves to the health related issue. The incident report documented

the advice that was provided to the person, their response and the actions taken to try and prevent a reoccurrence. Accidents and incidents were reviewed and where possible appropriate action taken to minimise the risk of a similar incident occurring again.

Recruitment procedures were followed to check people were assisted by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application and these checks were documented. These records included evidence of good conduct from previous employers and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were supported by staff who had been assessed as suitable for the role.

There were contingency plans in place to protect people in the event of an adverse or emergency situation. The business plan was created with the objective of ensuring continuity of essential activities in care delivery and to reduce the disruption to people, staff and services in the event of an incident. Guidance was provided for a variety of situations which could affect the environment, such fire, flood, vandalism or burglary. Additional guidance was provided to cover the event of staff related incidents; such as if staff or people were to become ill or other serious incidents such as a major failure of utilities were to occur. Guidance was provided to people and staff regarding the appropriate action to take to ensure people's safety. This included details of working with other homes owned by the provider to ensure that alternative accommodation could be located. Fire drills were completed four times a year at differing times of the day to ensure that people and staff knew the action to take in order to keep people safe. These included full evacuations of all people living in the home to identify if timings could be improved in the event of a real emergency. Fire safety weekly testing was completed on fire doors, emergency lighting and fire extinguishers to ensure the home was suitably equipped in the event of an emergency. One person liked to smoke in their room however it was identified during a quality assurance audit that there was the potential for waste products to build up in their ashtray therefore creating a fire risk. Guidance was provided in this person's support plan for staff to minimise the risk of this occurring by checking regularly that this person had effectively cleaned their ashtray. Staff knew this information and we saw that this checking was being completed during the inspection to keep all people living and working at the home safe.

People told us that staff were around to support them if needed and staff and records confirmed there were sufficient numbers of staff available to meet everybody's needs. The registered manager explained that if there were shortfalls in staffing as a result of sickness or annual leave they were also available to provide personal care to support people. The registered manager was able to request additional staff from the provider's other homes which ensured they had the necessary training and experience to be able to support people safely. If agency staff were required the registered manager had previously met with the agency to explain people's specific needs and requested the relevant training and recruitment checks had been completed prior to them working in the home. The registered manager would use agency staff who had previously been to the location who demonstrated the values of the provider and worked well with the people who lived at the home.

People living at the home received their medicines safely. Staff received training in medicines management and records showed that medicine administration records (MAR) were correctly completed to identify that the right medicines were given at the right time by the right route. Staff were also subject to annual competency assessments to ensure medicines were managed and administered safely. There were policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance.

People were encouraged to become more self-supporting with their medicines. One person living at the home was able to manage their medicines independently and had minimal support from staff. Support plans contained a medication risk assessment identifying the level of support people required when managing their medicines. If assistance was required, the process to support people safely was detailed. People's ability to self-medicate was reviewed on a continual basis. One person had been taking steps to be become more self-sufficient with their medicines however they had disclosed on one occasion that they had not taken their medication. This had not caused a negative impact on this person's health however this risk had been immediately identified by staff. As a result the person's medication risk assessment was reviewed and they were no longer able to fully self-medicate without support as there was a potential risk they may not take future medication. This was being continually reviewed by staff to identify when this person could take an additional step towards becoming self-medicating. A health care professional told us, "They (staff) have also worked with me and promoted residents becoming more independent with their medication".

Most of the medicines were supplied by the pharmacy in monitored dosage blister packs. This meant it was easy for people to see what medicines they required to remove from the pack at which time on which day. Guidance was provided in people's MAR for staff on when the use of additional medicine would be appropriate. This is referred to as 'when required' medicines and can include additional medicines for pain management or medicines to relieve people's anxieties when they are stressed or upset. We saw that appropriate information was provided as to when medication for anxiety and agitation was required.

Medicines were stored, administered and disposed of correctly. Records confirmed a safe temperature was maintained in the drugs cabinet. The provider used a nationally recognised policy to ensure that controlled drugs were managed effectively. Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs Controlled drugs stocks were audited at the end of the working shift, twice a day, to check that records and stock levels were correct. People were receiving their medicines safely.

Good

Is the service effective?

Our findings

People we spoke with were positive about staffs' ability to meet their support needs. A healthcare professional told us, "I have seen no evidence that there has been insufficient skills or experience with the staff at Swiss Cottage, whichever member of staff I have talked to they have known the resident well and are up to date with situations".

