

Together for Mental Wellbeing

Together Nest Lane

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

Together Nest Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Together Nest Lane is located in Wellingborough and is registered to provide accommodation and personal care to people with mental health needs and younger adults. It provides care for up to eight people. At the time of the inspection five people were living in the home, two of these people were in receipt of personal care.

Together Nest Lane offers recovery-focused support for 12-36 months to people that have moved from hospital or a secure unit. The home assists people to understand their thoughts and emotions, and to identify how these impact on their behaviour. People are supported to develop strategies to manage their thoughts and emotions.

Together Nest Lane was inspected on the 17 November 2015 and rated Good. The last inspection was undertaken on the 21 November 2017. At the time of this inspection personal care was not being provided to people living at the home and the inspection was not rated. This comprehensive inspection took place on the 3 and 4 January 2019 and was announced.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was fully aware of their legal responsibilities and was committed to providing excellent leadership and support to staff.

The registered manager was knowledgeable about all aspects of the service. The provider had robust systems and processes in place to monitor the quality of the service. The management team were continually striving to make improvements by seeking feedback from people, and staff and reviewed areas of improvement during regular clinical governance meetings.

People received care and support from a staff team that were inspired and had a positive sense of direction and strong leadership to give people an enhanced quality of life. The vision and values of the provider in providing high quality person centred care was central to the ethos of the service. People's care was centred around them as individuals and they were fully engaged in making decisions about their care. Without exception staff and the management team actively supported people's independence and meeting their hopes and dreams. Assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals and aspirations for the future.

People were treated with kindness, compassion, dignity and respect. Their rights to privacy and freedom of

choice were fully upheld. The provider was committed to ensuring they had the right staff with the right approach and understanding to meet people's individual needs.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were comprehensively assessed to ensure they were effectively managed. The provider was proactive in considering other factors that may cause people distress and supported them to develop coping strategies.

People were protected by safe recruitment procedures to ensure staff were suitable to work in care services. Staff received in-depth training for their role and received ongoing support and supervision to work effectively.

The provider worked in partnership with other healthcare professionals and external agencies to continuously provide a service that was based on best practice, and actively sought their feedback to continuously improve the care provided.

The provider had systems in place to assess and identify the support people required before receiving care from Together Nest Lane. People living at the home were fully engaged in directing their care and their choices were respected by staff working at the home. People had personalised their rooms with their own belongings.

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

Staff embraced people's social and cultural diversities, values and beliefs. The management team provided training to staff and people living in the home regarding people's values and beliefs so people knew how to support each other.

People's concerns were responded to promptly and addressed through a formal complaints process.

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.

Staff had been safely recruited and had a good knowledge of safeguarding procedures. Risks to people's safety were comprehensively assessed.

Medicines were administered safely and staff were knowledgeable of infection control practises. Lessons were learned when things went wrong.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate skills and knowledge to meet people's needs. Staff felt supported by the registered manager and received regular feedback on their practice.

People were fully engaged in directing their care and their choices were respected. People had personalised their rooms with their own belongings.

Is the service caring?

Good ●

The service was caring.

The manager and staff were committed to a strong person-centred culture.

People had positive relationships with staff that were based on respect and shared interests.

People's right to privacy was respected and they were empowered to be as independent as possible.

Staff were committed to supporting people to enhance their lives and maintain their independence in a way that respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People had full choice and control over all aspects of their care. They were fully engaged in regular reviews of their care plans and risk assessments to ensure they reflected their needs and preferences.

People were supported to remain part of their local community, follow their interests and take part in social activities.

The provider sought regular feedback from people to make changes to the service that would enhance people's quality of life.

Is the service well-led?

The service was good.

There was a registered manager in post.

Comprehensive and robust systems were in place to monitor the quality of the service and to drive improvements.

The management team were passionate about promoting a positive culture that is person-centred, open, inclusive and empowering, whilst achieving good outcomes for people.

Good ●

Together Nest Lane

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 announced, comprehensive inspection took place on 3 January 2019. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also wanted people living at the home to be aware of our inspection. This gave people the opportunity to discuss any worries with staff about the inspection and for them to be supported with these. We made one telephone call to staff on the 4 January 2019.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We considered the information provided within the PIR in making our inspection judgements.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. This included notifications regarding important events which the provider must tell us about. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales.

