East View Housing Management Limited

East View Housing Management Limited - 1 Johnson Close

Inspection report

1 Johnson Close
St Leonards-on-Sea
East Sussex
TN37 7BG

Tel: 01424853339
Website: www.eastviewhousing.co.uk

Date of inspection visit:
25 August 2016

Date of publication:
29 September 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 25 August 2016 and was announced. We gave short notice of this inspection due to the needs of people living at the service. This service provides care and accommodation for up to four people with learning disabilities and autism. Three people lived at the service and one person was due to move to the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the 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.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place which included the checking of references and personal identification.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered.

Staff sought and obtained people's consent before they helped them. Staff training in the Mental Capacity Act 2005 (MCA) and DoLS was effective. People's mental capacity was appropriately assessed about particular decisions. When necessary, appropriate meetings were held to make decisions in people's best interests, as per the requirements of the MCA.

Staff received regular one to one supervision sessions and all essential training for their role. The staff supported people to have meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Information was provided using accessible language and contained pictures about menus, activities and how to complain, to help people understand this information.
Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

People were promptly referred to health care professionals when needed.

Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. People's individual assessments and care plans were reviewed monthly or when their needs changed. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People were involved in the planning of activities and a varied and individualised activities programme was in place which met people's preferences. People's feedback was actively sought at house meetings and review meetings.

Staff told us they felt supported by the registered manager and they had confidence in their leadership. The registered manager was open and transparent in their approach. They placed emphasis and priority on the person centred needs of people at the service.

There was a system of monitoring checks and audits to identify any improvements that needed to be made. The management team acted on the results of these checks to improve the quality of the service and care provided.

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 knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 and about the Deprivation of Liberty Safeguards (DoLS). The documentation in regard to MCA processes was appropriate and demonstrated understanding about the processes to follow in line with legal requirements.

The registered manager had submitted appropriate applications in regard to the DoLS and had considered the least restrictive options to keep people safe.

The staff supported people to have meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect.

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

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive to people's individual needs.

The delivery of care was in line with people's care plans and risk assessments. Each person had an activities programme that was inclusive, flexible and suitable for their individual needs.

People or their legal representatives were invited to be involved with the review of people's care plans. People's care was personalised to reflect their wishes and what was important to them.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager welcomed people and staff suggestions for improvement and acted on these. Staff had confidence in the registered manager's style of leadership.

There were audit systems in place to ensure that essential standards of care were met.

The registered manager placed emphasis and priority on meeting people's needs in a person centred way. There was an open and positive culture which focussed on people.

East View Housing Management Limited - 1 Johnson Close

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 carried out 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 was carried out on 25 August 2016 and was announced. The inspection team consisted of one inspector.

The registered manager had received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. Before our inspection we looked at records that were sent to us by the registered manager or the local authority to inform us of significant changes and events. We reviewed our previous inspection reports.

We looked at records which included those related to people's care and medicines. We looked at three people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We looked at a pre admission care plan for someone due to move to the service. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the services' policies and procedures.

We spoke with four people and one relative to gather their feedback. We also completed observations to help us understand the experience of people living at the service. We also spoke with the registered

manager, the deputy manager and one care worker on shift.

At the last inspection on 27 January 2014 the service was compliant with the five outcomes we inspected at that time.

Good

Is the service safe?

Our findings

People were supported to keep safe at the home. We observed one person request information about which staff were on shift. Staff responded and informed them which staff were on shift. This helped reassure the person that they would be kept safe. Where people had health needs, risk assessments were completed before people moved to the service to ensure their needs could safely be met. Staff talked to us about training they had recently received to support someone to stay safe due to their health needs. They were able to explain signs they needed to look out for should the person become unwell and the emergency processes to follow if needed to maintain the person's safety. A relative told us how the registered manager ensured their family member was provided with suitable equipment to keep them safe when completing their personal care.

Staff understood the procedures for reporting any safeguarding concerns. All of the staff we spoke with were able to identify different types of abuse and were clear about their responsibility to report suspected abuse. They were aware of the whistleblowing procedure in the service and expressed confidence that any concerns would be followed up. Staff were up to date in their training in the safeguarding of vulnerable adults. The registered manager had a detailed safeguarding policy in place that reflected local authority guidance. The registered manager discussed safeguarding matters and other key training areas to support staff knowledge in this area.

Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when people needs changed. Risk assessments took account of people's history, their medical condition, independence levels and their medicines. People were provided with equipment to maintain their safety. For example, non-slip mats and handrails, bath seats and bath boards were in place to support people's independence and reduce the risk of falls. One person was fully involved in choosing their bath board and tested different ones to ensure they identified one comfortable for them. Guidelines were in place to support people to get out of the bath safely, to prompt staff to wipe the wet floor and to regularly check equipment to reduce the risk of falls. Measures were in place to reduce risks and promote people's safety.

The provider had an effective system for recording and analysing accidents and incidents. Incidents were monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. Appropriate logs were completed and audited by the registered manager to identify any trends or patterns. An audit had highlighted that someone had two minor choking incidents. The person was referred to Speech and Language Therapy (SALT) for a review of their health needs. From this a risk assessment and support plan was developed to support the person to eat safely with support from staff.

The home environment was safe for people to use. The home's fittings and equipment were regularly checked and serviced. Safety checks had been carried out throughout the home and these were planned and monitored effectively. These checks were comprehensive, appropriately completed and updated. They addressed the environment, water temperature, appliances and fire protection equipment. Portable electrical appliances were checked regularly to ensure they were safe to use.

People were kept safe from the risk of emergencies. The provider had a robust fire procedure in place. People had an individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. This included communications to include giving people simple instructions, such as, 'X fire out' and staff giving people praise to encourage them to leave the building and for one staff member to remain close to the person to monitor their safety. PEEPs recorded support and equipment they would need in the event of fire evacuation. Fire protocols were in place which recorded how people would respond or how staff would ensure their safety in the event of a fire. A previous fire drill had identified that not everyone was confident about how to evacuate the premises in the event of a fire. Staff discussed people's individual needs in their key worker meetings and provided accessible information to help people to understand what to do. Subsequent fire drills were completed and records demonstrated that people were clear on what to do in the event of a fire.

There was a business contingency plan in place that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures were in place to ensure continuity of the service in the event of adverse incidents.

There was a sufficient number of staff to meet people's needs in a safe way. We looked at staffing rotas that indicated that enough care staff were deployed during the day, at night time and at weekends. The registered manager reviewed staffing levels regularly, took into account people's needs and staff skill mix to ensure a sufficient number of staff was deployed. Additional staff were deployed when necessary, for example; when people needed one to one support when they were unwell and needed to attend health appointments, when they needed support to take part in activities and to go on holidays. A new person was moving to the home and the registered manager had reviewed how staff needed to be deployed to meet their individual needs.

Safe recruitment procedures were followed to ensure staff were of suitable character to carry out their roles. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided proof of their identity and references had been taken up before staff were appointed and references were obtained from the most recent employer where possible. Disciplinary procedures were followed and action was taken appropriately by the provider when any staff behaved outside their code of conduct.

People's medicines were stored, managed and administered safely. The medicines administration records (MARs) were detailed and accurately completed. The MARs were appropriately completed and did not contain any omissions without a reason being recorded. The provider had a protocol in place should a medicines error occur. We had received notifications from the provider when this occurred. The provider acted promptly and appropriately to reduce potential risks to people. They obtained medical advice and monitored people to ensure they remained safe and well. They ensured staff received refresher training in medicines management before resuming this role. No further errors had been reported.

Good

Is the service effective?

Our findings

People appeared happy with the care and support provided by staff. People told us they liked the staff at the service and were supported to have their individual needs met. One relative told us, "I can't fault any of it. X is happy. I am happy with this service. I am glowing." Staff told us, "I have completed all mandatory training. We get a lot of training, it does help and we learn on the job." An email sent from a professional with direct knowledge of the service stated, 'I reviewed X a few weeks ago and was very impressed by the support X is receiving from the [manager] and the team.'