New staff received an effective induction into their role with Swiss Cottage. This induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their job. This allows new staff to see what is expected of them. Staff were able to request additional staff shadowing until they were confident to perform their role effectively.

New staff were required to complete an induction passport when they began working at Swiss Cottage. This was a structured process of learning and development that required completion by the member of staff and was signed off by their line manager. This included training the provider had identified as necessary to be completed by staff during their induction. This included core training on a number of key areas including medication awareness, infection prevention and control, emergency first aid, mental health awareness and equality and diversity. Staff were then required to complete an induction plan workbook called 'Role of the recovery worker'. This is an information and exercise workbook for new staff with free text responses to questions which required staff to demonstrate their full understanding of their role. This included information regarding safeguarding, what the aims and objective of the service are, how people are involved in developing the service, what their tasks and responsibilities are as a member of staff, Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were assisted by staff who received support in their role. There were documented processes in place to supervise and appraise staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. Staff told us and documents showed that staff received supervision every four to six weeks to ensure that they were receiving the support to enable them to conduct their role effectively.

The 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. The registered manager and staff told us that if concerns were raised regarding the ability of people to make specific decisions about their care they would seek external health and social care professional advice. These external health care professionals would then be responsible for completing decision specific mental capacity assessments. We checked whether the service was working within the principles of the MCA.

We could see that when concerns had been raised about people's ability to make specific decisions appropriate advice had been sought. Concerns had been raised by staff regarding one person's ability to

make a specific decision regarding their finances. Appropriate social care professional advice was sought and an external assessment was completed which identified they had the capacity to make financial decisions

All of the staff were able to demonstrate that they would comply with the MCA where required. Staff were able to discuss the importance of giving people choice in the support they received. People's consent was sought before care was delivered. In support plans people had signed consent to share forms which also included that people were happy with their recovery plan and support that had been arranged.

People we spoke with were able to provide their own meals or received assistance with food preparation from staff. People told us they were happy with the support they received. One person told us, "I make my own food now with a little bit of help…we have a wellness plate which is good". This was a diagram of the how much of each food type is recommended to be consumed daily including protein such as meats and carbohydrates such as potato and pasta. This had been placed in the kitchen to assist people in making healthy food choices when choosing what to make for their meals. People's support plans detailed the particular assistance they required with preparing their meals and we could see that the staff knew this information when assisting people with preparing their lunchtime meal.

Staff identified the need and assisted people in arranging access to healthcare professionals. Most people living at the home were able to manage their own healthcare needs with minimal support from staff. During the inspection one person requested assistance to contact their consultant which was immediately actioned by staff. Another person requested assistance with seeing a GP which was actioned and they saw a GP that day. The results of this meeting was discussed with the staff during the handover period between the morning and afternoon staff to make them aware that medicines would require collection from the pharmacy.

Staff identified when people needed additional assistance and acted proactively to ensure their needs were met. For example staff had identified a person experiencing a low mood which could have had a negative impact on their mental wellbeing. Records showed that this was discussed with the person's nominated social care professional to ensure this person received the specific health care they required. A health care professional told us, "I always feel listened to by staff, when I give any professional advice, staff request I send it in writing to confirm for their records. They will then update me on how this is going so I know they have followed it (advice) through". A psychologist also attended the location on a weekly basis to meet with people as and when they requested support to assist them with their mental wellbeing. We could see and documents showed these meetings were well attended. People were supported to seek additional health care advice where required and were assisted and supported in order to do so.

Good

Is the service caring?

Our findings

All the people we spoke with told us they liked the staff who supported them and we could see that they experienced supportive and friendly relationships with them. One person told us, "The support staff are so good…they're all really nice here". A health care professional told us, "Residents find the staff approachable…the way they are talked to is caring, they (staff) are always willing to offer support".

Staff had developed positive relationships with people who had trust and confidence that staff would be able to meet their needs. Staff spoke fondly of the people they supported and knew people's individual needs, risks, hopes and aims for their long term independence goals.

People's support plans also known as Recovery Plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. Most support plans contained information about what was important to people such as their favourite meals and snacks and details of what specific support they required. Staff were able to tell us in detail about people's interests, their families, preferences for day to day activities and the support they required.

