

# Freeways Trust Limited

# Kenneth House

## Inspection Report

487 Gloucester Road  
Horfield  
Bristol  
BS7 8UA  
Tel: 0117 951 1082  
Website: [www.freewaystrust.co.uk](http://www.freewaystrust.co.uk)

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# Summary of findings

## Overall summary

Kenneth House is a care home providing accommodation, personal care and support to adults with learning disabilities. Eight people lived there at the time of our visit.

The service provided a safe environment for the people who lived there. The staff encouraged people to be independent. People who used the service were formally involved in the assessment of their own needs and were consistently supported to have their views taken into account.

The people who used the service and their relatives provided positive feedback about the personalised approach of staff. People felt they were listened to and that their needs and preferences were supported. Relatives felt their relative's needs were at the centre of their support and, where appropriate, they were involved in their relative's care plan reviews.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The staff felt well-supported by the registered manager as they placed an emphasis on being open and approachable. Staff told us they would approach the registered manager if they had any concerns and felt confident these would be addressed.

Staff offered appropriate and effective support to people as needed. People were offered a wide range of choices regarding social and educational activities. We observed that the staff enabled the people who used the service to be as independent as possible.

The service had policies in place about upholding people's rights and they were consistently followed. The registered manager was in the process of reviewing and up-dating each person's mental capacity assessment. The principles of the Mental Capacity Act 2005 were being followed. The Act protects the rights of people who are not able to make decisions about their care or treatment. People's human rights were properly recognised, respected and promoted.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). An application was going to be processed for one person to ensure their protection. There were proper policies and procedures were in place for staff to follow. The relevant staff had been trained to understand when an application should be made, and how to submit one.

Safeguarding procedures were followed and staff understood their role in safeguarding the people they supported.

Systems were in place to make sure that the registered manager and staff learned from events such as accidents and incidents, complaints and concerns. This reduced the risks to people and helped the service to continually improve.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People felt safe because they were involved in making decisions about any risks they may take, such as travelling independently.

Support was planned and delivered in a way that ensured people's safety and welfare. Regular risk assessments were conducted by staff members and they involved the person using the service in the process. This reduced the risk of people receiving unsafe or inappropriate support.

Staff members we spoke with demonstrated an understanding of the organisation's safeguarding adults policy. They understood what constituted abuse and the procedures and reporting mechanisms that were in place to protect and safeguard people if required.

Systems were in place to make sure that the management team and staff learned from events such as accidents and incidents, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Act protects the rights of people who are not able to make decisions about their care or treatment.

We found that staff consistently managed medicines in a safe way.

Staffing levels were sufficient to meet people's needs. All activities had been scheduled and the rota was produced around this to ensure the sufficient staff were always available. This ensured that people were supported to take part in their chosen activities.

### **Are services effective?**

The service was effectively meeting the needs of the people who used the service.

Positive comments were received from people who used the service regarding the effectiveness of the level of the care and support provided. Comments included; "I get help with my food. The keyworkers help you. We have meetings about what we want to do and menus are discussed. I'm a vegetarian and I choose food one night a week."

# Summary of findings

People's views were taken into account regarding the assessment of their needs and the planning of their service. Care plans showed that people had been formally involved in the assessment of their needs and were consistently supported to have their views taken into account.

Members of staff received regular supervision meetings with their manager. The supervision meetings provided an opportunity for staff to talk through any issues about their role, or about the people they provided care and support to, with their manager. Learning and development opportunities were also provided to ensure that staff skills were developed and kept up to date.

## **Are services caring?**

People told us that the staff were caring. One person told us "the staff are very nice. They care and I'm well supported. They support me to go to college and go on trips."

Staff were attentive towards people and showed an interest about the activities people were going to take part in during the day.

Staff developed trusting relationships with the people who used the service. Issues such as personal care were dealt with in an understanding and sensitive manner. Staff ensured they had the person's agreement before they undertook new tasks, such as drawing up a schedule for personal care.

