

The Fircroft Trust

Firs Court

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?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 29 June and 2 July 2015. The first day of the inspection was unannounced and we told staff we were returning on the second day. At the last inspection on 16 December 2013 we found the service was meeting the regulations we looked at.

All the people who live at Firs Court have a learning and/or physical disability. Firs Court is a purpose built home divided into three self-contained sections;

accommodation and personal care for up to eight people, supported living services and personal care for six people, and four adjacent houses for independent living for five people who may require personal care.

All rooms are en-suite, individually decorated and furnished. The rooms were bright and airy and people told us they could choose what they wanted in their room. Each room has a telephone so people can make and receive calls. There are lounges, dining areas and

Summary of findings

kitchens in each area and a central courtyard garden. It is close to local amenities including shops, cafes, a library, and churches and had good transport links to the local towns and London.

Firs Court can accommodate 23 people and 19 people were living at Firs Court on the days we visited.

The service had a registered manager in post at the time of the inspection. 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.

Firs Court provided outstanding care to people. People were supported by caring staff at all times but especially at the end of their lives and staff respected people's final wishes. Staff worked with multi-disciplinary healthcare professionals to ensure people were cared for in an outstanding way.

Comments from healthcare professional to the provider included "You and your team have endeavoured and succeeded in ensuring people's care was excellent and a person's quality of life was maintained during the last months of life." "Your care was so good that it prolonged people's length of life and you have supported people to die with care and dignity." Staff helped people and relatives through bereavement and ensured that if they needed additional help to express themselves, this was given.

We saw clear evidence of a person-centred, innovative and creative approach that was taken towards a person's individual rehabilitation so they were able to regain their strength and walk again. Staff with support from the physiotherapy team had encouraged the person to exercise and had compiled a video diary to help them see the progress they had made. The person's family commented "We believe this is happiest they have ever been."

We could see that support records were comprehensive and staff said that after they had read them, they were aware of people's background, their skills and their challenges. This meant people were relaxed with staff who knew and cared for them.

Staff treated everyone as an individual and actively promoted the opportunity for people to express their individuality either in gender, religion or sexual orientation.

People used various communication methods and staff enabled people to make their own decisions. This meant people had the opportunity to develop and learn in a caring environment.

Firs Court held monthly house meetings and advocacy services were available at the day centre or workplaces that people attended. This gave people the opportunity to speak about any aspect of their life that they wanted to discuss.

Personal care was provided in the privacy of people's rooms and we observed that staff knocked on people's door and waited to be invited in.

People were safe at the home. We saw that the office door was open and people could speak to the manager or deputy at any time. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. Information about safeguarding and the phone numbers to ring for help were available in the service users' handbook, which was available in an easy read format.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified, management plans were in place.

Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences. We saw that regular checks of maintenance and service records were conducted. Staff had received training in fire awareness and safety. This helped to prevent an emergency occurring and to keep people safe when an emergency did occur.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

Summary of findings

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored in locked cupboards and weekly checks were made of the medicines storage and administration. Staff received annual medicines training as well as yearly observation checks of them administering medicines to ensure that medicines were managed safely.

People with the help of staff were encouraged to keep their own rooms clean and we saw the home was clean and free of malodours.

Staff had the skills, experiences and a good understanding of how to meet people's needs.

Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. The home had a team of 21 staff and those we spoke with spoke positively about the support they received from the manager and deputy manager and through training.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others.

We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so. People were supported to eat and drink sufficient amounts to meet their needs. On the first day of our visit it was very hot and people were choosing to take their meal into the garden and eat outside and staff assisted them to do this.

Detailed records of the care and support people received were kept. Each person had an annual healthcare check and had a comprehensively completed 'Hospital Passport.' People had access to healthcare professionals when they needed them.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. Support plans were in an easy read format, written in the first person and comprehensive.

People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary.

From our discussions with the manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Many of the policies were in an easy read format and this helped people to understand the policies and how they could affect their lives.

The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

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. Staff were knowledgeable in recognising signs of potential abuse. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Good



Is the service caring?

The service was very caring. People received exceptional end of life care and people were supported to grieve for their long-time friends who had passed away.

We saw clear evidence of a person-centred, innovative and creative approach that was taken towards people's individual rehabilitation.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible to live the life they chose.

