Mr Donald Smith

Beech Tree Hall

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 3 and 4 November 2015 and was unannounced on the first day. Our last inspection of this service took place in January 2014 when no breaches of legal requirements were identified.

Beech Tree Hall is a care home for up to 17 adults with learning disabilities. Accommodation is provided in four flats; Oak House, Holly House and Birch House are located on the ground floor. Elm House is located on the first floor. The home is owned and by run by Mr Donald Smith, who also has a small number of other homes for people with learning disabilities, in the Yorkshire area. At the time of the inspection there were 15 people using the service.

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

People said they felt safe and the staff we spoke with had a clear understanding of safeguarding people from abuse, and of what action they would take if they suspected abuse.

Care and support was planned and delivered in a way that ensured people were safe. The individual plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk, while encouraging people to be independent.

People's medicines were well managed generally, although the temperature that the medicines were stored at was not monitored and recorded consistently in all of the flats.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. There had been a period where there had been shortages of staff, and this had led to the use of agency staff, while new staff were recruited. However, this had improved, as new staff had been recruited and when the management team used agency staff, they tried to use the same workers to help maintain consistency for people.

We saw the staff training record for the service. This showed that staff were provided with appropriate training to help them meet people's needs. An improved system was also being introduced to make it easier for the registered manager to keep track of when staff needed training and updates. However, there was a need to ensure that all staff, including the registered manager, received regular formal, documented supervision with their line managers.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of

Liberty Safeguards (DoLS) and the staff we spoke with were aware of the Act. However, there was a need to further develop some of the assessments, records, and the practice in some areas, and the registered manager was taking action to address this.

People were supported to maintain a balanced diet. The people we spoke with told us they liked the food and were involved in choosing and planning their menus, shopping and cooking their meals.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. We looked at people's records and found they had received support from other professionals and healthcare services when required.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. We saw staff were aware of people's needs and the best ways to support them, and there was an emphasis on maintaining and increasing people's independence.
The registered manager and all of the staff we spoke with and saw supporting people, had a caring approach and treated people with respect and dignity.

The service was for people with challenging needs and behaviour and staff successfully provided a very positive and calm atmosphere, and were very person centred and responsive in their approach.

People's individual plans included information about their family and others who were important to them and they were supported to maintain contact with them. We saw that people took part in lots of activities and events in the home and in the local community and that this depended on the choices and individual interests of each person.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an 'easy read' version.

The registered manager was very open and committed to continuous improvement of the service. They knew people's backgrounds, needs and preferences in detail, and was very concerned for their welfare.

There were audit systems to make sure people received a good quality and safe service, and in general these were reasonably effective. However, there was room to improve the management overview in some areas, such as people's financial support and medicines, while including more consideration of the MCA code of practice.

The registered manager told us the company sent out satisfaction surveys to stakeholders for them to comment on their experience of the service provided. They said that most people's relatives were very involved, and preferred to discuss their views on a day to day basis, when they phoned or visited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included relevant areas of risk.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Overall, there were appropriate arrangements in place to manage people's medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

The staff records showed that staff received core training necessary to fulfil their roles along with other relevant training specific to people's needs. However, there was a need to ensure that all staff, including the registered manager, received regular formal, documented supervision with their line managers.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with were aware of the Act. However, there was a need to further develop assessments, records, and practice in some areas.

People were supported to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Is the service caring?

Good

The service was caring.

People described the staff as caring.

Staff we spoke with were aware of people's needs and the best way to support them, whilst maintaining their independence.

People's diverse needs were taken into account and they were encouraged to be involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

We saw that people took part in some activities of their choice on a weekly basis and were supported to maintain family relationships and friendships.

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an easy read version.

Is the service well-led?

Good

The service was well led.

We saw various audits had taken place to make sure policies and procedures were being followed.

The manager told us the company sent out satisfaction surveys and the next batch of survey was due to be sent to all stakeholders.

