

The Percy Hedley Foundation

Chipchase House and Ferndene

Inspection report

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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 took place on 3 and 5 July 2017 and was unannounced. We last inspected Chipchase House and Ferndene in March 2016 and found it was meeting all legal requirements we inspected against. Following the March 2016 inspection we rated Chipchase House and Ferndene requires improvement and made recommendations in relation to current guidance on staffing levels and the impact of individual choices on the wider group of people in relation to the mealtime experience. During this inspection we found improvements had been made.

Chipchase House and Ferndene is a care home without nursing operated by The Percy Hedley Foundation. The service is situated within a large site in a quiet, residential area in Forest Hall, North Tyneside. Chipchase House is a two storey residential care home offering single rooms with shared adapted facilities or self-contained bedsit style accommodation with integrated kitchen and private bathroom. Ferndene is a neighbouring row of purpose built one bedroom bungalows.

The service can accommodate 51 people and at the time of the inspection provided care and support to 50 adults who were living with a physical disability. Some people living at the service also live with a learning disability.

A registered manager was registered with the Care Quality Commission at the time of the inspection. The registered manager had not changed since our last inspection. 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 told us they felt safe living at the service. Staff understood how to identify potential concerns and knew how to respond. Any safeguarding concerns, incidents or accidents were recorded, investigated and responded to appropriately.

Safe recruitment practices were followed and recommendations made at the last inspection in relation to staffing levels had been responded to. Improvements continued to be made in relation to the recruitment of additional staff in response to people's level of need. A group of bank (as and when needed) staff were available to provide additional staffing as required.

Recommendations made in relation to the meal time experience had also been responded to. There were now two sittings at lunch time to ensure people had plenty of space in the dining room and meals were not rushed. The evening meal was held in a much larger dining area. Medicines were no longer administered in the dining area and people said they were happy to go to the treatment room for their medicines.

Medicines were stored, administered and recorded in a safe way. All necessary documentation was in place and records were accurate.

Risks were appropriately assessed and care plans were in place which provided staff with the details needed to support people appropriately and safely. People told us they were involved in developing and reviewing their care plans and some people directed their own support.

Staff were appropriately trained and supported to ensure they had the skills and confidence to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported in a kind, caring and compassionate manner and their rights, privacy and dignity were respected.

Staff supported people with all aspects of their lives including nutrition, health and taking positive risks. People told us they were included in decision making about their care and also in relation to the management of Chipchase House and Ferndene.

People knew how to complain and we saw any comments were recorded, investigated and responded to, to people's satisfaction.

The service continued to be well-led and people said they knew, and liked the management team. People, and staff, were included in identifying improvements to the service via representation on the board of trustees. People had been instrumental in supporting the head of residential services with a strategic plan for Chipchase House and Ferndene which included modernisation and redevelopment.

Quality assurance and governance systems were in place which identified areas for improvement. A quality improvement plan identified the outcomes of improvements, target dates for completion and an assessment of impact and risk.

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.

Recruitment was managed safely. Previous recommendations in relation to staffing levels had been accepted and ongoing improvements were being made.

People said they felt safe. Staff understood safeguarding and any concerns were recorded, investigated and appropriate action taken.

Medicines were managed safely and people told us they received their medicines on time. Some people managed their own medicines with staff support if needed.

Is the service effective?

Good ●

The service was effective.

Previous recommendations about the meal time experience had been responded to and people told us they were happy with the changes.

Staff were well trained and knowledgeable. They said they were well supported and attended regular supervision meetings and team meetings.

The principles of the Mental Capacity Act (2005) were followed and appropriate assessments were in place.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Chipchase House and Ferndene

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.

This inspection took place on 3 and 5 July 2017. Day one of the inspection was unannounced. This meant the provider did not know we would be visiting. Day two was announced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all of the information we held about Chipchase House and Ferndene including any statutory notifications that the provider had sent us. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also contacted local authority commissioning teams, the safeguarding adult's team, and healthcare professionals to gather their feedback of the service.

During the inspection we spent time with twelve people living at the service. There were no visitors during our inspection but we spoke with one relative, after the inspection who was a member of the family and friends forum. We also spoke with the registered manager, the deputy manager, the head of residential services (nominated individual), a director, five care staff and the head chef. We also spoke with an occupational therapist.