We observed staff treated people with dignity, respect and kindness. Staff were very knowledgeable about people's needs, likes, interests and preferences.

Outstanding



Is the service responsive?

The service was responsive. People were treated as individuals. Assessments were undertaken to identify people's needs and these were used to develop support plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing. People were supported by staff to access social, leisure and recreational activities that were important to them.

Good



Summary of findings

People we spoke with told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

The service was well-led. An experienced registered manager and deputy were in place who promoted the highest standards of care and support for people to promote people's quality of life.

Staff told us they felt well supported by the manager and deputy who were approachable and listened to their views. The ethos of the home was positive; there was an open and transparent culture.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with.

Good



Firs Court

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 29 June and 2 July 2015. The first day of the inspection was unannounced and we told staff we were returning on the second day. It was carried out by one inspector.

Prior to the inspection the registered provider was asked 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 plan to make. We looked at the PIR information provided and other information CQC held about the service such as statutory notifications we had received from the provider notifying us of significant events.

During the inspection we spoke with seven people living at the home, four care staff, one ancillary staff, the registered manager, deputy manager and the speech and language therapist who was visiting Firs Court. We observed care and support in communal areas.

We looked at and reviewed the care and medicines records for four people using the service and the training, supervision and personnel files for three staff employed at the home. We also looked at other records that related to how the home was managed including the quality assurance audits.

Is the service safe?

Our findings

People were safe at the home. Two people said “The staff are kind” and “I like the staff, they are good.” We saw that the office door was open and people could speak to the manager or deputy at any time. One person told us they would speak to them straight away if something was wrong.

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern and who to report their concerns to, both within the organisation and to the local authority. Staff spoke about observing people and speaking to the person or the manager if they observed any unusual behaviour.

The manager told us they asked staff how they would recognise abuse as part of the interview process. They said this gave them a good indicator of a candidate’s knowledge and what it meant to them to protect people using the service. There were policies and procedures available to staff which set out how they should keep people safe. Information about safeguarding and the phone numbers to ring to report concerns were available in the service users’ handbook, which was available in an easy read format to support people’s understanding.

Care plans showed that staff assessed the risks to people’s health, safety and welfare. Records showed that these assessments included all aspects of a person’s daily life. Where risks were identified, management plans were in place and this included managing risks associated with equipment that was used in the home.

Another example of steps staff had taken to mitigate risks was for two people who wanted to go out for dinner which meant crossing a busy road, which one person would not normally do without staff help. Staff spoke to both people, planned the route and gave them strategies to use if they felt unsure on the journey. Staff shadowed the two people on their first outing to ensure they followed their suggestions. The manager told us this has worked very well and said the two people now often went independently to the restaurant for a meal together.

The provider had processes in place to ensure people’s finances were kept safe. We saw that for people who were

not able to manage their own finances on returning from an outing, work or shopping, a staff member would check receipts and the change a person had and ensure that these were correct. We saw that where people travelled together in a taxi the cost was evenly shared between each person. The above examples demonstrated the actions that had been taken to help keep people safe and support their independence.

Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences.

We saw that regular checks of maintenance and service records were conducted. Records showed that up to date checks were made of fire equipment, including the emergency lighting. Fire drills were held quarterly with a full evacuation of all people, this included a full night time evacuation. Each person had a personal emergency evacuation plan (PEEP) and there was an easy read evacuation poster in the main reception area. Staff had received training in fire awareness and safety. This helped to prevent an emergency occurring and helped ensure that people were kept safe in the event of an emergency.

The provider conducted weekly and monthly checks of the hot water temperature and the flushing of unused water outlets to help stop the potential hazard of Legionella bacteria, (Legionella is a water borne disease). Gas safety certificates were in place. The above processes helped to keep the environment and people safe.

A recent food standards agency inspection in April 2015 gave the kitchen a rating of five, where one is the poorest score and five the highest score. The temperatures of the fridges, freezers and cooked food were monitored daily. These checks helped to ensure the safety of food served to people using the service. We saw that the kitchens were visibly clean and the equipment well maintained.