Staff we spoke with felt the service was well led and they were supported by a registered manager who was approachable and listened to them.

Beech Tree Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 3 and 4 November 2015 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors. At the time of our inspection there were 15 people using the service.

Before the inspection, we reviewed the information we held about the service, which included incident notifications they had sent us. We contacted the commissioners of the service and Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service and observed the care and support a number of people received in communal areas. We did not use the Short Observational Framework for Inspection (SOFI) as people told us what they thought of the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight staff, the registered manager and the service manager. We reviewed a range of records about people's care and how the home was managed. These included the care plans and day to day records for four people who used the service. We saw how people's medication was managed, including the storage and records kept. We also looked at staff records and at the quality assurance systems that were in place.

Good

Is the service safe?

Our findings

We asked five people if they felt safe living at Beech Tree Hall and if they liked the staff. They said they did. One person told us they felt the home was well staffed, except occasionally at night, or in the morning, but this did not affect the way they were cared for in any way. They said they saw mainly the same staff, which they found reassuring. They had occasionally met an agency worker and they felt comfortable with this. They told us they had recently met one agency worker who had introduced themselves and helped make a cup of tea. We saw that another person recognised and expressed delight at seeing the agency worker who came on duty in the afternoon.

Several staff said there had been a period where there had been shortages of staff, as several staff had left at around the same time. This had led to the use of agency staff, while new staff were recruited. They felt there had been one or two occasions when there had not been enough staff on duty to allow them to support people safely. However, they told us that this had improved, as new staff had been recruited, and when the management team used agency staff they tried to use the same workers to help maintain consistency for people.

We discussed with the registered manager how they assured themselves that staff numbers were sufficient. They told us that the kept people's needs under review and this was discussed with their line manager. They said there had been a difficult period, for two to three months in late summer, when there was a need to use agency staff. They had had to work very hard to maintain a good, consistent service for people during this period. They added that staff in the team were helpful, and willing to step in and provide cover whenever they could and that this had helped a lot.

The registered manager showed us records of the two specific occasions, in late summer when the staffing levels had dropped below what was the usual minimum. However, it was also evident that the senior members of staff on duty had not contacted members of the management team to seek support with organising extra cover. Instead they had deployed the staff who were on duty in order to minimise any risk to people who used the service and had raised their concerns after the event. The registered manager told us that staff had been reminded to use the 'management on call' system to alert members of the management team if there were not sufficient staff, so that they could help to organise staff cover. The registered manager and the service manager said that they would be willing to provide cover personally, if necessary.

The service had a staff recruitment system and the registered manager told us that pre-employment checks were obtained prior to applicants commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at staff files for three staff working in the home and found them to reflect the recruitment process.

We spoke with the registered manager, senior staff and support staff about safeguarding people from abuse. They were clear about how they should keep people safe and were able to describe potential indicators of

abuse, including possible physical signs. They also knew how to report safeguarding concerns. One staff member said they had received training earlier in 2015. Another staff member told us they would have no hesitation in speaking to either the registered manager or a team leader if they saw anything they were uncomfortable with and often asked questions about people's' care. They said, they had never witnessed anything which had given them cause for concern. They told us that on the occasion's agency staff were used, they were carefully chosen to make sure, as best as was possible, that they fitted in well.

Staff confirmed they had access to safeguarding policies and procedures and received training in safeguarding people. We checked other systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the members of the management team in the home carried out audits, which included monitoring and reviewing all safeguarding issues, accidents and incidents, and the registered manager made sure that any learning points were identified and shared with the wider staff group, in other homes run by the provider. Our records showed that any incidents had been notified to CQC and other authorities where appropriate, and this included safeguarding incidents.

We looked at the arrangements in place to safeguard people's money. The registered manager showed us there were safeguards in place to make sure people were not open to financial abuse. There was a clear record kept of all of the amounts involved and this was regularly checked and witnessed. We reviewed a number of people's financial records and found no concerns. People told us they always had access to enough money for their needs. For instance, one person told us their finances were dealt with by their parents and the home, and that they always had enough money to do things.