We contacted commissioners of the service and asked them for their views of the service. Commissioners are people who work to find appropriate care and support services for people. We also contacted Healthwatch Northamptonshire, an independent consumer champion for people who use health and social

care services, to obtain their views about the care provided at the service. We received positive feedback from commissioners.

We spoke with one person who was living at the service. Although they were not receiving any personal care, they were able to comment on the staff and the systems in place within the service. People receiving personal care chose not to speak with inspector about their experience of living at Together Nest Lane.

We spoke with five staff members, the deputy manager, home manager, peer support co-ordinator and mental health practitioner. The registered manager was not present during our inspection.

We reviewed two people's care records to ensure they were reflective of their care needs. We reviewed three staff recruitment files, and other documents relating to the management of the service such as maintenance records, audits, feedback from people using the service and meeting minutes.

Is the service safe?

Our findings

The systems, processes and practices in place protected people from abuse. People confirmed they felt safe with staff. One person told us, "I feel safe here, they look after me." A staff member told us, "We have ground rules so people feel safe and secure." Staff felt safe working at the home. One staff member told us, "I feel safe with the staff here, they have got your back [the staff]."

Staff were committed to ensuring people felt safe. Records showed people had been fully involved in identifying what they needed to keep them safe. One person tended to fill their bedroom with items such as rubbish. Staff identified this helped the person to feel safe and secure. This person was supported the person to use alternative items such as beanbags and soft furnishings to make their time in their bedroom more pleasurable while respecting their need to feel safe. People had keys to their bedrooms. Bedrooms were not accessed without people's permission.

During our inspection some people were distressed following an incident that had taken place the night before. People were worried for their safety. We observed staff listening to people's worries and providing reassurance. Staff were observed to say, "If you feel unsafe, wake the sleep in up, that is why we [staff] are there...don't hesitate, wake the sleep in up." Staff made sure people received support to discuss their concerns until they felt safe and could continue with their day.

People were supported by staff that had a good understanding of safeguarding procedures and could describe what to do if they suspected or witnessed any form of abuse. One staff member told us, "I have had safeguarding training and been shown how to make a referral myself." Another staff member told us, "We know how to raise safeguarding concerns, I have got to do one today." Records showed staff had up to date training in safeguarding procedures for children and adults. The management team demonstrated a good knowledge of safeguarding procedures and had policies and processes in place to ensure prompt action would be taken to keep people safe.

Safeguarding concerns were discussed during the handover between shifts to make sure all staff members were aware of any safeguarding concerns. The provider had considered risks to children and young people under the age of 18 visiting the home and had determined this was not appropriate due to the risk of being exposed to distressing situations. People living at the home were supported to maintain contact with their relatives outside the home.

Risks to people's safety were comprehensively assessed and closely monitored whilst respecting people's freedom. Risk assessment records confirmed specific risks to people's health and well-being were appropriately managed. For example, medicines, falls, fire, aggression and violence, use of weapons and self-neglect. Staff were vigilant to provide care and support in a way that kept people safe but were mindful of the importance of promoting people's independence.

The provider had identified Christmas as a time of increased stress. Staying safe at Christmas risk assessments were completed with the full engagement of people living at the home. One person did not feel

the risk assessment was required. However, when completing the risk assessment, they identified seeing other people with their family members at Christmas upset them. Staff supported the person to identify coping strategies. The home manager told us people were empowered by completing the risk assessments, and were more in control of managing their emotions over the Christmas period. They gave staff a better insight into people's emotional. One staff member told us, "Customised crisis plans help [people], they also help us [staff] as we know how to support them [people]."

Risk assessments were updated as people's needs changed. The senior management team were alerted when a risk increased to severe or extreme. This triggered a discussion at a clinical governance meeting to explore the risk in more detail and identify measures to reduce risks. Case management reviews were held weekly with the mental health practitioner to discuss any changes in people's presentation and to review staff's approach to reduce some of the risks.

Some people living at the home intentionally harmed themselves resulting in injuries [self-harm]. Staff had received first aid training. One staff member told us, "I have done first aid at work training, I know how to do first aid for self-harm." Staff empowered people to be independent with managing risks relating to self-harm and seeking medical attention. People sought first aid support when needed. We received feedback from commissioners that staff were confident supporting people with any injuries and assisting people with first aid.