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. Staff had completed training in supporting people to meet their individual health needs. The registered manager had arranged for a specialist health nurse to provide staff with specific and tailored training to meet the person's individual needs. The training developed staff confidence and competence in administering medicines on an 'as required' basis. Staff were able to explain with confidence how they would support people when incidents occurred or in emergency situations specific to a person's health needs. They told us, "I am confident about the training I have had. I have also been reading up about this [health need]. I know the key signs to look out for." Staff told us about the safety measures they would take in an emergency to effectively support the person. The person had a detailed risk assessment in place with clear guidelines for staff to follow to effectively support the person to manage their health needs.

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training provided included health and safety, first aid, dementia care, manual handling, safeguarding and infection control. Training records were up-to-date. The provider had monitored staff training needs and scheduled training courses for staff. The provider had put in place a 'Learning pathway' to ensure that staff had access to all the training they needed to meet the needs of their role. Training was tailored to the needs of people who used the service. Staff were satisfied with the training and professional development options available to them. Staff received formal annual appraisals of their performance and career development.

New care staff underwent a thorough induction when they started work. This included shadowing senior care workers for approximately two weeks before they could demonstrate their competence and work on their own. The competency of all staff administering medicines had been assessed and documented. The Care Certificate had been introduced for new staff as part of their twelve months induction and to all staff to support their competence in practice. The deputy manager had taken on the role of overseeing this with staff. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that care homes are expected to uphold. Care staff received one to one supervision sessions every three months to review their performance and development needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options for each individual to keep them safe. When appropriate, Independent Mental Capacity Advocates (IMCAs) were enlisted to help represent people's views when families were not available. Where people did not have capacity to make decisions about complex health needs the registered manager had ensured people had advocates to include family members and best interest meeting were held with people, their relatives and specific health care professionals to make decisions in the least restrictive way in their best interest.

Staff had completed training and were able to explain the principles of the MCA and what the MCA meant in practice. Staff had access to policies and procedures to support their knowledge. The registered manager discussed aspects of the MCA and other key training areas in staff meetings and used real life examples to support staff knowledge in this area. Staff told us, "I ask people for their consent. I help people understand information by breaking information down. I explain risks to people to help them make decisions." Staff member demonstrated they understood how to apply the key principles of MCA in practice.

Records indicated that people's capacity to consent had been accurately assessed, recorded and acted upon by staff. For example, in each person's care file there were individual documented mental capacity assessments to show how people's mental capacity had been assessed regarding each specific decision, and recorded minutes of meetings having taken place to reach a decision in their best interest. People could be confident that legal processes were followed and that appropriate decisions were taken in their best interest. People were provided with pictorial and accessible information to help them understand and make informed decisions about consent. People had signed consent forms to allow care plan information to be shared with other professionals where required.

People were offered different choices of food. We observed the evening mealtime where people had decided what meal they wanted. Some people had changed their mind and staff helped them decide what alternative meal they wanted. People had chosen different options depending on their preferences. People had chosen each evening meal on the menu from photos and pictures of food. People had access to simple recipe instructions to follow. People food likes and dislikes were clearly recorded in their care plans. Menus provided flexibly met people's needs. People were supported by staff with eating and drinking when they needed encouragement.

People liked to eat healthy meals. Staff worked with people to make healthy alternatives to people's favourite meals such as pizzas and other favourites. Easy read healthy food guides were available to help people make informed decisions about healthy meals. Fruit and snacks were readily available for people in the kitchen. One person needed encouragement to drink fluids. We observed one staff member had a drinking competition with the person to motivate them to drink. This proved effective and they drank all fluids with little need for encouragement.

Where people were at risk of choking, they were referred to the GP or a speech and language therapist

(SALT) when necessary, and their recommendations were followed in practice. Care plans recorded a list of foods the person should avoid and clear guidance for staff to follow. Information was provided in an accessible format using pictures to support the person's understanding of their health need. Where there was a recent change of needs, the registered manager referred the person for a review of their SALT needs. People were weighed regularly when there were concerns about their health. Fluctuations of weight were noted in a dedicated care plan and appropriate referrals were made to health care professionals when needed. Staff had completed dysphagia training to develop their knowledge of meeting the needs of people with swallowing difficulties.