We looked at people's written records and found there were assessments in place in relation to any risks associated with their needs and lifestyles. Each person's risk assessments were detailed and set out the steps staff should take to make sure people were safe. We saw the risk assessments had been devised to help minimise the risks, while encouraging people to be independent. The risk assessments covered areas such as using the bathroom independently, cooking, swimming, going out into the community, choking and epilepsy.

There were people who used the service who presented with behaviour that was challenging to others. The registered manager and senior staff members told us training was provided for staff in managing challenging behaviour, to help make sure staff were aware of the interventions they should use to minimise any incidents. The training provided was in MAPA (Management of actual or potential aggression). MAPA emphasises the use of verbal de-escalation techniques. The MAPA process assists staff in safely disengaging from situations that present risks to themselves, the person and property, with an emphasis on minimising the risk of dangerous behaviour developing, ensuring that people were treated with respect, and their safety ensured.

We saw that where people exhibited behaviour that challenged or which might result in harm to themselves or others, this information was included in their care plans and risk assessments and they had management plans in place. There were clear guidelines for staff on determining any change in people's mood and how staff should intervene. We saw that people had MAPA assessments in place and one person had a 'physically challenging risk behaviour strategy', which was dated May 2015. In some people's files, the behaviour management plans we saw were not clearly dated, although their risk assessments had been reviewed and were up to date. In another person's file, we found that their MAPA restraint assessment had not been reviewed for around six months. The registered manager told us that this was a very untypical omission and would be addressed immediately. Additionally, the staff we spoke with were familiar with the individual risks for people. They were able to confidently explain what they needed to do, using the MAPA approach to manage individual's behaviour and to make sure they people were kept safe and protected from harm.

Where necessary, people had been referred to other healthcare professionals, such as psychologists and community nurses for support with strategies to help manage their behaviour.

We asked for details of how incidents were monitored and analysed. We were told that staff teams discussed the wellbeing and behaviour of the people in their care on a daily basis and at team meetings. They monitored how people were, and were acutely aware of any patterns emerging in people's behaviour. More formal reports of this information had been the responsibility of a team member, who had a special interest in this area and provided MAPA training to the staff team. The staff member had not been at work for some months. Therefore, no up to date monitoring information was available. The manager recognised that alternative arrangements needed to be made to help the management team capture and act upon this information.

One staff member told us that staff had received fire prevention training in February 2015. There was a fire evacuation plan. However, people who used the service did not have personal emergency evacuation plans in place. We discussed this with the registered manager who told us this had been recognised and a meeting would be taking place shortly with the service manager, to produce these for each person.

As part of this inspection we looked at medicines records and supplies, and people's care plans relating to their medicines. Each person had a care plan in their file regarding any medicines they were prescribed. We found that records were kept of medicines received into the home and returned to the pharmacist. People's medicines were stored in their flats. We found that the temperatures that people's medicines were stored at were monitored in some flats, but not consistently in all flats. This meant that there were not always records showing that medicines were stored within the recommended temperature ranges.

Medication administration records (MAR) were signed correctly with any refusals recorded. The senior staff member who showed us the medicines said that if staff omitted to sign the MAR in error, this would be picked up at the time, as daily audit checks were completed. The registered manager told us that they planned to introduce further overall medication audits which would supplement the daily medication checks, to ensure people's medicines were well managed. Staff received training in the use of the monitored dosage system from the pharmacist and further training through a distance learning course. Checks of staff competence were also undertaken.