Some people living at the home were at risk of not returning to the home as expected. People had agreed to the police being contacted if they did not return home within 24 hours of the time they advised they would. Missing person's contact information was stored in people's care files for staff to provide to the police to assist with any investigations.

Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. Rotas confirmed staffing numbers were consistent and appropriate for people's needs. One staff member told us, "The staffing number is right, but varies depending on people's needs. If everyone is unsettled sometimes it can be difficult, but mostly there are enough staff." We found during our inspection people's needs were met promptly.

People were supported by staff that had been recruited following safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

People received their medicines as prescribed. There were appropriate arrangements in place for the management of medicines. Staff had received training and were knowledgeable about how to safely administer medicines to people. The provider used Medication Administration Records (MAR) to record when people received their medicines.

People were in control of when they received their medicines. People managing their medicines independently stored them securely. Each person had a risk assessment in place for medicines, these were individualised to people's own personal requirements. For example, one risk assessment identified a person may forget medicines when they go out. To reduce the risk of health deterioration, the person was provided with two doses of their medicine before going out.

We observed staff consistently following the providers medicines process. One staff member told us, "The

medicines process is to always use the do not disturb sign, lock the door and close the blind as people will often try to distract staff. People go to [room location] for medicines to reduce the risk of trying to find medicines if any are discarded." Records showed staff had been assessed as competent to administer medicines.

People were protected from the risk of infection. The provider had infection control procedures in place and there was a designated lead for infection control. Staff understood their responsibilities in relation to infection control and hygiene and told us that personal protective equipment (PPE), such as disposable gloves were readily available for their use. One staff member told us, "I mainly use gloves for giving medicines and for first aid."

Staff we spoke with knew how to report and record accidents and incidents. Accidents and incidents were recorded on an electronic record keeping system. Records showed accident forms were completed by staff. For example, one person was administered their medicine without an appropriate gap following the previous dose. Following this incident an investigation was undertaken and lessons were learned. The management team reinforced the importance of following the medicines procedures with staff, highlighted the dosage instructions on the MARS and reviewed staff's medicines competencies.

Is the service effective?

Our findings

The provider had systems in place to assess and identify the support people required before receiving care. The management team completed the risk assessments and care plans with people in line with current legislation, standards and evidence-based guidance. People's physical, mental health and social needs were holistically assessed. Care plans were updated as the provider got to know people or as their needs changed.

People received care from staff who had the skills and knowledge to meet their needs. Staff received an induction and had undertaken training for their role, which the provider deemed mandatory. This included training in medicines, safeguarding of vulnerable adults, moving and handling, equality and diversity, infection control, Mental Capacity Act (MCA) and health and safety. One member of staff told us "I like training, you can never have enough, especially here." Another member of staff told us, "I had to do my mandatory training within three months. I completed the training online. I can do training via an application on my phone which means I can do it on the bus on the way home which is great."

Additional training was co-ordinated by the provider depending on the needs of the people living in the home. The mental health practitioner had recently provided training on motivation and had planned to provide training on gender identity. Training had been booked for de-escalation and blood borne illnesses.

Staff felt supported by the registered manager and received regular management supervision and annual appraisals. One staff member told us, "I always have the opportunity to catch up with the managers. If it is a difficult period, we [staff] have extra supervision. They [management team] look after the staff." Another member of staff told us, "In past jobs, supervision has been just signing a piece of paper, it's not like that here." In addition, staff received monthly supervision with a mental health practitioner, this enabled them to reflect on their feelings and experiences to inform their practice. One member of staff told us, "I have general supervision with [Name of manager] and clinical supervision with [Name of mental health practitioner]. They are both really open. We have a general chat. They are very supportive and I have the opportunity to reflect. I feedback about my supervision."

People living at the home independently managed their food shopping and meal preparation. Where people requested support with meal preparation this was provided by staff.

People were empowered to attend regular medical appointments. The management team supported people to co-ordinate appointments and liaised with health professionals with people's consent. The provider had systems and processes in place for referring to external health care services. Records showed the provider was in regular contact with people's social workers and the community mental health team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and found they were. People living at the home at the time of the inspection had the capacity to make decisions about all aspects of their care and treatment. People had signed consent forms agreeing to receiving care, sharing information and the storing of personal information.

People's individual needs were met by the adaptation, design and decoration of premises. People had personalised their rooms with their own belongings. There was an accessible garden space and communal areas available for people and their visitors to have privacy. People were able to smoke in the garden if they wished.