We reviewed four people's care records and medicine records for six people. We reviewed three staff files including recruitment and induction, and supervision and training information for all staff, as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas observing and chatting with people who used the service.

Is the service safe?

Our findings

During the last inspection we recommended the service consider current guidance on staffing levels, taking into consideration the skills and abilities of the staff on duty. During this inspection there remained some mixed views about staffing levels but action had been taken to address concerns.

One person said, "There's not enough staff, especially in the bungalows." Another person said, "I have to wait a long time." Another person explained, "There are people who need more help than I do. The people who have one to one support seem to have priority." The registered manager explained that Ferndene was 10 self-contained flats external to the main Chipchase House so it could take staff a minute or two to walk over. Ferndene had access to the nurse call system if additional support was needed but there was a staff member based there to support people.

A relative said, "Sometimes there are plenty of staff but if someone rings in sick they can be stretched. Everyone has some one to one support though." They added, "Staff always take time to explain things, they are never rushed."

A dependency tool was used to assess each person's level of need and these scores were inputted into an overall tool which calculated the number of staff needed. Rotas' evidenced that staffing levels exceeded that of the dependency tool. The registered manager said, "We are aiming to increase staffing to 17 in each team and recruitment is ongoing. We also have a small group of bank staff who cover shifts as we need to." We saw this was documented in the quality improvement plan for 2017 and records showed appropriate and safe recruitment practices were followed. This included an application form and interview, receipt of satisfactory references which were verified and the receipt of a satisfactory Disclosure and Barring Service check (DBS). DBS checks are used by employees to ensure prospective staff are not barred from working with vulnerable adults. The registered manager explained that DBS checks were renewed every three years, and an annual declaration was made by staff to ensure there were no changes in their DBS status.

The registered manager explained that during the day about 50% of people attended day services or placements and if people were visiting relatives or on holiday staffing levels were adjusted accordingly.

We asked staff if they thought there were enough staff. One staff member said, "Yes, there's enough most of the time. There are peak times of the day when we could do with more, like half seven when everyone wants to get up at the same time but at other times we have too many staff. On the whole it's okay though." We saw staff were regularly in the communal areas speaking with people and asking if they needed anything. Nurse call bells were answered in a timely manner and we did not observe any lengthy periods of time where nurse bells were not answered. The head of residential services said, "The manager monitors nurse bells so we know they are answered in a timely manner."

People told us they felt safe. One person said, "I feel safe." Another person said, "It's good here, safe, I've progressed to living in a flat and I'm more independent." A third person said, "We are secure, it counts for a lot, we are safe and no one gets abused or anything like that. I feel safe."

Safeguarding concerns, accidents and incidents were recorded, reported and investigated with appropriate action taken. The deputy manager said, "Accident, incident and safeguarding information is emailed monthly to the health and safety department and they analyse for trends and triggers." The registered manager said, "Obviously if we identify triggers we would act, for example, we refer to the falls team." Staff told us people were safe. They said, "Yes staff are all checked before they work here and it's a secure building so people are safe." They added, "We don't have any safeguarding issues. If we did we would record it and speak to the manager. Signs someone is being harmed might be withdrawal, depression, a change in behaviour, self-neglect, as well as the more obvious physical signs."

Pictorial information was on display in relation to safeguarding and there was information about police contacts, including names and numbers readily available for people.

An occupational therapist completed all the moving and handling plans for people living at the service, ensuring information was pictorial as well as written. This meant staff had a high level of detail in order to ensure safe moving and handling. We saw information on skin integrity and tissue viability was also assessed as part of the moving and handling plan. The occupational therapist also delivered all moving and handling training and refresher training to the staff.

Specific risk assessments were in place for areas such as moving and handling, medicines management, epilepsy and the use of bed rails. Risks such as independent travel, diabetes, bathing, being unable to access the nurse call and positive risks were also assessed. Control measures were in place to minimise and manage the level of risk. The registered manager explained their ethos was one of, "We all take risks so let's see how we can make it happen for people."

Environmental risk assessments were in place and included areas such as bed rails, staffing levels, use of agency staff, nurse call system, falls and equipment. The deputy manager said, "They are reviewed every six months and made specific to the service here."