People's wellbeing was promoted by regular visits from healthcare professionals. People had been referred to healthcare professionals when necessary. Records confirmed if people were not well, staff supported them to go to the doctor. Where people had specific medical conditions, information was available about this within their care plan to inform and help people and staff understand people's health needs. When people became unwell, information was promptly communicated to staff at handovers so effective follow up was carried out.

Where people required complex hospital and dental treatment, the registered manager ensured detailed pre planning with the person and relevant healthcare professionals to ensure the person's needs were met. This involved managing people's anxieties by giving them accessible information to better understand what the treatment involved. In one case they supported someone to access an advocate to ensure they could speak with someone independent about their needs and rights around dental treatment.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff that cared for them. People spoke positively about the staff. We observed positive interactions and humorous banter between people and staff. Relatives told us, "The staff are caring. They listen to people. I like the manager and the staff team." We observed staff supported people with kindness, in a positive way, showing respect for people. One staff member's appraisal record completed by the registered manager read, 'X has a very positive relationship with all residents. X works hard to ensure their needs and wishes are met.'

Effective communication took place between people and staff. Specific communication methods were used by staff when necessary. People had communication care plans that clearly explained people's specific communication needs. One care plan stated, 'X gets confused if you ask too many questions', 'X may look blankly when asked a question, give X time to answer' and 'use pointing and objects of reference.' One person's care plan stated that they responded well to use of picture cards and short sentences of up to 5 words. We observed picture cards readily available at the home to ensure people and staff could engage in effective conversations. There were pictures of food and drink available to help people make informed decisions about meals they would like.

The staff approach was kind and compassionate. We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and there were frequent friendly and appropriately humorous interactions between staff and people. Staff knew how to communicate with each person. Staff used people's correct and preferred names, and spoke clearly. Some members of staff communicated with people with energy and enthusiasm. They waited for people's response and interacted positively with them. People were able to spend private time in quiet areas.

Where people may experience anxiety staff were able to provide reassurance to manage people's emotional needs. One person's care plan read that they would write words down if they became anxious and that they preferred to have locked cupboards for all of their belongings. We observed the person had locked cupboards provided for them in their room and communal areas to reassure them. We observed staff reassuring them that they would not enter their bedroom without their consent. They further reassured the person by confirming which staff were on shift that evening. The person was visibly reassured by the staff member's response. The person's care plan provided staff with detailed guidelines to support people to manage their emotional well-being.

People were assisted discreetly with their personal care in a way that respected their dignity. Staff spoke about people respectfully and maintained people's confidentiality by not speaking about people in front of others. Staff told us, "I ensure people's privacy and respect. I ensure people's privacy. I make sure doors are closed [when people are having personal care]. I give people choices, like choosing what clothes they would like to wear." Some people had a sign on their bedroom doors stating 'do not enter.' They used the signs to inform staff of their need for privacy. Staff observed and respected their privacy and dignity needs. People's records were kept securely to maintain confidentiality. People's privacy was respected by staff that knocked gently on bedroom doors to announce themselves before entering.

Staff encouraged people to do as much as possible for themselves to promote their independence. Staff checked that people were appropriately dressed and people were well presented with comfortable clothing and footwear. People completed personal care tasks where they were able to do so. People followed their preferred routine. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. People's care plans clearly recorded where they were able to complete tasks independently to include, 'X can clean and tidy their bedroom', 'X completes their own personal care' and 'X makes their own drinks, snacks and sandwiches.'

People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to. Care plans were updated following changes in health or risk based needs. People had been consulted about their care and support needs. People's rooms were personalised to meet their individual tastes. One person showed us their room with their consent. They told us they liked their room. Everyone had chosen the colour scheme for their room. Some people liked to do arts and crafts in the living room as a social activity. The registered manager ensured that people had tables and chairs in the living room to enable people to pursue their hobbies and interests.

Good

Is the service responsive?

Our findings

Staff responded to people's individual needs and wishes. People told us they were going out to a disco that evening and were very excited about this. There were photos of activities and day trips people had attended on walls in communal areas. One person showed us a photo album which had photographs of trips, event and activities they had taken part in and of time spent with their family and friends. On the day of our inspection, people were supported to go to day services of their choice, had undertaken activities of their choice and met up with their friends.