We observed that there were sufficient numbers of qualified staff to care for and support people to meet their needs. Staffing levels were flexible in order to accommodate people’s activities. We saw the majority of people went out during the day and staff would accompany them on their journey if required. The manager and deputy manager were available to people during both days of our visit. We observed that people were

Is the service safe?

independently mobile and could choose where they wanted to be in the home or outside and staff were always near at hand to give assistance, chat, play a game or help people when required.

We looked at three staff files and saw that recruitment processes had been followed to ensure that staff were suitable to work with people using the service. Staff were asked to read and sign an employment legislation agreement about expectations. Information included the responsibilities of the employers and employees, health and safety in the home and outside, data protection and protecting a person's human rights. All staff had a current criminal records check and the manager had access to the staff criminal records on line through the Disclosure and Barring Service. This system updates staff checks every year and so helps to ensure that the most up to date information is available to employers.

People were supported by staff to take their medicines when they needed them and records were kept of

medicines taken. Staff received annual medicines training as well as yearly observation checks of them administering medicines. Medicines were stored in locked cupboards in a person's room and weekly checks were made of the medicines storage and administration. We saw that if a medicines administration error had occurred an action plan was put in place and additional training was given to staff to ensure that the risk of errors was lessened in the future. These checks and the safe storage of medicines helped to ensure that medicines were managed safely.

People with the help of staff were encouraged to keep their own rooms clean and to tidy up after themselves in the communal areas such as the kitchen and lounges. We spoke with the ancillary staff who said they had received training in the Control of Substances Hazardous to Health (COSHH). We saw the home was clean and free of malodours. It was very warm on the day of our visit and we saw people open the windows and doors and sit outside in the gardens when they wanted to.

Is the service effective?

Our findings

Staff had the skills, experiences and a good understanding of how to meet people's needs. One person said "Staff are lovely, they've really helped me." People were cared for by staff who received appropriate training and support. Records showed staff had attended recent training in safeguarding adults, first aid, nutrition, awareness of behaviours that challenge and equality and diversity. Training was a mix of on-line, class room and hand written questionnaires. The hand written questionnaires were sent off to an independent organisation to be verified and a 70% pass mark was required. If this mark was not reached additional training modules were developed for staff to help them understand the training being offered. Staff were observed by senior staff in their practices of delivering care and support to ensure they had learnt and benefitted from the training.

The manager had also organised two training sessions on the new style CQC inspections. This training detailed the key lines of enquiries (KLOEs) and how these related to Firs Court and the people who lived there. Discussions were held on current staff practice and how it could be improved and a session on 'how you would like to be cared for' was held. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The home had a team of 21 staff and staff meetings were held monthly. We saw records that confirmed one to one supervision took place every six weeks plus a yearly appraisal. Staff spoke positively about the support they received from the manager and deputy manager and through training. One staff member described working at the home as "Great, I love working here with people," another said "I love having a positive influence on a person's life" and "The managers are very supportive, you can go and talk to them anytime."

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. The manager explained and we saw records confirming they had carried out assessments for three people at Firs Court and had applied to the local

authority for a DoLS order. We saw the paper work that confirmed that the restrictions were lawful and in the person's best interests. The provider had policies and procedures which provided them with clear guidance about their duties in relation to the MCA and DoLS.

We saw that people could access all areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge, kitchen, dining room and garden. People could go to the local shops, the library or cafés. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People were supported to eat and drink sufficient amounts to meet their needs. We heard one person telling a member of staff how much they had enjoyed their lunch and wanted to know where the ham had come from. The staff member said they had cooked the ham themselves and the person thanked them and again said how good it was. On the first day of our visit it was very hot and people were choosing to take their meal into the garden and eat outside and staff assisted them to do this. We saw other people making their own meals and drinks and doing so safely.

We saw meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. Easy read guidelines for eating and drinking were on display in the kitchen and described what a pureed or soft diet was and how to use thickening agents in food. Staff told us that food was bought using the supermarkets on-line system and delivered to the house. People also went to the local shops to buy food when they wanted to.

Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and medical and healthcare visits. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals. Each person had an annual healthcare check and had a comprehensively completed 'Hospital Passport.' A hospital passport is a booklet designed to accompany the general notes that medical professionals refer to when treating a patient. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding.

Is the service effective?