Allocated fire wardens were identified on each shift and they took the lead in the event of the fire alarm sounding. The registered manager said, "We do night time evacuations as well as day time, it's a phased horizontal evacuation and the moving and handling training includes the fire evacuation equipment. Following a fire visit we put full compartmentalisation in place which reduces the chance of any fire spreading and we have a new alarm system in place." They added, "We have a weighted dummy that we use for simulated evacuations so staff have to find it and evacuate it safely."

Appropriate health and safety checks were in place, including a full audit which identified any shortfalls. Premises checks such as fire checks, gas safety certificates and electrical installation condition reports were all in place and up to date. Lifting Operations and Lifting Equipment Regulations (LOLER) were met with relevant servicing and checks being completed six monthly as required.

A medicine treatment room was used for the storage of all medicines. This room was also used for the administration of medicines. One staff member said, "It means we can have a few minutes with the person asking how they are, and having a catch up. It's good to have those few minutes with each person." People said they received their medicines on time. One person said, "I get my medicines on time or when I need them." Another person said, "I'm independent, I'd rather do it myself and the staff allow it."

Two staff members checked the accuracy of the medicines. One staff member read from the medicine administration record (MAR) whilst the second staff member checked the actual medicine. In this way they could be sure of the correct administration. People waited in the treatment area whilst staff checked their

medicines. People were asked what they would like to drink with their medicine and some people, if appropriate were asked if they wanted their medicines on a spoon or in their hand.

Once people had taken their medicines the MAR was signed to confirm they had taken it. If people had been prescribed 'as and when required' medicines this was explained to them and they were asked if they wanted it. People's response was respected. Topical MARs were in place if people needed prescribed creams. Body maps showed staff where and how to apply specific creams.

Specific care plans were in place if people managed their own medicines, or if they had specific medicine requirements such as rescue medicines for the management of seizures or if people received their food and medicines through percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is placed into the person's stomach.

Medicines were stored safely and daily temperature checks were completed to ensure medicines were stored correctly so temperature variations did not impact on their effectiveness. Liquid medicines were dated when opened and staff were aware of the need to dispose of medicines if they had been opened too long. If any action was needed in response to medicines staff kept a 'Things to do' log so they could be sure actions were not missed. This included tasks such as telephone calls to make, creams to apply and so forth.

Is the service effective?

Our findings

During the last inspection we recommended the service consider the meal time experience as some people described it as being overcrowded due to tables being moved during meals to fit wheelchairs in and some people choosing to have medicines, including eye drops administered at the dining table. During this inspection we found improvements had been made.

We observed changes had been made to meal times so there were two sittings at lunch time and people no longer received their medicines whilst in the dining room. The evening meal was served in a much bigger dining area which was part of the adjoining day service, accessed from a corridor in Chipchase House. One person said, "Two sittings is much better." Another person said, "I'm more than happy with lunch arrangements." The dining experience was relaxed and there was plenty of space for people to move around in their wheelchairs. Medicines were no longer administered in the dining room unless people specifically asked for them. A staff member said, "Meal times are much better for people, it's quieter and people are enjoying it. It's not overcrowded at all."

Information about allergies and food intolerances was displayed in the dining area. One person said, "There are menus on display but we can have something else if the menu is something we didn't like." The chef told us, "We always offer an alternative or there's always soup, sandwiches, jacket potatoes, salads, something on toast, people can have anything they want within reason."

The chef also said, "I've been on dysphagia courses and learnt a lot about blending food. I will puree anything people want. We also provide soft diets for people so it's mashable with a fork." Dysphagia is a medical term meaning people have swallowing difficulties. The chef added, "We always blend things separately, we don't use molds, but we do make it pleasing to the eye and shape foods." People told us they enjoyed the food and could try new things as they always had input into the menus through attending the resident's meeting or the food forum.

If people needed a special diet, mealtime management plans were in place in their care records and were also accessible in the kitchen for the chef and kitchen staff. The chef was very knowledgeable about people's individual needs and was able to name the people who had specific requirements and describe each person's specific requirements. One staff member said, "Food and fluid charts are completed but there needs to be a reason for them, we don't just want everyone to have one." This meant appropriate recording and monitoring was in place to ensure people received appropriate nutrition where there was an identified need to do so.