People's medication records included a photograph of the person and of the medicines they were prescribed, how they liked to take their medicines, and information about any allergies they had. Nobody administered their own medication without support. We saw that people's medication was reviewed regularly by healthcare professionals and reduced when possible. When people were prescribed mood altering, PRN medication, sometimes known as, 'As and when' medication, for anxiety, there was clear guidance for staff about the circumstances under which this medication should be offered to people. People had management plans and protocols for the use of their PRN medication, but some of these were not dated, so it was difficult to tell if they were up to date. A team leader told us that staff were aware that people had a right to refuse any medication. They added that if a person refused their medicines consistently, they would seek advice from relevant healthcare professionals, and this may lead to discussion as part of the 'best interests' process.

Requires Improvement

Is the service effective?

Our findings

All the people we spoke with gave positive feedback about living in the home. For instance, one person told us staff took notice of what they had to say and the food in the home was good, with plenty to choose from. They told us they were involved in planning, shopping for and cooking their meals with staff support. Another person told us that people who shared the flat they lived in took turns to cook the main meal each day. They said they had a balanced and varied diet.

The staff we spoke with were able to demonstrate a good understanding of people's nutritional needs, were aware of people's particular dietary needs and preferences, and the signs that a person may have problems with their nutrition. They said they would pass any information or concerns on to the senior staff.

The people we spoke with told us they were involved in planning their menus. Each menu reflected people's needs and preferences, offered variety and choice and provided a well-balanced diet for people. They were put together using feedback from people who used the service about what they liked and didn't like, as well as input from a dietician. We looked at people's care records about their dietary needs and preferences. Each person's file included up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance followed. We found that people were weighed reasonably regularly, and their diet was reviewed to ensure they maintained a healthy weight.

The registered manager told us that people received good health care services and staff supported people to gain access to the healthcare they needed and to attend healthcare appointments. We looked at people's records and this confirmed that people had received support from the appropriate healthcare professionals when required. For instance, one person's records showed that they had appointments with their GP in April, May and October 2015. They had dental checks in January and June 2015 and an eye test in September 2015. We saw that people also had access to other, specialist services such as psychiatric services and gender specific health screening, along with involvement from community nurses, speech therapists and dieticians.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people who lived at the home were not always able to make important decisions about their care due to living with autism, learning disabilities or mental health needs and some people's capacity varied from time to time.

We saw that people's care records provided some information about each person's ability to make a decision about their treatment, care and support. We saw a number of assessments for some people in relation to their capacity to make specific decisions. In most cases, where people were assessed as not having capacity to make a particular decision, 'best interests' decisions had been made on their behalf, in relation to these areas, and it was evident that the person was the centre of the decision. One meeting was about one person's capacity to deal with their finances. The process that had been followed protected the person's rights.

Staff we spoke with during our inspection said they had received training about the Mental Capacity Act (MCA). They understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Staff were due for a training update and the registered manager was arranging this.
We saw that a number of people had received flu vaccinations in October 2015 and there was no written record to indicate that people had capacity assessments undertaken in relation to this decision, or that the best interests process had been followed for each person. We found that items, such as kitchen knives and certain food were locked away in cupboards in people's flats. We discussed this with the registered manager, as further risk assessments and review were needed in relation to this, to make sure the least restrictive approach was taken.
There was also room to improve the information for staff when others involved in people's lives had the authority make decisions on their behalf. The details of best interest decisions, which had been made for people, were kept by the manager in a separate file, so this was not always made clear in people files. The registered manager had identified this as an area which needed improvement, and had made progress in addressing the shortfalls.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware of the correct procedures to follow to ensure people's rights were protected and had made appropriate applications under the DoLS process.
All the staff we spoke with told us they received good training and support, and told us they were happy working in their team. For instance, one member of support staff we spoke with told us they had worked at the home for two years. They told us they occasionally felt pressured in their work, but this didn't happen often. However, when it did, colleagues were supportive. They could not recall ever working alongside a member of agency staff.