Staff we spoke with described people's needs and preferences and how they supported them to achieve their goals, such as trying to obtain paid work and using public transport independently.

## **Are services responsive to people's needs?**

The service was responsive to people's needs. Each person had a plan of care detailing their needs and choices in relation to how their care was provided and how they preferred to be supported. The plans were developed in consultation with each person. They provided structure and guidance for members of staff, to ensure that identified current and on-going care and support needs could be met consistently and safely.

People were enabled people to maintain relationships with their friends and relatives and engaged in activities that were important to them.

There were clear procedures followed in practice, monitored and reviewed for receiving, handling, considering and responding to complaints.

# Summary of findings

## **Are services well-led?**

The service promoted an open and fair approach and was well-led. Staff members we spoke with felt well supported by the registered manager.

The service had a continuous quality improvement system in place that was used to enable the registered manager to come to an informed view about the standard of care provided. We found that actions were taken where improvements were needed.

The service worked with key organisations, including the local authority and safeguarding teams, to support care provision and service development.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with four people who used the service. The people we spoke with felt well supported by staff members. We observed that the staff enabled the people who used the service to be as independent as possible.

One person we spoke with who used the service had been working in the morning at a local farm in the morning told us “I’m doing what I want to do. I get help with food and the keyworkers help you. We have meetings about what we want to do. I’m a veggie and I choose what I want from the menu. They ask us how we like things. When I head out I take my mobile phone out with me and they call me for lunch.”

Another person said, “the staff are very nice. They care and I’m well supported. They support me to go to college and go on trips, like day trips. They help me with my food. I like the food here. I eat healthily and clean my own room.” When discussing activities they told us, “I would like to go to many Bristol City matches. They’re my favourite and the staff support me.”

One person who had returned from a volunteering session in the morning told us “I’ve been packing boxes and having coffee and biscuits. I’m going to college this

afternoon to cook fish and chips. My keyworker is nice and takes me to town. We go swimming, cooking, shopping and cycling on a Saturday. I feel safe because of the staff around me.”

In February 2013 a “service user inclusion and satisfaction survey” was conducted by an independent person. They visited the service and sought the views of the people who used the service. The analysis of the survey found that all the people who used the service felt they were given an opportunity to choose the type of care and support they receive and they could make choices about everyday things and their lifestyle. The survey also found that people would know what to do if they were unhappy, frightened or worried about things in their life.

In 2013 a relative’s feedback survey was also conducted. Relatives felt that the service dealt with issues quickly and provided a safe and stable home for people. Staff were described as being “friendly and cheerful”. Everyone considered that their relative’s needs were at the centre of their support. A recommended area of improvement was the need for keyworkers to contact the family where changes occurred and it was stated that some people required more support regarding access to leisure and day services.

# Kenneth House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We inspected Kenneth House on 15 May 2014. An adult social care inspector conducted the inspection.

We last inspected the service on 1 September 2013. There were no concerns found at this inspection.

Before our inspection we reviewed relevant background documentation held by the Care Quality Commission (CQC).

We viewed the care records of four people who used the service. We examined the policies and procedures of Kenneth House and the audits undertaken by the registered manager to review their service provision.

We looked at all areas of the building, including people's bedrooms (with their permission), the kitchen, bathrooms and lounge and dining areas.

Not all the people we met were able to verbally tell us about the care they received. Therefore we observed how staff interacted and supported people, to enable us to make a judgement on how their needs were being met.

We spoke with four people who used the service who were able to tell us about their experience living at the service. We also spoke with two members of staff and the registered manager.

# Are services safe?

## Our findings

People felt safe because they were involved in making decisions about any risks they may take.

Conducting regular risk assessments reduced the risk of people receiving unsafe or inappropriate support. One person we spoke with had recently started voluntary work at a local charity. On the day of our inspection they were receiving staff support on working towards their goal of travelling to the charity independently. The person was receiving training from a member of staff of how to get to the charity independently using public transport. The staff member was working with the person to identify any concerns and potential risks to ensure they remained safe. The person told us “I feel safe because of the staff around me.”