Is the service caring?

Our findings

Throughout our inspection we observed staff treating people with warmth, kindness, compassion and empathy. Staff interacted with people in a polite and respectful manner and frequently shared a laugh or joke with people. One staff member told us, "There is a good vibe here." We found Together Nest Lane to have a relaxed and happy atmosphere.

Staff and people living at the home had developed caring relationships together. One person told us, "I like it here, the staff are friendly. They are like sisters, not staff." A staff member told us, "It is like a big family here, the team are fantastic and the people living here." Another staff member told us, "People ask about me when I am off and tell me they missed me when I am back." People were supported by staff who enjoyed spending time with them and getting to know them.

Staff and the management team all spoke positively about the people living at the home, and were very knowledgeable about people's needs and preferences. Care plans advised how people wanted their support provided. This helped staff to provide person centred care that fully supported and respected people's individuality. One staff member told us, "As much as we can be we are person centred, we work around people's needs and not the other way."

Staff worked well together as a team. One staff member told us, "We work well together as a team, always discussing what to do and getting feedback from [people]." Another staff member told us, "We have strength in the staff team. We are all different and have our own skills... We have a great team, every-one gets on. I definitely enjoy coming to work." Staff had developed caring relationships with each other. One member of staff told us, "If things get tough, the staff have always got five minutes to listen to each other." During the inspection it was a staff members Birthday; staff and people living at the home presented them with a cake and sang 'Happy Birthday'. People, the staff and management team all showed genuine warmth to the staff member.

Staff were committed to supporting people to enhance their lives and maintain their independence. Together Nest Lane focussed on developing people's independent living skills and coping strategies for them to move on to live fulfilled lives within their local communities. There was a real focus on enablement and promoting independence with people being supported to take ownership of managing their physical and emotional wellbeing.

The management team and staff understood when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices. They can assist people to speak up about the service they receive. When they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests. At the time of the inspection nobody required the use of an advocate as all people could make decisions about their care, the management team told us that should advocacy support be required this would be co-ordinated.

People were supported by staff that respected their privacy. One staff member told us, "We address issues confidentially so it doesn't impact on other people living here, like today... I have encouraged [Name of person] to speak about their concerns in a private area." Information about people was shared on a need to know basis. We saw people's care files were kept within a locked cupboard. The management team were aware of their responsibility in complying with the Data Protection Act and the General Data Protection Regulation and had provided staff with training in relation to this. Records showed people were aware how their information would be used and stored.

Care was carried out in a dignified and person-centred way. People had full choice and control over how their care was provided and who entered their bedrooms. One person's care plan detailed the need for staff to knock on the persons door at 12pm every day. This person often chose not to remain in their bedroom. It was agreed with the person that staff would knock on the door to prompt them to undertake their daily routine and to check they were safe and well, agreed wording was used to protect the person's privacy so other people living at the home were not aware of the reason for the call.

Is the service responsive?

Our findings

People living at Together Nest Lane received personalised care. People's care plans demonstrated the management team had taken time to get to know them and involved them in completing risk assessments and planning their care. People's hobbies and interests were taken into consideration. For example, one person's care plan recorded they enjoyed singing, dancing, social media and visiting their daughter.

Care plans were adapted to meet people's individual needs and described how they wished to be supported. One person's care plan for night time prompted staff to promote the curtains being closed, lamps on, television volume reduced and to refrain from caffeine and fizzy drinks two hours before bedtime. Staff told us care plans and risk assessments contained enough information. One staff member said, "We have as much information as we can get, but it is limited by what people share. Risk assessments are tailored to people's history and needs." Another staff member told us, "Care files are always being updated. People are so open about their history and we have a lot of information so we get to know people."

People managed their time as they wished. One staff member told us, "People get up and go to bed when they want, so medicines are adjusted as people wish." A support agreement was in place so people knew what the expectations of the home were. The deputy manager told us, "People have full choice and control given the parameters of the house expectations. For example, the house expectation is that people come home by 11pm. However, this is tailored to individual need." This minimised disruption to other people living at the home. People were empowered to manage their own recovery and to be as independent as possible. One person told us, "Living here has made me well." We saw people coming and going throughout our inspection.