Staff told us that once allocated to a flat, they tended to remain working there, which established good continuity of care as well as enabling people who used the service and staff to get to know each other really well. They told us, "It's been enjoyable. We are like a family and I feel like I've also become part of the service user's family as well." They believed they had received adequate training in order to allow them to perform their duties to a high standard, but they had not received staff supervision as often as they should. Supervision is a two way process, with the staff member and their manager, which supports, motivates and enables the development of good practice for individual staff members.

We spoke with the administrator, who told us the registered manager had supported their development and consequently, they had completed levels 1 and 2 of a business administration course and more recently a course in leadership in management. We asked them about supervision and they told us they had a close and positive working relationship with the manager, but that they did not receive formal supervision, or an annual appraisal. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

We discussed this with the registered manager, who told us that during the recent period of disruption, staff supervision and appraisal had, "Fallen by the wayside." They told us they had no formal supervision with the service manager, and supervision was not happening consistently at support worker level. The registered manager said it had been recognised that this needed to be addressed and discussions were underway with the principal manager to set up a better system, in accordance with the home's policy.

One staff member told us they shadowed the more experienced staff, as part of their induction when they first started work in the home and completed an induction booklet. They told us they felt supported by the management team and used the communications book, the diary and care plans to catch up on what had been happening following their days off. They attended staff meetings and were aware that one was scheduled for later in the month.

Records reflected that staff had received training in a range of core subjects such as moving and handling training, food hygiene, health and safety and fire prevention. Other, more specialised training had also been provided in areas relevant to the needs of the people who used the service, such as autism awareness, mental health awareness and nutrition. Most staff had undertaken recognised national vocational qualifications in social care at levels 2 and 3. The registered manager told us that although staff training was up to date, an improved system of monitoring was being introduced, to make it easier for them to be aware of when staff were due for particular training and updates.

Good

Is the service caring?

Our findings

People described the staff as kind. One person told us they had lived at the home for over 11 years and were very contented there. They told us, "This is a nice homely place. The staff are also generally supportive". They felt they were given the freedom to choose what and when to do things. Staff also told us that it was important to give people choices, such as what they wished to eat and when to get up, or go to bed. They said, "This is their home after all." Other people who used the service confirmed this. For instance, one person said that they had chosen what was in their room and another person said that they decided what to do each day.

We found that the registered manager had a very caring approach and this was communicated in their day to day contact with people who used the service and staff. The staff we observed treated people with kindness and dignity. They were respectful and, caring. They were also knowledgeable about people's support needs. The staff we spoke with were aware of the importance of maintaining people's privacy and dignity. We were told that people were able to have time alone if they wished and were supported with their personal hygiene in a way that maximised their independence and provided them with privacy.

Staff told us they supported people to keep in touch with their families and talked to people's close relatives, to keep them up to date with what was happening for people. They kept in touch by phone and visits. One person told us they visited their parents regularly, going to their family home for the day, which they enjoyed. People also told us about their family and friends and how they were involved in their care reviews.

Several staff we met had known people for a significant time. For instance, one staff member told us they had worked in the home for the past eight and a half years and felt extremely settled there, as this was a "genuine family environment." Despite wishing to progress their career, they felt it difficult to leave because, "This place is like a second home, where people are properly looked after." From our observations, it was clear that people knew the staff and were comfortable and happy in their company. Some people chatted and joked in a relaxed way.

One staff member confirmed that people were involved in the review of their individual plans and the staff we spoke with placed an emphasis on encouraging people to be as independent as they could. One person who used the service confirmed that they were involved in their support planning and reviews and staff supported them to lead a very independent life. We saw that people had access to advocacy services and there was evidence that they used these services. One person had an independent advocate who was active in their life at the time of the inspection.

Another person we met used non-verbal communication to articulate their likes and dislikes. The person's care plan included descriptions of the ways they expressed their feelings and opinions, including their 'communication passport.' This was a profile detailing how they communicated when they were happy and content, and how they expressed pain, anger or distress. We saw that staff were very tuned into the person's moods and needs. They told us they used a range of methods, including their observational skills and their

knowledge of the each person to support people to communicate their needs, preferences and day to day choices. To help people to communicate, most information was provided in a format that was easy to read, with symbols, pictures or photographs.