People were happy when speaking with all staff and conversations we observed were familiar with the personal needs of the individual. Staff were person centred in their approach knowing the individual the supported. People received care from people who knew them as individuals, were caring in their approach and made sure their health and wellbeing needs were met.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff knew how to comfort people who were in distress or were feeling particularly anxious owing to their mental health diagnoses. Where required people's support plans included information on how to support them when in receipt of upsetting information. One person was made aware that someone they knew had passed away. Records provided guidance to staff on how to support them when feeling low as a result. This person had been encouraged to seek support from staff and external agencies to help support them during the difficult time.

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people were regularly asked if the support they were receiving was meeting their needs or if changes were required. Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or wear or how they would like to spend their day.

People were treated with respect and had their privacy and dignity maintained at all times. Staff were able to evidence how they would ensure that people had their needs met whilst maintaining a person's privacy. We saw that staff would always knock on people's doors and await a response before entering or speaking with the person. During people's medicines administration staff encouraged people to enter the office and the door was closed to ensure they had the privacy to take their medication without distraction or being observed by other persons. During the inspection one person wanted to share their experiences with the

inspector and expressed that they were happy to speak in the hallway which was in the communal area outside of the main office. The registered manager overhead the conversation and encouraged the person to enter the smaller unused office so that they had the privacy they may have wanted to speak freely and not have their conversation overhead by other people and the staff.

People had been supported to ensure their wishes about their end of life care had been respected and documented accordingly. Care plans provided personalised information for people regarding the support they required and their wishes for their funeral arrangements. Staff were aware of people's end of life care plans and the need for maintaining the person's privacy and dignity at all times.

Good

Is the service responsive?

Our findings

People we spoke with told us staff took time to get to know them and addressed them as individuals. We saw that that individualised support plans had been created and signed with people's involvement. Where people requested, their health and social care professionals were able to contribute to the assessment and planning of the care provided.

People's care needs had been individually assessed and documented by the registered manager or senior staff before they moved to the home and began receiving support. Support plans were then developed outlining how people's needs were to be met. People's individual support plans were routinely reviewed every month or sooner when people's health or needs changed, which meant that support plans provided the most current information for staff to follow. People were included in their review meetings and encouraged to express their views as to what support they required. During one review meeting one person had identified that they wanted to have a weekly planner to have an identified structure to their day. This was created, agreed and followed by the person and staff. This weekly structure was then further broken down to provide a care and maintenance routine that the person would follow on a daily basis. For example it identified when they would be participating with cleaning their room, taking the home's kitchen bins out, when they have to change their bed linen. During the inspection we saw that this person was confident and happy that they knew what tasks were required of them and saw them participating in taking the kitchen bins out on their allotted day. This had enabled this person to grow in confidence allowing them to achieve more goals towards meeting their aim of living independently. This person told us their aim was to move into independent living accommodation within a couple of years and that staff were helping them with that by helping them do things for themselves. This person told us, "I'm very happy here, I get 100% support here, they help me do things and I'm doing so much better".

People's support plans were specifically created with short and long term goals for people to achieve to assist them in living independently in the community. This included asking people their long five year aim and what people wanted to achieve in a shorter three month period. Discussions held and documented identified people were asked to think about what skills and knowledge they required in order to achieve their goals. For example, one person identified that to achieve their aim of independent living they had to learn to keep their environment clean and manage their medication and physical health independently. These goals were then reviewed with the person's nominated member of staff who acted as their key worker on a monthly basis. Staff were motivated to ensure that people achieved independence and spoke warmly of when people had achieved tasks they had not thought themselves capable of. One person's aim had been to go food shopping without support from staff. To ensure that the person's anxieties were minimised small steps were taken to slowly withdraw the level of involvement from staff in the task until the person had recently been able to complete a shopping trip without support. Staff recognised their role in promoting people's independence and were able to evidence how they supported people appropriately. A health care professional told us, "Independence is definitely promoted and the care plans reflect this".

The registered manager and staff recognised the need for people to participate in activities to help prevent them experiencing social isolation. All people living at the home were encouraged to participate in a range

of activities that were available within the home or at external locations. When people specified they wanted to remain in their own rooms this was respected. People were encouraged to visit the provider's other homes and participate in social events in the evenings including football games. Opportunities were sought for people in order to keep them engaged with social interactions, such as supporting people to take part in walking group sessions, and assisting people to go on holiday with friends and families. People were also free to invite friends and family to visit and use a separate kitchen area to ensure some privacy for their guests. A cooking club had been created which involved weekly cookery classes for residents at their request. This was well attended by people living at the home.