People told us they felt safe and supported and would have no hesitation in going to the staff if they felt upset or sad. One person told us they felt upset at times by another person who used the service. They told us that the person, at times, shouted and could be aggressive and they did not like it. They had told their keyworker, who was the main point of contact for the person and provided their main support, and said “they listened to me and I’m well supported.” The key worker confirmed they were aware of the position and strategies had been implemented to alleviate the risks. They reviewed particular circumstances of behaviour, the person’s medicines and assessed the person’s understanding of bullying and why it was aimed at one particular person. To ensure the safety of the people involved we found that the position was under review by a multi-disciplinary team. The team consisted of health professionals, staff members and the local authority safeguarding team.

We spoke with two members of staff during our inspection specifically about their knowledge of the safeguarding and whistle-blowing policy. They demonstrated a good awareness of what constituted abuse and the reporting mechanisms that were in place. Staff told us they were confident that concerns raised would be dealt with by senior staff. They were also aware of external agencies who they could contact such as the local authority and the Care Quality Commission. One member of staff told us they had raised concerns to their registered manager about an individual and their behaviour towards another person

who used the service. A safeguarding referral was made to the local authority and the Care Quality Commission was notified of the position. Where concerns had been raised appropriate action had been taken to safeguard people.

Staff were knowledgeable in working with people with behaviour that challenges. We were told by a staff member that one person became particularly agitated when another person who lived at the service started talking about an opposing football team. Where such a situation occurred staff members told us they supported the person to withdraw from the situation to relax in their room. They told us the person would leave the room of his own accord and they knew not to question them and ask about their welfare as this could lead to them becoming agitated. Staff members let them know where they were if they needed to talk about the situation. This diffused the person’s agitation. This was recorded in the person’s proactive strategy documentation that included information about activities which may lead to certain behaviours and strategies to adopt if the behaviour occurred. The documentation stated the person’s known issues, how to avoid the particular circumstances of behaviour at critical times (where possible) and actions to help the person develop behaviours to help them cope with known issues.

We reviewed whether the service had an effective system to manage accidents and incidents. We reviewed the incident log which showed the incidents that had occurred in 2014. We saw evidence that a senior member of staff had followed up on these incidents and put measures in place to enhance the person’s safety to ensure they were less likely to occur again. This had included updating a person’s proactive strategy documentation which identified new issues which resulted in the person behaving in particular ways. Staff members were aware of the new issues and actions needed to help the person develop behaviours to help them cope with the known circumstances of behaviour. People were safe as there was an effective system in place to manage accidents and incidents and learn from them.

We found that staff consistently managed medicines in a safe way. Medicines were checked into the home and recorded appropriately. People told us they received the medicine they needed, when they needed it. We found that, where people administered their own medicines, risk assessments had been implemented to enable the person to take their medicine independently.



## Are services safe?

Appropriate arrangements were in place in relation to the recording, disposal and management of medicines. Staff told us that medicines were reviewed regularly ensuring that people had the medicines they needed and at the appropriate dose. Medicines were handled appropriately and stored safely and securely when not in use. Staff training and checks meant that staff remained competent in medicine administration. Staff described the process and showed competency in medicines management. Staff told us how medicines were ordered, checked and disposed of safely. The medicine records we viewed supported this.

Staff we spoke with had a good understanding of how people preferred to be supported to take their medicines, such as providing support to avoid a person dropping their medicines. There were also protocols in place for when staff administered “as required” medicines, such as pain relief. Although this protocol was in place the type of incident where “as required” medicines may be needed for an individual was not documented in all cases. However, the staff we spoke with provided examples of the incidents of where an individual would need their “as required” medicines and had a good understanding of each person’s needs. They confirmed they would now formally document the reasons why the person may need “as required” medicines in their personalised records.

