

White Rose Care Roselands

Inspection report

50 Reculver drive
Beltinge
Kent
CT6 6QF
Tel: 01227 360738
Website: www.whiterosecare.com

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on 21 October 2015 and was unannounced.

Roselands provides accommodation for up to 15 people who have a learning disability and who need support with their personal care. Accommodation is arranged over two floors and most bedrooms have en suite facilities. There were 15 people living at the service at the time of our inspection.

The registered manager was present throughout our 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.

The registered manager, a deputy manager, assistant manager and senior staff, provided leadership to the staff and led by example. Staff were motivated and felt supported by the registered manager and management team. The staff team had a clear vision of the aims of the service which was based on equality and mutual

Summary of findings

respect. Staff treated people as individuals and gave each person centred support. Staff told us the registered manager was approachable and they were confident and positive about her management style.

There were enough staff, who knew people well, to meet peoples' needs. Peoples' needs, appointments and activities had been considered when deciding how many staff were required on each shift. Staff were checked before they started to work at the service to make sure they were safe and suitable to work with people. Staff were trained and supported to provide safe care. Staff met regularly with the registered manager to discuss their role and practice and any concerns they had.

Staff knew the signs of abuse and were confident about how to raise a concern. Emergency plans were in place and staff knew how to keep people safe in an emergency. Possible risks to people had been identified and were managed to keep people as safe as possible without restricting them in any way.

People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

Medicines were stored and administered safely. People had the support they needed to remain healthy and well. Staff responded to any changes in people's health needs, people told us that staff always called their doctor if they felt unwell. Staff had worked very closely with health professionals, especially from the local community team, which had led to good outcomes for people.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which applies to care homes. Arrangements were in place to check if people were at risk of being deprived of their liberty. Systems were in operation to obtain consent from people and to comply with the Mental Capacity Act 2005. People were supported to make decisions and choices about all aspects of their lives.

People were supported to participate in hobbies and activities that they enjoyed. There was a lovely atmosphere, with lots of laughter, people told us about their holidays and about fundraising events that had helped to plan and organise. People were involved in planning the menu and cooking meals and were supported to have a balanced diet; everyone said the food was very good.

A variety of equipment was provided to support people to remain as independent as possible. Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained. People told us that they had no complaints and if they did they would speak to the staff who would listen to them and take action.

The caring and enabling attitude of the registered manager and staff team was very clear. All staff had an unconditional positive regard for everyone they supported, staff spoke about supporting people to achieve their goals and ambitions and about the importance of supporting people to lead fulfilling, meaningful lives.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place. Safety checks were completed regularly. Everyone had their own bedroom which was very personalised, most with en suite facilities and people told us that their bedrooms were comfortable.

The registered manager completed regular checks of the quality of the service provided. When shortfalls were found action was taken quickly to address these and prevent them from occurring again. People, their relatives and staff were asked about their experiences of the care. These were used to improve and develop the service.

Accurate records were kept about the care and support people received and about the day to day running of the service. This provided staff with the information they needed to provide safe and consistent care and support to people. Information was provided to people in a way that was suitable for them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse and harm. Risks were managed so people were not restricted in any way.

There were enough staff on duty to support people's activities, hobbies and appointments. Staff were checked before they started work at the service and people had a say about who was employed to support them.

Medicines were managed safely and people were supported to have as much control of their medicines as they wanted to.

Good



Is the service effective?

The service was effective.

People received good care and support that was based on their needs and wishes. Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to providing individual personal support. People had positive relationships with staff that were based on respect and shared interests.

People had support from friends and family to help them make decisions and have a good quality lifestyle. People were fully involved in planning their futures.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Good



Is the service responsive?

The service was outstandingly responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

Outstanding



Summary of findings

People were supported to make choices about their day to day lives. People took part in a wide range of daily activities which they had chosen and wanted to participate in. People were part of the local and wider community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Is the service well-led?

The service was well led.

The registered manager and staff were committed to providing person centred care.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Audits and checks were carried out to make sure the service was safe and effective.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. The service worked effectively to create strong links in the local community.

Good



Roselands

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 21 October 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at

notifications we had received from the registered provider and the registered manager. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with six of the people living at Roselands, the registered manager and four staff. We received feedback health and social care professionals which was all positive. We looked at the support plans, health action plans and associated risk assessments for two people. We looked at medicines records, management records including training, health and safety checks for the building, and staff handover information. We observed the support that staff provided to people. One person showed us their bedroom, the garden and around the communal areas of the service.