People met with their keyworkers weekly to discuss any areas they needed support with. In addition, six weekly reviews were undertaken to formally review people's progress and identify areas of development. One staff member told us, "The six-week review is with the keyworker, person and staff. People have ownership of this meeting." Records showed one person had asked to join the gym and to open a savings account. This had been actioned. 'How is it going meetings' were held regularly. These were an opportunity for people to reflect on their emotional wellbeing. Records showed people were supported to identify strategies to manage any challenges independently.

Community meetings were held every fortnight. The agenda was set by people living at the home and included topics of conversation such as, activities, the environment, any changes, broken equipment and the mood in house. Records showed the meetings had good attendance. People felt able to share any issues that needed resolving, this reduced the likelihood of friction between people living in the house.

The provider used volunteer peer supporters who had received training to draw on their own experiences of mental distress to help people towards better mental wellbeing. The peer supporters ran health and wellbeing sessions for people living at the home once a week. Sessions included subjects such as managing anxiety on public transport, healthy eating and exercise. One of the peer supporters said, "I feel it is rewarding because [people] have told me that they feel less alone because they can talk to me who is

someone who has been through similar mental health experiences, and that I am someone who truly listens to them and empathises with them."

The peer support co-ordinator told us, "People feel they can open up to the volunteers as the volunteers share their own personal experiences and understand how people feel. Staff have more boundaries as they are paid professionals, so people may not always open up to them in the same way." One person had told staff "I really miss [Name of peer supporter] when they are not here, I feel less alone and less stigmatised talking with them." The peer supporters accompanied people to wellbeing courses at MIND, this helped people feel less anxious about attending on their own and they felt more comfortable about being open in their conversations. A stress management course had been identified at MIND, people had been asked if they wished to attend. Peer supporters were matched to people based on their own experiences, people had the opportunity to speak to the peer supporter they felt most comfortable with.

Staff were committed to empowering people to access activities within their local community. Two activity leads held regular meetings with people living at the home to identify activities. One member of staff had identified that one person was low in mood and had encouraged them to join them at the gym. During the inspection we heard the person speaking positively about getting up early the following day to go to the gym. Weekly catch up meetings were held with people living at the home to inform them who would be visiting the home and to discuss the activity calendar.

If people needed staff support for an activity, this was provided. During our inspection one person asked a staff member if they could "go to the chippy later", they did not want to go on their own as they felt unsafe. The staff member advised they would go with them. Another person called the home during the inspection to request a member of staff meet them at a coffee shop for their key worker session instead of them return to the home. The member of staff changed their plans and went to meet them at the coffee shop.

Staff were flexible in their approach and responsive to the changing needs of people living at the home. Handovers took place between each shift which gave staff the opportunity to discuss any concerns and people's wishes for the day so they could plan accordingly. There were no set routines in the home. During the inspection we observed a handover. Staff expressed genuine empathy for people living at the home following an incident that had taken place the night before and were committed to ensuring that everyone living in the home received emotional support if it was needed. Each staff member identified who they would speak with during their shift about the incident. We observed people being offered the opportunity to discuss any worries in relation to this incident during our inspection.

People were empowered to access support groups within their local community as part of their recovery plan. For example, Substance to solution (support service for people misusing substances) and MIND (mental health charity). This helped people to develop friendships and networks within their local community that could be maintained when they moved on from Together Nest Lane. Support from these groups complimented the support being provided within the home. The management team were in regular contact with local community groups to determine what was available to meet people's individual leisure and wellbeing needs.

One person was supported to attend a substance solution group with the support of staff. Prior to attending the group, this person regularly misused alcohol. The group supported the person to develop a recovery plan that worked for them by agreeing an amount of alcohol to be consumed each day. The group, person and staff regularly reviewed this plan. Staff reported that the person had adhered to the plan over the Christmas period and had improved mental wellbeing. Staff were regularly providing positive feedback to this person to empower them to continue with the plan.

Peoples social and cultural diversities, values and beliefs were considered during the initial assessment and staff demonstrated an understanding of equality and diversity. The provider ensured people's individual needs had been considered and responded to. For example, the mental health practitioner had provided training to staff and people living at the home to develop their understanding of people transitioning gender. Religious festivals such as Ede were celebrated. One staff member told us, "I have started a spirituality group on a Thursday. We have discussed what spirituality means to us and done guided meditation. People have responded really well." The group had helped people to understand each other's values and beliefs. It was a safe space where people could talk openly about their values and beliefs.