People were actively encouraged to give their views and raise any concerns or complaints. People told us they knew how to make a complaint and felt able to do so if required. The provider's complaints procedure was available in people's support plans and clearly displayed in communal areas. The provider's policy gave guidance on how to complain and provided specific timescales within which people should expect to receive a response. The home also utilised post boxes situated on the ground floor of the home which could be used by residents to submit anonymous concerns, complaints, feedback or compliments. Records showed that people were spoken to during individual and group meetings and reminded of their ability and the process to make a complaint if they wished. Processes were in place to effectively respond to complaints raised; however, no formal complaints had been raised in the previous year.

Good

Is the service well-led?

Our findings

The provider, registered manager and staff aimed to achieve an open, person centred and supportive culture within Swiss Cottage. They actively sought and encouraged feedback from people using the service and staff to improve the quality of the service provided. People knew who the registered manager was and were confident in their ability to manage the service effectively. One person said about the home "I'm very happy here, it's very good, it's led well, it's very good". Another person told us," (he's) a Good manager".

The registered manager wished to promote a service were people and staff were confident and capable of challenging processes and making suggestions on how to improve people's lives. They were open to challenge and constructive criticism from staff as they wanted to seek ways to make the service better. The registered manager understood the provider's values to support people as an individual to empower them to do whatever they wished to do. These values were reiterated to staff through supervisions, mentoring and allowing and encouraging an open dialogue.

One member of staff told us that the values of the service were "Treat all as an individual with dignity and respect and not as an object or a diagnoses, people actually care, our manager actually cares and it's quite nice to be in a place where safety things are always thought about". Staff said they felt very supported by the registered manager and their colleagues and were able to speak to the registered manager at any time if they wished to seek some additional support. One member of staff told us, "It's excellent he's someone who listens to everyone he's very easy to talk to and he understands the client's needs and the our needs as staff he'd readily accept change which would be for the benefit of everyone he's very, very nice.

Staff were able to clearly identify that their role was to deliver respectful and dignified support to promote and encourage people's independence at every opportunity. People told us they were happy with the support provided and that staff were displaying the provider's values in their daily activities.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

The quality of the service people experienced was monitored through regular support plan reviews, audits of paperwork and observation of staff in their roles by the registered manager and senior care staff. A range of different audits were also completed in key areas such as medication and the completion of records. The provider also used a specific auditing process called the Practical Quality Assurance System for Small Organisations (PQASSO) which was completed by senior management staff quarterly. This auditing system was devised and used to assist charities to assess their own performance and run more effectively. The results of all the quality assurance audits were used to identify where improvements could be made to the service provided. A PQASSO completed in completed in November 2015 identified a number of areas for improvement and an action plan was created as a result to address the areas. The audit identified that staff were not always recording details about their daily contact with people living at Swiss Cottage. Records

showed during the inspection that this was now being completed daily by staff. This enabled staff to document any changes in behaviour and mood which may indicate deterioration in a person's health and or wellbeing and allow other staff to be aware of any potential changes.

Weekly and monthly medication audits were used as a way to ensure the quality of the service provided, these checked that medication was being stored and documented correctly and that the people's medication administration records were completely fully. We could see that these were occurring at the time specified by the provider and no identified areas for improvement had been noted.

A check of people's support files identified that at the beginning of March one resident needed to identify where they believed they would be living and the support they would require in a year's time. This was to ensure that goals set were specific and manageable in this time frame. This person had recently moved to the location and as a result of the audit an action was created stipulating that this person's keyworker was to meet with them and create their support plan fully. Records showed that this person spoke with staff on a daily basis and was involved in deciding the living skills they needed support with and their wishes for the future. Auditing processes were effective in identifying where additional action was required to be taken by staff to ensure that people were supported in the most appropriate.

People were actively encouraged to complete an annual questionnaire where they were asked to identify areas where steps could be taken to improve the quality of the service they received. Selections of the last completed questionnaires from 2015 were viewed. People were asked to provide details of: their level of satisfaction in key areas, including whether they were happy with their accommodation; if they were happy with the quality of the support they received; if staff listened to what they had to say and; whether staff were meeting people's objectives of moving to more independent living. People documented that they were very satisfied with the quality of the services received with ratings including 'Very Good' in a number of areas within the feedback.