The last inspection of Roselands was carried out on 10 October 2013 when no concerns were found.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said “Oh yes, I am safe here” another person said “I trust the staff, they keep me safe.”

People were protected from harm and abuse. The provider had a clear policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising any signs of abuse and how to report it. Staff had received training on safeguarding people and were clear about the different types of abuse and what signs to look for. Staff knew how to report abuse and how to raise an alert with the local authority, should they need to. Staff understood the importance of keeping people as safe as possible and said they would not delay in reporting any concerns they had.

Staff were aware of the whistle blowing policy and knew they could report concerns to external agencies if they felt they were not being dealt with properly. Staff told us they had every confidence that any concerns they raised to the registered manager would be listened to and fully investigated to ensure people were protected.

People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited and checked. People said they were happy with these arrangements and had access to their money when they needed it. One person said “(The registered manager) looks after my money, I trust (the registered manager).”

There were procedures in place in case of a fire or other emergency. Easy to read posters were displayed in the kitchen with photographs and pictures showing what to do in the event of an emergency. People talked us through the procedures and told us they took part in fire drills and knew what to do if there was a fire. One person said “I know what the fire alarm sounds like and I know what to do.”

Potential risks to people were identified and assessed. The assessments considered the severity and likelihood of the risk. Control measures were then considered to reduce, or where possible, eliminate the risk. Risk assessment focussed on enabling the person to take risks rather than on restricting them. For example, one person enjoyed an activity that placed them at risk of harm. Rather than restrict the person from the activity, staff worked with the person and took actions to reduce the risks so the activity

could continue. Staff supported people to take risks so they had as much control and freedom in their lives as possible. Risk assessments were reviewed so they were up to date. One person said “I like to go out by myself. I tell the staff where I am going and when I'll be back. If it is raining they take me or get me a taxi.” There was not always a record of when a risk last occurred. If it was some years ago, for example, the risk reducing measures may no longer be necessary or could be reviewed. This is an area to consider for improvement.

There was always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and she kept the staffing levels under review. One to one staff support was provided when people needed it. One person told us “The staff are always there when you need them, even at night.”

The manager and senior staff shared an on call system so were available out of hours to give advice and support. There was a team of staff, who worked across the provider's three services, who knew people and could step in at short notice to cover staff sickness or to provide extra support with activities and one to one support when needed.

Some people needed time to get use to new staff, but it was clear people had an obvious affection for staff. There were very natural and respectful exchanges and conversations with people by staff. Staff anticipated people's needs and wishes well. For example, staff noticed that one person was becoming anxious so they took turns with another staff member to talk to the person and encouraged them to talk about their day and other topics. The person appeared visibly calmer after talking with staff.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People were involved in recruiting staff so they could have a say about who might support them. Prospective staff were invited to spend time with people and people were then asked for their feedback about the person.

Medicines were managed safely. People said that they were happy with the way their medicines were managed. All

Is the service safe?

medicines were stored safely in a lockable cabinet and trolley. Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing that all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent. People were supported to take as much control over their medicines as possible. There was information in people's support plans

about their medicines, what they were for and side effects to look out for. If people wanted to take 'over the counter' medicines this was supported and staff checked this would not affect the action of the person's prescribed medicine. Staff made arrangements for people to take their medicines with them when they went out for the day or went to stay with friends.

There was information in support plans informing staff how to tell if a person was in pain, if they were unable to tell the staff. The information was clear, up to date and readily available to staff.

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on going programme of training which included face to face training and distance learning. The registered manager assessed the training needs of new staff and tracked any training needs of existing staff and arranged the necessary training. Staff completed work books or answered questions for some courses and took tests to complete the courses. Some training was also provided in house, including fire awareness, so that everyone could take part in a fire drill. People also took part in this so they knew about fire safety and how to evacuate the building. One person told us “The staff are very good here, they know how to look after us.”

New staff completed an induction during a probation period. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The registered manager was introducing the new Care Certificate for all staff as recommended by Skills for Care. New staff worked closely with other staff until they were signed off as competent and able to work on their own.

Training was provided about people’s specific needs, including autism and epilepsy, and staff had a good understanding of people’s varying needs and conditions. The registered manager said that learning disability awareness training was not currently offered to staff and she would look into this as an area for improvement. Staff had regular supervision meetings with a line manager to talk about any training needs and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance and to talk about their career development for the next year.

Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered any support. People’s capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person’s best interests. Some people had to make important decisions, for example, about medical treatment. When this happened

information about the choices was presented in ways that people could understand and their loved ones were involved to help them decide. One person needed to make a big decision but was assessed as lacking the capacity to make the decision. A ‘best interest meeting’ was held with the person and their loved ones and representatives to support the person to make a decision. The outcome was very positive for this person.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff, at times, to keep them safe. Because of this, the manager had applied to local authorities to grant DoLS authorisations to ensure that any constant supervision was lawful. The applications were being considered at the time of our inspection and one had been granted and was being adhered to by the staff.

Everyone was involved in planning the menus, buying the food and preparing meals, snacks and drinks. Everyone took part in setting the table and clearing away and washing up. Meal times were a social occasion when everyone came together in the dining room. One person said “The food is good here, we had pork chops yesterday, and I enjoyed them. I helped to make mincemeat for the mince pies yesterday.”

Staff knew about people’s favourite foods and drinks and about any special diets. Healthy eating and exercise was encouraged. If staff were concerned about people’s appetites or changes in eating habits, they sought advice and had worked closely with the local speech and language therapy team. One person had lost weight and had been referred for extra support. Staff had followed advice and provided the extra support and the person had gained weight. People were offered drinks and choices of healthy snacks throughout the day.

The staff were committed to supporting people to be as healthy as possible. People were encouraged to take regular exercise to help the feeling of well-being. People enjoyed regular walks with staff and told us about activities they enjoyed including swimming and horse riding. People were active and said they enjoyed getting out and about and getting fresh air. One person said they used to enjoy

Is the service effective?

bike riding so a suitable bike was purchased for them which they enjoyed riding. Another two people also requested a bike after trying it out, so another two were purchased.

Any equipment that was needed to maintain peoples' health was provided and checked to make sure it was safe to use. The registered manager had arranged for the local community team to work with people to reduce the risk of falls. The team had held group sessions talking about how to prevent falls and how to get up safely if you did fall. The registered manager said people were now more aware of their personal safety and the sessions had given people more confidence.

People's health needs were recorded in detail in their individual health action plans. The plans had pictures with large print to make them more meaningful to people. People were supported to attend routine appointments including to dentists and opticians and were supported to wear their glasses if they had them. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. The staff had worked closely with staff from the local community health team to maintain and support peoples' health needs. Staff from the community team said staff always followed their advice and gave good support to ensure people remained as healthy as possible.

Is the service caring?

Our findings

The whole service provided in the home was organised around people's needs and wishes. Staff offered choices to people so they were in control of what they wanted to do. People said they liked the staff and had a special bond with some of them. One person said, "I get upset sometimes, the staff listen when I talk to them and I feel better. The staff are good here, they help me out." Another person said "All of the staff are lovely, they are very kind."

There was a lot of laughter in the home and people were supported to develop and maintain friendships and relationships. It was clear that staff knew people very well, they knew about their backgrounds, their families and their interests.

Staff spoke with people, and each other, with kindness, respect and patience. The atmosphere was calm and relaxed and staff responded appropriately when a person appeared to become anxious. Staff spoke with the person calmly and reassured them and the person became visibly calmer. Staff had an unconditional positive regard for everyone and treated everyone fairly and equally. Staff made people feel like they mattered, one person said "I am a different person since I came to live here. I love the staff here, they listen and support me."

Staff spent time with people making sure they had what they needed. People were occupied with meaningful activities and were relaxed in the company of staff. There was an atmosphere of caring for each other's wellbeing and there were no barriers between staff and people. Mealtimes were social occasions set at a calm pace with planning and discussion of events and activities around the table when people had finished eating. People gathered in the dining room to chat or to take part in a variety of activities. There was a real feel that everyone worked together to make Roselands a good place to live.