Staff spoke with us about training. One staff member said, "There's loads of it! It's all relevant, some of it is repetitive but it's still important." Staff told us they completed training in health and safety, risk assessment, dementia care, end of life care, oral health, first aid and epilepsy. One staff member said, "We are doing autism training as we are just starting to support people who have an autistic spectrum condition. We also did deaf/blind training. The trainer was fantastic." Another staff member said, "I would like some more training on what to expect at a CQC inspection." This was raised with the head of residential services who

said, "We actually have some training and some videos for that so we can arrange it. It is something we have done previously."

One person said, "The staff are well trained, especially in moving and handling, they support me well with it." A relative also said, "The staff here are well trained." The training matrix showed staff received training in areas such as first aid, fire safety, risk assessment, health and safety, food hygiene, moving and handling, nutrition, medicines, equality and diversity, safeguarding, mental capacity act and deprivation of liberty safeguards. In addition, specific training to ensure staff could meet individual needs was attended such as epilepsy, PEG feeding, stroke awareness, pressure care, dementia, catheter care and autism. If training needed to be renewed or if new staff had joined the service and training was required, this was identified and added to the quality improvement plan to ensure it was delivered in a timely manner.

Supervision and personal development review meetings were logged. The registered manager said, "Supervisions are held approximately every three months and include a mix of one to one meetings, group supervisions and personal development reviews." We specifically asked about appraisals and were told, "September to December is the timeframe for annual appraisal as it feeds into the Foundations salary review." Personal development reviews (appraisals) included achievements, obstacles, learning and development and comments from both the staff member and their manager. One staff member said, "Yes we have supervision and appraisal, it's fine, I just don't like the formality of it. It is supportive though."

Various meetings were held including, care team meetings, which the registered manager said were held every eight to twelve weeks. We did not see minutes of meetings to support this timeframe but care staff commented that they attended meetings on a regular basis.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. The registered manager kept a log of all DoLS applications and outcomes. They were knowledgeable about conditions on authorisations and were able to explain how the conditions were met. Best interest decisions were recorded appropriately.

The registered manager explained a person's capacity would be assessed at the point of them deciding to move into Chipchase House and Ferndene and if the outcome was that the person lacked capacity an application would be made for a DoLS. Most people supported at the service had capacity to make decisions but if staff felt this had changed or was fluctuating they were aware of the need to assess the person and make an application. One member of the care staff said, "Most people here have capacity. That means they have the ability to make a wise decision, or an unwise decision. If we noticed they weren't understanding something or their memory had changed we would let senior staff know." Another staff member said, "It's something we look at in the six monthly reviews and now GP's do an annual review it would be picked up then as well."

People told us, and records confirmed people were supported to access a range of health care professionals such as district nurses, doctors and consultants, and specialist services. One person told us, "My physio has been stopped so I try to keep fit myself." The registered manager said, "If you want physio again it can be arranged." Another person said, "I have a doctor's appointment and I can see the doctor whenever I ask." A relative said, "[Person] has complex health needs and sometimes needs an immediate doctor's appointment which staff respond to. I'm happy with how their health needs are met."

Each person's care records included a hospital passport which detailed their health needs and the contact details of any healthcare professionals involved in the persons care. This meant should the person need to be admitted to hospital all of the information the hospital needed would be in one place and could be taken with the person. Records of any healthcare appointments were also recorded so there was a detailed history available.

Is the service caring?

Our findings

People told us staff were caring. One person said, "Yes, staff are very caring." Another person said, "I'm very happy here." Another told us, "They are nice, caring staff, they do the best they can." Another person told us, "Staff are caring and helpful." Another person said, "The staff do a good job. If I want something I ask and if I don't want something I don't get it. They are lovely." Another person had some mixed views and said, "The staff are good but sometimes they can be a bit short but I tell them! It's fine then."

A relative said, "[Person] is happy with the care and support, sometimes there's a blip but it's sorted. [Person] says if they are unhappy and you can tell, they are happy yes. They are always keen to go back home (Chipchase House and Ferndene) so that says a lot." They went on to say, "The best things are everything really. [Person] is happy and if they are happy, we are happy. The staff are caring, compassionate and respectful. They respect privacy and give time to explain things, they are not rushed."

Staff explained to us that they thought people were happy. They said, "People tell us or you get to know people, continuity is a big thing. We also use communication boards or communication systems so people can tell us through their behaviour or expressions."