We looked at the staff rotas for the four weeks before our inspection. These showed that a minimum of two staff were always on duty in the house during the day. The registered manager told us how they ensured that their rotas were flexible so they could support people using the service. If a person wanted to go out and required staff support to do so, the rota was flexible so that this could be

facilitated. This was demonstrated on the day of our inspection. Two additional members of staff came in to take two people who lived at the service out on their chosen activity. All activities had been scheduled and the rota was produced around this to ensure that sufficient staff were always available. Staff members we spoke with expressed concerns that they had recently lost a team leader as part of the staffing complement. They told us they were struggling without this additional member of staff being available in the house, particularly when incidents occurred between people who used the service

Where people did not have the mental capacity to make particular decisions regarding their care and support, the registered manager explained the process they followed to ensure best interest meetings were held involving others as appropriate. Assessments of people’s capacity to make specific decisions were recorded in their care plans along with the details of any decisions made in their interests. The registered manager showed us completed versions that they had recently reviewed. To ensure that all records were up-to-date they confirmed they were in the process of completing the reviews of four people who lived at the service.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). In order to protect one person who required staff assistance to leave the building the registered manager told us they were in the process of proceeding with a DoLS application. We found there were policies and procedures in place and they were being followed correctly. Relevant staff had been trained to understand when an application should be made, and how to submit one.

# Are services effective?

(for example, treatment is effective)

## Our findings

The service was effectively meeting the needs of the people who used the service.

Support was planned and delivered in a way that ensured people's safety and welfare. Each person's assessment was personalised and included the person's skills and abilities. The plans were reviewed regularly. The review process meant that plans of care and support were regularly assessed for their effectiveness, changed if found to be ineffective, and kept up to date in recognition of the changing needs of the person using the service.

People's views were taken into account regarding the assessment of their needs and the planning of their service. Care plans showed that people had been formally involved in the assessment of their needs and were consistently supported to have their views taken into account. Staff members and people who used the service told us that regular meetings were held to discuss the previous month's achievements, what had been achieved, what was going well, any concerns and setting new goals. One person showed us their "path poster" which provided pictures and supporting wording of where they are now and where they would like to be in a year's time. It included what they needed to do to stay focussed, whose help they needed to assist them and the steps needed to ensure they achieve their goals. The person told us that one of their goals was to have a paid job. Their support worker told us what steps they were taking to enable the person to achieve their goal. This has included approaching employment services and Mencap, the charity which helps people with learning disabilities.

During our observations we saw that staff members communicated effectively with everyone who used the service. One person was not always able to communicate verbally due to their complex needs. Staff used a language programme known as Signalong which incorporates signs and symbols to help a person and staff to communicate. The registered manager told us that since staff had been trained in the Signalong language programme it had enhanced their understanding of the person and their needs. It also assisted staff to better communicate with the person so the person knew what was being requested of them. This had resulted in the person becoming more

involved in activities such as attending day services and going out on shopping days. Staff were now able to ask the person what they wanted to do and offer more choices and staff now understood what the person was asking for.

People were involved in the decisions about the food and drink provided. We talked with the registered manager about how the weekly menu was created. They explained that regular resident's meetings were held. Menus were discussed and agreed at these meetings. Each person chose the meals for one day of the week and specific dietary requirements were catered for. The people we spoke with felt fully engaged with the menu decisions. Meals were home cooked and freshly prepared by members of staff. People who used the service were also encouraged to assist with the food preparation. Comments included; "I get help with my food. The keyworkers help you. We have meetings about what we want to do and menus are discussed. I'm a vegetarian and I choose food one night a week"; "I cook with the staff and eat with everyone"; and "they help me with my food. We're having pork kebabs. I like the food here."

One person told us they needed staff support with their food. They told us "They help me not to eat too much and make sure I have the right portions. I eat healthily." We reviewed the person's records and a risk assessment had been conducted regarding the person's eating habits and the actions required to reduce the risk of obesity. The person agreed that the kitchen cupboards could be locked and the other people who used the service had their own keys to these cupboards. The person was involved in the discussions and risk assessment of their nutritional needs and the on-going monitoring. The records documented the person's consent and the person told us they had agreed to the actions taken.