People were actively involved in making decisions about their support at regular meetings and review meetings. Staff were in close contact with people's family and friends who were involved in helping people to achieve their goals and aspirations. People were confident about 'having a say' and knew their views would be listened to. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. Staff communicated with people in a

way they could understand, including using a sign language, Makaton, and were patient, giving people time to respond. Some staff were more confident than others when using Makaton, this is an area to consider for improvement.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People had 'circles of support' from family members and friends who would advocate for them. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People were supported with their personal care and appearance. People enjoyed having their hair and nails done and wearing nice clothes. People were supported to have an appearance and clothing style that suited them and was appropriate for the activity and weather. Everyone had individual styles, which were fully supported by staff. Some people chose to wear matching jewellery and handbags and staff encouraged this. One person said "We go out clothes shopping, I love it. I bought a new skirt then we went out for lunch"

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. There was a day to day practice of knocking on people's doors or asking permission before entering rooms and of respecting people's privacy. People were able to choose who they wanted to support them and they had the option of having someone of the same gender supporting them if they preferred this. People had chosen the way their bedroom was organised, the colour scheme and décor, each bedroom was very different and highly personalised.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. People could access their folders containing their care plans and health records when they wanted to and were aware that these were their private records. The design of the care plans included pictures, photos and straightforward language. The information contained in the care and support plans was agreed with each person, so

Is the service caring?

that they were meaningful and relevant to people's interests, needs and preferences. Each person had a 'person centred plan' which was a book full of photographs, pictures and memorabilia showing important people and places. People showed us their books proudly.

Staff supported people to learn new skills and to increase their existing skills. The registered manager and staff really believed that everyone could achieve anything and did not rule anything out that people suggested.



Is the service responsive?

Our findings

People told us about the activities they took part in; they said they enjoyed various activities including swimming, drama club and trips to local restaurants, shops and pubs. Each person had their own timetable of activities and events that they had been involved in writing. Everyone had the opportunity for further education and learning. One person said “I help out at Boccia club every Friday. We all join in, I like it.”

People lived active lives, had varied lifestyles and followed their own interests and hobbies. They had opportunities to participate meaningfully in the community and had built strong links and relationships with community groups and individuals. The registered manager tracked what activities people enjoyed and which ones they were not keen on and offered new and improved activities based on the feedback.

People were supported individually or in small groups to attend clubs, places of interest and events. When people were at home they were occupied with their hobbies and helped to do the cooking and cleaning. Everyone was doing something different. People were watching their favourite DVD and looking at photographs on a laptop computer, some people went out to clubs and to the shops and others went to a drama group. People told us about a show they were planning to put on with their drama group that they were looking forward to.

Some people were making decorations to sell at a forthcoming Christmas fayre. People held regular fundraising events including cake sales and raffles. People proudly told us that they had raised money for the local association for blind people, a school in Botswana, the Air Ambulance and other local charities. Everyone got involved in the making and selling of items and were really proud to tell us about the charities they had supported and donated to. The registered manager said she was keen to “Celebrate everything, birthdays, Easter, Christmas, we are always celebrating.” There were cards and balloons displayed from recent birthday celebrations.

There was a clear care planning system that people were involved in. An assessment was completed before people moved into the home to make sure that the staff could meet the persons’ needs. People came for trial stays and visits and compatibility with others and peoples’ feedback

was considered before a person was offered a service. People were supported to contribute to their assessment and to their support plan on a regular basis at informal and more formal review meetings. One person who had moved in recently said the move went smoothly, they said they were happy with their bedroom and thought Roselands was a ‘good place to live’ and added that the “Staff are brilliant.”

People’s individual communication needs were supported so that they could meaningfully contribute to the planning and delivery of their support. The support plans, health action plans and activity plans were all kept in folders so that the information was accessible for people and staff to refer to. Each person also had a ‘person centred plan’ which showed, mainly in photographs, what and who was important to the person. One person proudly showed us their person centred plan and was familiar with the contents. They smiled and laughed pointing to various photographs showing them enjoying their hobbies, trips out and holidays as well as photographs of them with family and friends. There was a large board displaying pictures of the meal and activity choices for the day and other important information, people took part in changing the pictures each day.

Support plans contained all the information needed to make sure each person was supported in the way they preferred. Each support plan gave the staff clear guidance about how to give the right support. Support plans were regularly reviewed to make sure they were up to date and focussed on maintaining peoples’ skills. For example, there was a section ‘What I can do and what I cannot do’ so staff knew when to give support. Some people had very specific guidelines about how staff should meet their individual needs, these were clearly written so easy to follow and were accessible to staff in each persons’ room.

People had ‘circles of support’ who were friends, relatives and people that were important to them who would suggest ideas for new experiences and help make decisions in the person’s best interests. Contact details of people who were important were written in each person’s support plan. People were encouraged to keep in touch with all their friends and family. The registered manager said “It is very important to keep in touch, so we provide staff and transport so people can visit their loved ones, and loved ones can visit us here.”