We observed staff spoke with people at their level, ensuring they could maintain eye contact and actively listen to people in a respectful and dignified manner. People told us their preferences were met, especially in relation to the gender of staff who provided support with personal care. One person said their preferences for being supported by a female staff member were met.

Staff were not rushed and spent time with people chatting and engaging with them in a kind and compassionate manner. One person who staff noticed was sitting on their own were asked if they wanted to move to another room where other people were sitting so they had some company. We saw people who needed support with their meals sat with a staff member who supported them on a one to one basis. Staff were relaxed, and their attention was on the person, spending time chatting with them and encouraging them as they ate their meal. Staff asked if the person was ready before offering them their food and showed care and respect in how they supported people.

The deputy manager said, "It's fabulous, it has a nice feel, the staff are genuinely caring, I've never worked with such a genuine, caring team. They don't just come in to work."

People told us they were involved in decision making. One person said, "We have a committee and one resident is on the board of trustees." Monthly residents meetings were held and regular elections were held so people had a say in who sat on the residents committee. The role of the committee was to share peoples' concerns with the staff. The people who lived in Ferndene had requested separate residents meetings which had been respected and were also held monthly. People living in Ferndene were also invited to the Chipchase House meetings. Agenda items included updates on the redevelopment plan, menu planning, activities and placements. Minutes were provided in an accessible, pictorial format. During the recent meeting, people had been asked if they would like to volunteer for voluntary placements working in an

office. The deputy manager explained one person volunteered in a care home supporting people to engage in arts and crafts activities.

One staff member told us, "This is a very unique place, it opened in 1964 and we still have people who were here at the opening. It's a community in itself; people went to school together and have strong friendships. Everyone knows each other." They also told us, "Staff do very well to meet people's needs, we respect people's individuality and uniqueness. It's a big thing individuality, we have so many personalities and we encourage people to have different, to grow as themselves."

One person said, "There's a community spirit here, we are known to people, and feel safe. We are definitely cared for and the staff are caring. We are treated with respect and dignity. Our privacy is managed okay."

Is the service responsive?

Our findings

Care records were individualised and person centred. One page profiles and life stories were completed which supported staff to get to know the person, their history and their likes and dislikes. Care plans included medicine management, mobility, communication, personal care and nutritional needs. Some people's care plans were written as routines and they all contained detailed information on how the person wanted to be supported and the areas in which they were independent.

Some people were very independent and it was clear from reading their care records that they directed their own care whilst others had more complex needs and required a higher level of staff support. Detailed information was recorded in relation to the support needs of people with a higher level of need and care plans signposted staff to specific procedures and protocols were required.

One person said, "I have a keyworker who is good. They spend time with me and do what I ask. They make an appointment with me and keep to it." They added, "I was involved in writing my care plan." A relative said, "We were involved in care planning and what should be delivered and how. We put in place what we needed and how we wanted it done." We saw care records, on the whole, included people's signature and comments as evidence of their involvement in developing their plan of care.

One staff member said, "Most staff are co-ordinators for a resident so we have the responsibility to review them monthly (care plans). There's also a six monthly review so if there are changes they are sent to the manager for approval." They added, "We always involve the resident, as it's the co-ordinator who does it, they normally sit down with the resident monthly, it's an ongoing process though so it could change daily." Another staff member said, "Any changes in moving and handling are referred to the in-house physio and occupational therapist."

There were some mixed views about activities. Some people accessed day services or had day placements whilst other people spent their days at Chipchase House and Ferndene. One person said, "There's no evening activities at Ferndene, I would like company to watch TV."

One person said, "I like going to the pub, I'm independent apart from going out as I get lost easily." Another person said, "I enjoy the activities, we play board games and I have one to one (time with the staff on a one to one basis)." They added, "I have quite a few friends." A third person said, "There's plenty to do, I go out a lot and do my own stuff too." We saw people had been painting plates in preparation for a summer barbecue that had been organised. Some people had access to the Percy Hedley Foundations day opportunities such as horticulture, woodwork and metalcraft, sports, media and cooking. For those people who did not access this resource, an activities coordinator was employed who organised arts and crafts, sing and sign groups, wheelchair sports and exercises and entertainment for people who stayed at the location during the day.