People's diversity, values and human rights were respected. For example, staff enabled people to follow their preferred religion and people were being appropriately supported around their sexuality. The registered manager and staff were able to explain clearly how care was delivered with due regard to people's age, gender, religious faith and belief, their sexual orientation, racial origin, cultural and linguistic background and their disability. Staff had received training in areas such as dignity and respect and person centred care.

Good

Is the service responsive?

Our findings

All the people we spoke with said they were happy, had opportunities to make lots of choices and that they had full lives. For instance, one person told us they were going out to the café later and that they had tried a ceramics course last year, but hadn't liked it.

People's needs had been assessed before moving into the home. When people were introduced into the home this was done at their pace, taking into account their history and risk assessments. A detailed plan of care was put in place, which reflected any specialist interventions. Parents and families were encouraged to visit the home and ask questions.

A series of individual care and support plans, and risk management plans were then set up. The plans were person centred in that they were tailored to the specific needs and preferences of the person. They were written in a way that helped the person with understanding and being involved with their plan. For instance, one person's plan we saw included pictures of them to illustrate what the plan was about, and was in an easy to read format, so it suited their particular communication needs. People's plans included their goals and wishes, the people and things that were important to them, and covered areas such as their communication, health care, personal care, mobility and activities. Each person had a 'pen picture' section which included people's likes and dislikes; and there were detailed guidelines for staff on how people liked and needed their intimate care to be delivered.

People's written records were divided into three separate files, including a personal file, a medical file and a daily progress record. The support provided was documented for each person and we saw that this was appropriate to their age, gender, cultural background and disabilities. In people's daily progress notes the records were up-to-date and referred to the current month. Some people had other monitoring records in place, depending on their needs. For instance, staff monitored one person's personal hygiene and health, and checklists were in place for this. The person's mood and their social activities were also monitored and these records had been kept up to date.

The service provided care and support to some people who had very challenging and complex needs. Staff did this in a very responsive and person centred way and were successful in maintaining a positive and calm atmosphere. For instance, one social care professional who visited the service regularly told us, "They are good at keeping people on an even keel." And one staff member told us, "This is a happy place."

People told us they had been involved in the review of their care and support plans and we saw evidence of this in people's files. For instance, people had had meetings with their keyworkers at two-month intervals and could discuss all aspects of their care, and notes of these meetings were kept. Symbols and pictures were often used to provide information to people in formats that aided their comprehension.

We saw that each person had an activity plan. People had a combination of activities in the home and in the local community. Records were maintained of the activities that people had participated in. We met several people who used the service and observed how they interacted with staff. We were unable to seek

everyone's views on the care and support that they received due to the complex needs of some people. However, during the inspection we saw staff supporting people in a relaxed and respectful way. We saw that staff interacted well with people.

People were supported to be independent and have community involvement. People told us they had access to a variety of activities. One person said they went out into the community independently for activities and education. Another told us they liked shopping for clothes and did this regularly, with staff support. However, one staff member said they had sometimes become frustrated, as there were times when staff shortages had affected outings that were planned for the people. The registered manager told us that this was being addressed and had improved as new staff were recruited.

People were given support by the provider to make a comment or complaint when they needed assistance. A copy of the organisation's complaints procedure was displayed in the home. The policy also included contact details of other organisations to contact. The people we spoke with told us they did not have any complaints to tell us about. Staff were aware of how to deal with complaints. For instance, one staff member demonstrated a good knowledge of the complaints procedure and told us they would try to deal with the situation personally, unless they felt the matter needed to be referred directly to the registered manager.