We heard about the learning disabilities nurse who used easy read and picture versions of different healthcare processes to explain to people what certain medical procedures entailed. The nurse had explained to the women at Firs Court about breast screening and cervical smear testing, what would happen, who would be there and how a person may feel. The decision whether to have a procedure or not was then left to the person. If they chose not to have the procedure then the GP would be informed and the person asked again when the next test was due.

During our visit we met the speech and language therapist (SALT) who was visiting a person at Firs Court. They explained their role in undertaking eating and drinking assessments, looking at what equipment may be needed to assist someone and mealtime planning. They also looked at a person's communication needs, which could be

learning Makaton (a form of sign language), chat books that are personalised to a person's needs or using an iPad for communication. The SALT also delivered training to staff on awareness of autism and learning disabilities, communication and Makaton. They said they encouraged staff to make a video of a person so that they could show the person the progression they were making. They said about staff "Staff are a top team, if you ask them to do something for a person you know it will be done."

After their visit to a person they would verbally feedback to the manager and then write a report with any recommendations. They said that since their time of visiting people at Firs Court they had seen people "Really blossom, become more confident and chatty and improve their independence."



Is the service caring?

Our findings

Staff were very caring towards the people who used the service. People were supported by caring staff at all times but especially at the end of their lives and staff respected people's final wishes. Staff worked with multi-disciplinary healthcare professionals to ensure people were cared for in a way that met all their needs. Comments from healthcare professionals to the provider included "You and your team have endeavoured and succeeded in ensuring people's care was excellent and a person's quality of life was maintained during the last months of life," and "Your care is so good that it prolongs people's length of life and you support people to die with care and dignity."

One person who was unwell during our visit was choosing to stay in their room, but when asked said we could come in to meet them. Although they were unable to verbally answer our questions we could see they were happy and smiling. We saw that a care map detailing the checks and care scheduled for this person was in place. The provider had worked with multi-disciplinary teams including hospital consultants, the speech and language team [SALT], the community learning disability nurses and the person's relative to ensure they received the very best care. We observed that staff had treated this person with kindness and dignity, that they had been made comfortable in a light, bright and airy room, surrounded by their personal possessions.

We saw each person had an easy read 'When I Die' statement as part of their care plan. This recorded people's preferences about how they wished to be cared for when they were close to the end of their lives, where they wished to be cared for at this time and, who they wished to be informed in the event of their death. Religious and cultural preferences were also addressed in the plan including whether they wished to have a service and about their funeral arrangements. Words, music or poetry were discussed and chosen by the individual as part of these arrangements. Personal belongings, photos etc. were discussed and a choice of who received these in the event of their death was made. The manager told us one family had taken this statement and used it to organise the person's funeral and found it very helpful.

Staff told us that they helped people through the bereavement period by giving people the opportunity to talk, to give them the privacy to grieve and to ensure that if

they needed additional help to express themselves this help was given. People were given the opportunity to attend the funerals of family and friends and were supported by staff to do so. This shows that managers and staff were caring and thoughtful and considered people's individual needs.

On speaking to a person we saw clear evidence of a person-centred, innovative and creative approach that was taken towards a person's individual rehabilitation. The person told us their recent life story and explained how much help the staff had given them to regain their strength and independence and to be able to walk again. They told us that their key worker, with support from the physiotherapy team had encouraged them to exercise and to improve their physical and mental health. The staff member had compiled a video diary to help them see the progress they had made and to motivate them to keep progressing. This had helped them to move from using a wheelchair to using a walking frame and then to walking independently. They also told us how they enjoyed using an exercise bike in the garden. The person's family commented "We believe this is happiest they have ever been."

People were supported by very caring staff. One person said "I'm happy here, I can do what I want and staff will help me." One person spoke about the personal care they received and how it was always by a person of the same gender as them. They said "This is what I want and it makes me happy to receive help." One person described staff as "100% kind."

We could see that support records were comprehensive and staff said that after they had read them, they were aware of people's background, their skills and their challenges. This meant people were relaxed with staff who knew and cared for them. We met one person engaged in an activity in the dining room, they were happy for us to watch them but staff knew they did not like a visitor to join in with the activity or give any help and informed us of this. This knowledge ensured the person was relaxed and happy for us to sit with them.