People who used the service were encouraged by staff members to be involved in decision-making regarding issues affecting the house such as décor. The new carpet and lino that had recently been installed had been chosen by the people who used the service. Each bedroom was decorated as per the individual's preference. One person who showed us their room told us about the things they had bought for their room and that they had chosen the colour scheme. One member of staff told us "we all know our role is to support people in their home. We enable people to make decisions. People decide on décor, people chose the carpet. All decisions are down to the service

# Are services effective?

(for example, treatment is effective)

users. We have a new dining room table coming soon and this was decided by the service users". The people we spoke with felt well supported by the staff and told us they were involved in decisions relating to their care and support.

We spoke with two members of staff and reviewed staff supervision and training records. Members of staff confirmed they received regular supervision meetings with their manager. This was evidenced by the records seen. The supervision meetings provided an opportunity for staff to talk through any issues about their role, or about the people they provided care and support to, with their manager. Learning and development opportunities were also discussed to ensure that their skills were developed and kept up to date.

We found there were suitable arrangements in place to ensure that staff members were properly supported in relation to their responsibilities and to enable them to deliver support to the people who used the service to an appropriate standard. The staff members we spoke with

felt well supported by the registered manager to support people effectively. One staff member with told us "I'm well supported by my manager. We have supervisions every eight weeks where we discuss my performance and the service user needs. I feel listened to."

We found that staff had attended regular training including safeguarding adults, food hygiene, fire safety, first aid and medicines administration. Staff members confirmed that regular training was provided relevant to their role. We were shown records which provided an overview of the individual's staff training and these were kept up-to-date. The provision of regular training ensured that staff had the skills to provide support to the people who used the service.

We found that all staff received a comprehensive induction that took account of recognised standards within the care sector and was relevant to their workplace and their role. The standards included duty of care and person-centred support. This ensured that the staff were trained to safely work unsupervised.

# Are services caring?

## Our findings

People told us the staff were caring and supportive. Comments included “x [staff member] is nice and takes me to town, swimming, cooking, shopping and cycling. I’m happy being with other people. It’s good here, I like the people. I have meetings with the keyworker. I like going to the gym, someone takes me”; “the staff are very nice. They care and I’m well supported. They support me to go to college and go on trips”; and “I’m doing what I want to do. They ask us about how we want to do things.”

We observed staff interactions with people who used the service. Staff were attentive towards people and showed an interest about the activities people were going to take part in during the day. One person we spoke with told us about their interest in aeroplanes and they were being taken to a fleet air museum for the day. This was their chosen activity and their key worker organised the day for them. On their return they told us and other staff members about how much they enjoyed their day and the things they had seen at the museum.

Staff developed trusting relationships with the people who used the service. Issues such as personal care were managed in an understanding and sensitive manner. Staff ensured they had the person’s agreement before they undertook new tasks, such as drawing up a schedule for personal care. One person told us the staff helped them

with their routine and staff respected that they did not want personal care in the morning. They agreed with their keyworker that their main personal care routine would be in the evening as they preferred to relax in the morning.

We observed that most people had a full day of activities planned for the day and were fully supported by the members of staff to engage in such activities. It was a particularly sunny day on the day of our inspection and one person had requested to go out for a picnic. A member of staff helped them do this and they went to the supermarket together, prepared the food and then they went to the park for tea.

We spoke with one person about how their independence was supported by the staff members. They worked on a farm during the week and on their days off they did “what I want to do”. They were heading out for a walk and told us that the staff called them on their mobile to offer them the option to come home for lunch. This person also told us about their brother and how staff supported them to visit him on long distance journeys as they were close to them. This enabled the person to continue and build on their relationship with their relative. When speaking with the person the relationship with their relative was clearly important to them.