Is the service responsive?

There were no restrictions on when people's friends and families could visit and people were supported to make telephone calls and visits to friends and family. The registered manager and staff whole heartedly promoted family relationships and friendships and worked hard to help people to maintain and develop new relationships and friendships. Staff drove people to visit and stay with family and friends and collected them. Families and loved ones were invited to regular events including birthday parties, garden parties and fundraising events. People were preparing table decorations for a bonfire night celebration to which everyone had been invited. There were posters displaying the event and people said they were looking forward to it.

The staff had worked hard to make the garden an interesting place to be. There were sections with seating, shade and raised flower beds. Another part of the garden had a vegetable plot and games and sensory equipment. One person said they had enjoyed growing and eating fruit and vegetables this year.

Each person had a key worker and some people had two key workers. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. Key workers were matched to people over a period of time so that people could get to know each other and

personalities and interests would be compatible. People knew who their key worker was and one person said "(Staff) and (staff) are my keyworkers, they are nice ladies, all the staff are nice here."

Complaints and comments about the service were encouraged as they helped to make improvements to the service. There was information displayed asking people and visitors to give any feedback about the service including any comments, compliments or complaints.

The complaints procedure was displayed and showed who would investigate and respond to complaints. Regular house meetings gave people the opportunity to raise any issues or concerns. Any issues raised were taken seriously, recorded and acted on to make sure people were happy with the service. One person said "I tell the staff if I am not happy about something and they sort it out."

The environment supported communication. Information was displayed about a variety of subjects, including how to make complaints and give feedback, with pictures and large print. The registered manager checked any complaints on a regular basis to make sure they had been fully investigated and responded to. One person said "If I have any worries I speak to staff, they listen to me and sort it out for me."

Is the service well-led?

Our findings

People, their loved ones and staff were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of openness and inclusion with everyone taking a role in the running of the service. People took part in regular house meetings, others carried out some of the health and safety checks and everyone took part in the cooking and cleaning. One person told us about the house meetings saying, “We have meetings, we all make suggestions about things to do and holidays.” A staff member said “Everything we suggest is listened to and acted on. (The manager) is very passionate about her job; she is always looking for ways to improve.” The registered manager said “My main aim is to get everyone involved.”

The registered manager made sure people had a say about how the service was run, people were asked for their views and opinions about potential staff through the recruitment process and were fully involved in arranging activities and events. Feedback was requested at review meetings and other meetings and all comments and suggestions were listened to and acted on. Surveys were sent to people, their loved ones and staff so they could give their views more formally. Recent comments on survey forms from relatives included, “I feel reassured that my loved one is looked after so well, the staff always go the extra mile” and “Anyone who is lucky enough to be placed at Roselands will have a lifetime of happiness.” The results of the last survey had not yet been published, there were plans to publish them on the provider’s new updated website,

There were links with the local and wider community and people had friends locally and knew their neighbours. People had built relationships with people in the local and wider community and were supported to keep in touch with their friends and family and to make new friends. The registered manager had organised events like garden parties, fundraising coffee morning and fayres. People told us they enjoyed preparing for and attending events as this often meant they met up with friends.

There was a culture of openness and honesty; staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was ‘a commitment to excellence, encouragement for active involvement and continually striving for improvement.’ One person said “The staff make it feel like it is our home. They work hard, they think that is important.”

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities and related conditions for several years. The registered manager was supported by a deputy manager and staff team. Staff told us they felt well supported and felt comfortable asking the deputy manager or registered manager for help and advice when they needed it. Staff told us they had regular team meetings and that their views and opinions were listened to and acted on.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The service had links in the past with other organisations and forums to share and promote best practice. The registered manager agreed it would be an opportunity for improvement to join some local groups again. Two staff had recently attended a workshop looking at the ‘Gold Standard framework’ for supporting people who may be nearing the end of their life. The registered manager planned to make all staff aware of this framework. Representative from the local authority told us that they thought the service was ‘well managed’ and that people had the support they needed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Checks and audits were carried out regularly of the environment, records, staff training and the support provided. People were involved in these checks so took some control over how the service was run, for example, people were involved in the fire safety checks and drills. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service. One staff member had the role of health and safety representative and took responsibility for checking the service was safe and for attending meetings about best practice in health and safety.