Staff actively promoted the opportunity for people to express their individuality either in gender, religion or sexual orientation. The manager and staff were able to tell us of occasions where they had had to reconsider their own thoughts to enable people to express themselves in the



Is the service caring?

way they wanted to. The manager told us that each person was an individual and the choices they made in life were theirs and the role of Firs Court was to support people in those choices.

Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to make a decision. Staff used various methods to help the person understand information and make decisions such as showing them the actual choice of food or a coat when it was time to go somewhere. One person who did not communicate verbally was able to make themselves understood by signs and gestures and was happy to show us their room and photos of activities they had taken part in. We were told that they were starting to use an electronic device to help them communicate. This knowledge of and care for people by staff meant people had the opportunity to develop and learn in a caring environment.

Staff said “We ask people what they want to do, we remind them about the time (when they are going out), but the decision to go somewhere or do something is theirs.” We saw this in practice when a person was going out to an event and needed to change their clothes. We heard staff say to the person “It’s nearly 5 o’clock, we should leave in 15 minutes, to get there on time.” These words were sufficient to prompt the person into changing and being ready to leave.

People’s independence was encouraged. For example people were able to use the lift to travel between floors independently. One person invited me to see their room and took me in the lift. Although the person was not able to tell me verbally about the training they received to use the lift safely, when asked they indicated the easy read instructions on what to do in an emergency and which buttons to press. The manager told us people received monthly training on how to use the lift. They explained the reason training was conducted every month was because not all people had the ability to retain information and by repeating it on a regular basis this helped to remind people and keep them safe.

An easy read survey was given to people and this asked people about the care they were receiving, the support given by staff, whether they could talk freely to staff and

were listened to. Staff helped people to complete the questionnaire but arrangements were being made for people from a local advocacy service to help people complete the questionnaire if required in future. This would help to ensure people’s privacy and independence.

Handover sessions were held between staff when changing shifts. We sat in on one of these sessions and saw that staff exchanged information about people in a kind and informative manner. Staff also had an occurrence book that was completed daily and the information shared during the handover sessions. These systems ensured that staff starting work were aware of how a person was, any concerns that staff had and any news that needed to be shared.

Firs Court held monthly house meetings and everyone was encouraged to attend. We saw that discussions included planning holidays, activities and outings. This gave people the opportunity to decide what they would like to do and plan their own activities. People also had the opportunity to attend the local Learning Disabilities Parliament. This was held twice a year and had an information sharing session, such as a discussion on direct payments and an open forum time. Kingston’s Learning Disability Parliament work with the local authority and Healthwatch Kingston helped to ensure people with learning disabilities had a say about things that affected their lives.

Advocacy services were available at the day centre or workplaces that people attended. This gave people the opportunity to speak to an independent person about any aspect of their life that they wanted to discuss. These different forums helped to ensure that people had their say about the care they received

Personal care was provided in the privacy of people’s rooms. We observed that staff knocked on people’s doors and waited to be invited in, if they didn’t get a reply they would call out but did not open the door or enter unless invited to do so. Staff spoke to us about how they would maintain people’s privacy and dignity, by locking bathroom doors and asking people how they would like to be treated. We saw that people chose what to wear and staff gave people help if required.

Is the service responsive?

Our findings

People's needs were assessed and information from these assessments had been used to plan the care and support they received. The majority of people were referred to live at Firs Court by their social worker or the SALT team, but one person who had a friend already living there had referred themselves.

A comprehensive assessment took place which looked at a person's health, their ability to consent to support including a mental capacity assessment, the level of their personal care needs and their social needs. This was all explained to the person in an easy to understand way. The next step would be for the person to visit and have a meal with other people and then if all was going well they could come for a weekend. The process of integrating a person into the home could take several visits. This also gave staff the chance to see if the person needed any special aids to assist them and they would then receive help from the SALT or an occupational therapist. The manager told us that on occasions a person was found not to be suitable to live at Firs Court and their application would be turned down. A review of a person's progress and how well they had settled in was held after three months with a multi-disciplinary team.

People we spoke with knew about their care and support plans and had been involved in their development. People could access their plans at any time from the main office. We saw where people were able to they had signed their care plan. Support plans were in an easy read format, written in the first person and comprehensive. They had considered who the person was, their background, knowledge and wishes of how they would like to be cared for. Support plans were tailored to a person's individual needs. The support plans were up to date and were reviewed annually or when a person's circumstances changed. Staff told us they were not allowed to change the support plans without talking to the person about any changes and them agreeing to the change.