People's individual needs were considered when planning activities to promote inclusion. For example, some people living at the home ate a vegetarian diet. The management team ensured a vegetarian meal was always on offer on evenings where they had a house meal.

The registered manager understood they needed to look at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People living at Together Nest Lane could access written information, the provider told us they would have information translated or use a translator if required.

The provider had a complaints process, we saw the provider had supported one person living at the home to make a formal complaint following verbal abuse from a fellow housemate. This was being investigated by the provider at the time of the inspection. Records showed the registered manager kept a complaints log, there had been no further complaints. People met with their keyworkers regularly, giving them the opportunity to raise any concerns which were promptly addressed.

People living at the home did not wish to discuss what it meant to be at the end of life and make their preferences known, the pre-assessment considered whether people wished for this to be recorded in their care plan.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager understood and carried out their role of reporting incidents to CQC.

The provider was aware of the legal requirement to display the registration certificate and rating from this inspection. It is a legal requirement that a provider's latest CQC inspection report and rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments.

Comprehensive and robust systems were in place to monitor the quality of the service. These included a series of audits carried out by the home manager and deputy manager. For example, people's care files, completion of daily tasks and medicines administration. Members of the staff team received individual feedback relating to their performance following audits. This informed their supervisions and enabled the management team to identify individual performance issues and address areas of poor practice.

The management team had introduced daily task sheets to ensure staff were clear of their roles and to ensure key tasks were not missed. This included allocating roles such as medicines lead, fire marshal, first aider and key holder. Medicines times were recorded on the daily task sheet as a prompt, and the actual time administered recorded. Other tasks included checking the security of the building, handing over keys and completing weekly tasks. Staff told us, "The daily task sheet is brilliant, we allocate tasks at handover, it means no one is guessing who is doing what."

We found the management team passionate about promoting a positive culture that is person-centred, open, inclusive and empowering, whilst achieving good outcomes for people. Any concerns raised were dealt with promptly. The management team provided strong leadership and were respected by the staff team. The staff team were inspired to provide a good quality service.

People and staff knew the management team by name and had formed a good relationship with them. One staff member told us, "The managers are open to suggestions if things are not working and listen to you." Another staff member told us, "The management team are very supportive, even if it is an issue outside of work." People enjoyed their job. One staff member told us, "This is the best place I have worked. There is no bickering, everyone really gets on and has a laugh." Staff felt confident they could raise concerns with the management team and these would be addressed.

The management team had put measures in place to support staff with their own wellbeing such as regular clinical supervision, and debriefs following distressing incidents. Staff valued this support. One staff member told us, "Something happened here one time which gave me nightmares, the team kept working with me until I was ok." Another member of staff told us, "Debrief releases pressure built up and helps us in our

work." Team space meetings were held once a month, these were reflective meetings led by the staff team to share good practice and discuss what is working and not working.

The management team ensured people did not move to Together Nest Lane if there would be a negative impact on the people already living there. At the time of the inspection there were three vacancies within the home.

The management team were continually striving to make improvements by seeking feedback from people, and staff. People's feedback was sought through regular keyworker meetings, six-week reviews, how is it going meetings and community meetings. Staff meetings occurred monthly and were used to discuss safeguarding, compliments and complaints, health and safety, progress and barriers and service user involvement and leadership.

At the time of the inspection the management team were applying for enabling environments accreditation with the Royal College of Psychiatrists. This award is a quality mark given to those who can demonstrate they are achieving an outstanding level of best practice in creating and sustaining a positive and effective social environment.

Monthly clinical governance meetings reviewed mandatory training needs, development topics, training, audit outcomes and actions, risk management, accidents and incidents, staffing and lessons learned. Records showed the provider had identified the need to develop a close working relationship with a hospital to improve people's experience when they are discharged. This had been actioned, with regular meetings taking place when people were moving to Together Nest Lane from hospital.

The provider worked in partnership with other agencies. Records showed the provider worked with health and social care professionals involved in people's care to ensure their care plans were current and people's health and wellbeing needs were being met. People were supported by staff to attend appointments as and when requested such as with the community mental health team. People had choice and control as to which GP surgery they were registered with.

The provider had built relationships with local support services such as Bridge, Financial Independence, Substance to solution and MIND and empowered people to access these. Commissioners advised the provider regularly attended local mental health forums.