Staff we spoke with described people’s needs and preferences and how they supported them to achieve their goals, such as trying to obtain paid work and using public transport independently. We saw that individual’s needs were documented clearly in their care records and staff were knowledgeable about this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Each person had a plan of care detailing their needs and choices in relation to how their care was provided and how they preferred to be supported. The plans, including risk assessments, were developed in consultation with each person. They provided structure and guidance for members of staff, to ensure that identified current and on-going care and support needs could be met consistently and safely.

People were encouraged to learn new tasks such as cooking and travelling on public transport independently. The risk assessments attributed to each learning task were incorporated into the person's care plan. Staff logged steps taken to undertake the task and documented what went well and what worked less well. The assessment also highlighted issues of behaviour, what happened and how the person felt. One person wanted to travel independently on public transport. The person got lost once on a journey and this caused them to be anxious. To enable their independence and to allay their anxiety the person agreed to carry a mobile phone with them. This ensured they could contact staff members if they required any help. Another person we spoke with told us they had seizures. To enable them to travel on their own they had agreed to carry a card to notify people what to do if they had a seizure and who to contact.

People were offered a wide range of choices regarding social and educational activities whilst living at Kenneth House. People were encouraged to plan their short and long term aspirations. For example, one person told us about their intention to join a drama group and visit Disneyland, Florida. They told us they were going to save money to achieve this. If people did not want to join in with group activities they were offered one-to-one activity time of their choice with their keyworker, such as shopping trips.

Where one person had difficulties communicating verbally and did not engage with many activities the registered manager sought advice from a health professional regarding the person's needs. Following the assessment it was evident that the person liked to engage in specific activities. Following this review the person started going out bowling and also joined staff members in supermarket shopping as they liked to push the trolley. The staff recognised the potential risks of social isolation of the person and took proactive steps to deal with the person's preferences.

People were enabled to maintain relationships with their friends and relatives and engaged in activities that were important to them. One person told us about their visits to their relative. They had also visited one of their relative's memorial and visited their friends. Two of the people who lived at the house were engaged and their living arrangements and preferred routines had been discussed and agreed between them. They spoke to us about their intention to marry. A chaplain also visited them regularly to discuss their relationship and marriage. Support was in place to ensure that they were able to express their views and be involved in making decisions.

Appropriate referrals were made to other health and social care services as necessary. The range of referrals included a referral to the Community Learning Difficulties Team when a person required help with loss and grief and referrals to a physiotherapist for pain relief and tremors. The reviewed care plans included a Health Action Plan. The plan detailed the actions taken to maintain and improve the health of the individual and any help needed. Annual health checks were conducted and the person's health was also discussed and documented at the person's monthly meeting with their keyworker. This ensured that any health needs were dealt with at the appropriate time such as the need for dental work.

The care plans viewed highlighted that a full assessment of the person's needs had been undertaken by the staff. This meant that staff had the information and knowledge about the person regarding how to meet their support needs. As part of the process a person's capacity was considered under the Mental Capacity Act 2005. The registered manager was in the process of reviewing and updating the capacity assessments. Each care plan identified the person's views, their thoughts, and expectations of the service. There was an in-depth review of the person's views about what was important to them and these were reviewed on a monthly basis. This ensured that people were involved to the maximum extent possible in making decisions about their care and support.

The people we spoke with who used the service all understood how to raise a concern. Everyone told us they would approach a member of staff. Monthly meetings were held with their key worker to enable the person to discuss any issues affecting them. An easy to read complaints process was available and well-publicised on the notice board. The process provided pictures of emotions,

# Are services responsive to people's needs?

(for example, to feedback?)

photographs of who to approach and a telephone number to call. The people we spoke with all told us they would approach a member of staff if they had any concerns. The publicising of the complaints system and the regular meetings held with their keyworker enabled people to provide feedback about them and identify any potential areas that could be improved.

In 2013 we found that 15 fifteen complaints had been received. The complaints had been reviewed by a senior member of staff and were dealt with in accordance with the complaints policy. The complaints log identified that, where concerns had been substantiated, actions were taken to resolve the issue promptly in a timely manner. The main complaints received were regarding issues between the people who used the service. Actions taken included

discussing issues with the people involved and updating their proactive strategies to help them to deal with their particular areas of concern. This ensured that improvements had been made where concerns had been identified.