The registered manager took comments and complaints seriously and told us that every effort was made to make sure that any concerns were resolved to the complainant's satisfaction. We saw the record of complaints and this showed that one person's relative had regularly raised issues in the first months after their family member moved to the home. Although these were relatively minor they had been recorded and responded to. It was clear that the registered manager had responded to each comment in a positive and open way and the person's relative had become more trusting of the service, as their comments had become more complimentary over time.

Good

Is the service well-led?

Our findings

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

The registered manager had worked for the provider for several years, and was very familiar with the needs, preferences and histories of the people who used the service, and very concerned for their welfare. They were very open and thoughtful in their approach and committed to continuous improvement to make sure the service was of a high standard. They told us of several improvements that were in the pipeline, and we saw that they had organised support from colleagues to help with progressing these.

Staff confirmed they knew their role within the organisation and they knew what was expected of them. For instance, when they joined the organisation they got 'joining pack' and this included the values of the organisation. The values included promoting people's independence and, helping people to get out into the community.

Staff we spoke with felt the service was well led and they were supported by the management team, who were approachable and listened to them. Several staff we spoke with said they loved their job. They told us the service was run to ensure that people's individual needs were met. Some staff acknowledged that there had been a difficult period when a number of staff had left at around the same time, while others said this had not really had an impact on the staffing in the particular flats that they worked in. All confirmed that new staff had been recruited and that morale had improved overall in the past couple of months.

The staff we spoke with were confident to discuss ideas and raise issues, with the team leaders, the registered manager and at staff meetings. This helped to make sure that staff could raise their views about the quality of the service. One staff member told us they enjoyed staff meetings, as they always stimulated a good discussion about the care of people who used the service. They told us the next meeting was due later in the month. They told us the team leaders were mainly responsible for taking actions agreed at these meetings.

The registered manager and members of the senior team undertook weekly and monthly audits of areas such as people's daily care records, incident reports, and medication. We saw that the staff on duty carried out checks of care records, reviews of the documentation were held monthly and in most cases, people's plans had been updated when their needs changed . The manager audited a number of people's care files each month. The files in which we found that people' risk assessments had not been reviewed were due for audit in the next month.
Audits were also undertaken by visiting managers. This helped to identify any areas that could be improved. We saw that audits had been carried out in April 2015 in each of the four flats. These included, management responsibilities; staff training and development; documentation and records; integration with the community; kitchen and food handling and health care and medication. Results from these audits were fed

back to staff at team meetings, as well as to the team leaders responsible for each individual flat.

Health and safety audits were also undertaken. We saw evidence that issues found by auditing were subsequently addressed to help maintain people's health and wellbeing. There was evidence that learning from incidents or investigations that took place and appropriate changes were implemented. For instance, the manager monitored any accidents or incidents to make sure that any trends were picked up and action taken to minimise any recurrences. We saw that a site safety visit had been carried out by an external health and safety consultant in September 2015. A new health and safety manual, including monitoring formats, had been forwarded to the home in early October for the managers to use. We were told that work would begin shortly, on completing the new templates.

There was evidence that people were consulted about the service provided as and people who used the service met collectively to discuss the way the service was run. We asked one person if they attended service users' meetings, and they confirmed that they did, and that they found them useful. We asked if they had they noticed improvements that had been made as a result of these meetings and they said they had, but were unable to give us an example. They told us they had good relationships with the registered manager and the administrator, as well as their support staff. They said they liked to discuss the activities they could be involved in, in the meetings, and hoped that visits to the swimming pool would be included on the agenda soon.

The manager told us the company sent out satisfaction surveys to people who used the service and other stakeholders, for them to comment on their experience of the service provided. They said that it had been a while since this had been done, and a new survey was due to be sent out. The results were included in an action plan and added that most people's relatives were very involved, and preferred to discuss their views on a day to day basis, when they phoned or visited.

One staff member said they did not think relative's meetings were held, although they confirmed that the registered manager enjoyed very strong relationships with people's relatives, and tended to respond to issues as they arose and feedback we saw from stakeholders indicated that they were happy with the service.