The registered manager explained that people had expressed an interest in keeping hens so contact had been made with Hen Power. Hen Power brings people and hen-keeping together to combat loneliness and

depression and improve wellbeing. The head of residential services also told us they had a trained 'Pets As Therapy' (PAT) dog who they brought into Chipchase House and Ferndene. They said, "People take her out and spend time with her, they love it." PAT dogs bring joy, comfort and companionship to many people who appreciate being able to touch and stroke a friendly animal.

People told us they knew how to complain. One person said, "Oh yes, I know how to complain and who to complain to." The complaints procedure was on display and was accessible to all people. Complaints were recorded and investigated with outcomes that were satisfactory to the complainant.

Is the service well-led?

Our findings

Chipchase House and Ferndene continued to be well-led. There was a well-established registered manager in post who understood the conditions of their registration. They had made improvements since the last inspection and people were positive about how Chipchase House and Ferndene were managed. One person said, "[Registered manager and deputy] are alright. They come to see me, I like them. If I go to them with a problem they will sort it for me." A relative said, "I'm happy with the management team, they sometimes don't respond as quickly as I would like but that's just me. [Person] thinks they are great. They do sort things out if needed."

Care staff told us, "There's good communication, we have a handover book which tells us see such and such about changes to meds or moving and handling. We also come in early to catch up on any changes." Another staff member said, "We have a five minute catch up meeting at the start of the shift to catch up with major changes." They described their biggest challenge as, "Getting the balance right when people want things all at the same time and being flexible in the approach we use." Staff described the things they were most proud of as being, "Making the residents happy and keeping them well." Another staff member said, "Residents smiles, there's always someone who will give you a good smile, people are excited to see you." Another said, "Happy people who know the staff and think about staff as well as themselves, it's a rewarding job."

The head of residential services said, "We have a good staff team, the staff are great. There's a focus on positive risk taking with an experienced staff team. We have a mentorship programme for new staff and a good reputation." They added, "We have good feedback about the training and job satisfaction, we are open and transparent. Staff are given responsibility such as keyworker role, monthly evaluations. We put trust in them and give them opportunities."

The registered manager explained that each person had a named staff member who worked as their coordinator. This meant they were responsible for reviewing the file on a monthly basis to identify any gaps or change in need. A monthly summary was completed which the person was involved in to review their records and the care and support they received. The deputy manager also completed an audit which identified any action that was needed.

A range of audits were completed by the registered manager, deputy manager and head of residential services. These included specific audits of medicines, infection control, and care records as well as broader audits of compliance. Where areas for improvement had been identified, such as senior staff being more skilled in reflective supervision, training was being sought. The action had a timeframe for completion and the people responsible were named. In addition any improvements were also noted on a quality improvement plan. This included areas such as training, person centred risk assessments, staffing levels, and improvements to the building. Each objective had an outcome, responsible person and a deadline. In addition the impact and risk had been assessed. There was also ongoing progress being recorded.

The head of residential services explained that they had identified a need to 'future proof' Chipchase House

and Ferndene and as such had developed a strategic plan for modernisation and redevelopment. The people living at the location were being consulted on the plan and the people we spoke with seemed positive about the change and were keen to hear more. The head of residential services explained some information was commercially sensitive and could not, at this point be shared openly. They did say, "Our main driver is getting the best for people, we need to keep our local identity and maintain the community spirit for people."

They also explained, "We have a board of trustees with a staff representative and resident representative. A steering group has monthly meetings so staff and residents can share concerns, ideas and changes and representation can be made to the board. The biggest driver from residents and staff have been about facilities, future proofing and person centred staffing."

The registered manager was aware of their responsibilities in relation to health and safety, human resources and ensuring the welfare of people and staff. They kept up to date with best practice, regularly viewing the Commissions website and reviewing other providers' reports for areas of good and poor practice. They received medical alerts which were acted upon where appropriate. They also hosted meetings with Skills for Care and other providers to discuss good practice. They attended adult residential managers meetings with the head of residential services where agenda items included safeguarding, health and safety, learning and development and CQC.

The registered manager described their key challenges as being, "The building, recruitment and getting staff teams up to 17. We have overcome the issue of consistency across the senior team and we all work together to share good practice." They said they were most proud of, "The staff team, the staff and how they care. They go over and above and come in before and after shift. There's real commitment and dedication from all the staff."

The performance ratings for Chipchase House and Ferndene were on display. This meant people, relatives and other interested parties could see how the service had performed against the regulations.