We were told that regular resident meetings took place. We saw from the minutes that the meetings were well attended from people using the service. People were encouraged to get involved and express their views on how they would like the service improved. Comments included about attending an interview panel when new members of staff were being interviewed. Social activities, house jobs and the choices of décor were also discussed and actions were agreed to take these issues forward.



# Are services well-led?

## Our findings

At the time of our inspection there was a registered manager in post. Observations of how the registered manager interacted with staff members and comments from staff showed us that the service had a positive culture which incorporated an open dialogue. When we were reviewing papers in the manager's office staff members and people who used the service freely walked in to either seek advice or just to have a chat about their day. We saw that the registered manager adopted an open door policy in that they were readily available to provide guidance or listen to what people had to say. Although they expressed concerns regarding a team leader not being replaced staff members we spoke with felt well supported by their manager. One person told us "I feel listened to and there are regular staff meetings."

The registered manager placed an emphasis on providing support to their staff. At a recent staff meeting issues discussed included a review of people's progress, incident reports, medicines, risk assessments and strategy reviews about each person's needs. This ensured that the staff and the registered manager were kept fully informed of any issues arising regarding people's needs and the running of the service.

The staff we spoke with presented a clear understanding of what to do if they had any concerns about the practices adopted by the service. Staff told us they would approach the registered manager in the first instance. If they did not feel that the registered manager responded in the appropriate manner they were all aware of the reporting mechanisms in place and how to contact the relevant external authorities. The staff worked with key organisations, including the local authority and safeguarding teams, to support care provision and service development. CQC received appropriate notifications of any issues affecting the service when necessary. An example of this included a particular incident between two people who used the service. Appropriate action was taken such as reporting their concerns to the relevant external authorities, that is the local authority safeguarding team. Action was taken to safeguard people through the involvement of a health professional.

There was an effective system in place to manage accidents and incidents and learn from them. There was an accident book for recording and analysing individual

accidents such as challenging behaviour between people who used the service. When necessary, action had been taken to reduce the likelihood of these incidents happening again. There was an incidents log which allowed the registered manager to identify, analyse and review adverse events. This enabled them to establish whether there were patterns of behaviour and emerging themes and take them forward. Where it was logged that one person was expressing consistent challenging behaviour a multi-agency meeting was held to review their medical condition, behaviour and medicines. The meeting agreed an action plan to support the person and protect the safety of others.

There was an effective process in place which provided full information about the quality of care, treatment and support the service provided, and its outcomes. This enabled the registered manager to make an informed decision about the quality of the service and where improvements were required. The registered manager produces bi-monthly manager reports for the senior management team. The Senior Care manager, Head of Personnel and Finance Director also contributed towards the report. Areas that were regularly reviewed included items such as adult protection, keyworker reports, support planning and recording. The report identified areas that required actions such as fire training and drill updates. The report also documented when a senior manager conducted an unannounced spot check on the service. A record of discussions with staff and people who used the service were documented and issues that needed to be addressed, such as the use of the mobile phone at work and the practice being viewed as unacceptable.

People who used the service and their relatives were provided with an opportunity to complete an annual satisfaction survey. All the people who used the service provided positive feedback about their experience of the service. They felt they were provided with opportunities to discuss their support and were provided with choices about their lifestyle. They all confirmed they knew what to do if they were worried about things and they felt cared for and supported by staff members. Relative's feedback was also positive and everyone felt involved in their relative's care review and felt their relative's needs were at the centre of their support. Areas identified for improvement included improved communication for staff to pass on messages regarding issues that affected their relative and some people required more support to go out and about in the

## Are services well-led?

community. The registered manager had acknowledged the relative's concerns and told us they had addressed the

areas of concern by improving the levels of communication with relatives and reviewing the programmes of those persons who required more support to access the community.