Support plans detailed a person's likes and dislikes, how they communicated, their skills and daily activities. Comprehensive daily notes were kept for each person, detailing what they had done, any support given, how they were feeling and any onwards needs they had. This information about people helped staff to understand a person's needs and respond accordingly.

On the day of our visit two people were watching a television programme while waiting for the bus to take them to the day centre, another person had gone out horse riding and another group of people had gone to a line dancing class, which was changed at the last minute to 'Zumba' an exercise class with music. Staff and people using the service told us they had enjoyed this in the past and were not worried about the change. Later in the day a person was getting ready to go to the local Scouts group and other people were playing games or sitting in the garden.

The deputy manager told us about a person who liked to go out in the evening, either into town, to the pub or to a disco. They were independent in their travel and could come back at any time they wanted to. But the deputy manager said because they lived in one of the houses they were not always aware of when or if they had come back. They spoke to the person about their concern and between them they developed an agreement of a signal the person would use to let night staff know they were home safe.

Staff told us "I support someone to do what they want to do" and another said "I am here to help someone achieve, to learn new skills and develop as a person."

People chose the activities or events they would like to attend and staff helped them if required. One staff member told us about the local fair they had attended and what they had all done. We heard how some people had joined together, with a bottle of wine in one person's room to watch the final of the 'X Factor' on television. This meant people had the opportunity to do what they wanted to, when they wanted to do it.

The provider responded to people's health needs during the very hot weather by purchasing additional air conditioning units for use around the house. Staff said that one person had felt particularly unwell in the heat and the air conditioning units had made them feel much better and enabled them to continue their activities.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints procedure and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary. We saw there were no recent complaints logged in the complaints

Is the service responsive?

file and the manager told us that any concerns people had, whether about the home, the environment, staff or other residents were dealt with promptly and this helped to stop the concern becoming a complaint.

Is the service well-led?

Our findings

We could see that people who lived at the home knew who the manager, deputy manager and staff were by name and could freely chat with them at any time. All the people we spoke with spoke positively about staff and management.

The service was led by a manager, who was supported by a deputy manager. From our discussions with the manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The manager and deputy both worked in the home with people. This helped to ensure that the management team were fully aware of what was happening within the service and available to people when needed. Two recently employed members of staff told us that during their induction period they met with the manager every week and felt very supported by the whole team. A staff member described the management as being "Very transparent in all aspects of the home both in caring and complaints or concerns."

The manager told us "It's important to value staff, to be positive with your feedback. Staff can give ideas on how to work with someone and we will all listen. I make myself approachable."

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings.

The provider has developed many of the policies in to an easy read format including 'Your Human Rights' this came with scenarios to explain what human rights mean in everyday life and 'How to live the life you want' talking about personal budgets. These easy read versions helped people to understand policies and how they could affect their lives. There was also a guide for families about understanding what a learning disability is.

The home was purpose built and the manager told us they were involved at every stage of the planning and building.

As the build progressed people who were going to move into Firs Court would visit the building site to see the progress being made for their new home. A record in pictures of the build was kept on display in the reception area and people we spoke with were happy to tell us about the build.

We saw the minutes of the monthly team meetings, where the manager or deputy updated staff on changes to policies, including changes such as the implementation of the Fundamental Standards and CQC's new inspection format. Updates were given on the people who lived at the home, any accident or incident trends, as well as staff development. These meetings gave the staff team an opportunity to meet together and share information and knowledge.

The provider had signed up to the Social Care Commitment. This is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks, development plans and actions to take to achieve a high quality service.

"You can feel the happiness and generosity of spirit as you walk through the door." This was one comment taken from the relatives and families' survey held in December 2014. The provider conducted surveys to gain feedback from people, staff and relatives about the service that was being delivered. The last staff survey held in January 2015 had a 100% return rate and the majority of the comments were positive. The manager told us they were yet to analyse the results but would do so and develop an action plan if needed.

The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home. These included checks of the environment, people's rooms and equipment, such as wheelchairs or specialist beds. These audits generated action plans detailing what actions needed to be taken. Because the home was new and well maintained many of the actions were small and could be actioned immediately by a maintenance company.