People had individual activity planners in place. They contained pictures and symbols and used accessible language to support people's understanding of the activities they had chosen and planned. People participated in a variety of activities to include attending day services, gardening projects, writer's club, photography, rambles, arts and crafts and jewellery making. Some people attended internet classes, move review groups, 'Sports for All' and other groups of interest. People had previously been on holidays to various places and holiday parks. One person had recently been to London to attend the theatre which they enjoyed.

People were support to achieve their goals and have their individual wishes met. Staff recorded people's goals in their care plan records. They recorded progress made in supporting people to achieve their goals. For example, one person's goals were to plan their birthday party, go on an open top bus, go on the Eurostar to Disneyland, do a sponsored walk and go to college and visit farms to feed the animals. Staff supported the person to achieve their goals and this was recorded in their support plan records.

People had keyworker meetings every eight weeks to discuss their goals and preferences and how to achieve them. As part of each keyworker session people selected a topic of interest to discuss. Subjects had included health issues, hand washing and hygiene and how to make a complaint. People talked about family and friends they had met in the previous eight weeks and made plans as part of goal setting for the next eight weeks. One person's goal was to resume going to discos when they were feeling well. They told us they were going to a disco that evening as their health had recently improved. People had commented on their support and views about their home at each meeting and their views were recorded. For example one person commented about the home, 'it's very good' and about food, 'I liked having fried chicken.' People's involvement in their daily lives was clearly recorded. For example information read, 'looked after kitchen', 'made drinks for people' and 'did menu planning'.

Staff followed care plans that reflected people's individual needs and wishes. Information on people's care needs was included in an initial care plan that was in place when people moved into the service. People who moved to the service had an initial pre-assessment and visits to the service as part of a 'transition plan' to ensure the move met their individual needs. This helped the person get to know people and staff before they moved in. They were able to familiarise themselves with their new home and feel as comfortable as possible. One transition plan we looked at provided detailed information on the person's interests, their assessed health, social and care needs and independence levels. The registered manager had ensured that all relevant referrals to health care professionals had been made to support an effective move for the

person. They also ensured that staff rotas reflected the individual needs of the person to ensure they deployed staff to meet their needs. The person's relative told us they were very happy with the transition plan for their family member.

Care plans included people's life history and what was important to them, so staff could understand people's individual needs and wishes. Specific care plans had been written in response to individual needs, such as when people had specific health needs and where people wanted to attend activities. Care plans were summarised in an overview so staff could refer to them quickly and gain specific vital information about people's care. All care plans were routinely reviewed and updated by staff. They were reviewed by the registered manager on a monthly basis or sooner when needed. Care staff were made aware of any changes and updates at daily handover meetings. People's families or their legal representatives were invited to be involved with the reviews of their care.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People's decisions about who was important in their life were clearly recorded in their care plans. People were involved in completing 'Circle of Support' information which showed photos and names of family and friends who were important to them. People saw their family regularly and were supported to make contact with family and friends when they wanted to.

People were able to express their wishes or comment on the way staff delivered their care at monthly house meetings and review meetings. These meetings were recorded. People were invited to comment on their care, food, activities and the environment. One person's care records stated, 'I take part in weekly house meetings. We sit together and plan our next week's menu.' People told us that they attended house meetings to discuss how the home should be run. People and their relatives were invited to comment on how the service was run. Satisfaction surveys took place annually and people and relatives were asked to give service feedback which was analysed by the provider. The results of the last satisfaction survey completed in 2015 demonstrated that people 'knew they could talk to staff if they felt unhappy, sad, angry or worried' and people were, 'happy in their homes and had their privacy respected, staff listened to them and helped them in many ways' and the survey demonstrated that people were 'involved in the selection and recruitment of staff.'

People were encouraged to make a complaint. Information was provided using accessible language to support people's understanding of how to make a complaint. No complaints had been recorded since the last inspection. The registered manager told us that any complaint would be investigated and responded to in line with the provider's policies and. Information on how to complain was provided for people in the service user guide and displayed in the entrance.

Good

Is the service well-led?

Our findings

People and their relatives were satisfied with how the service was managed. People we spoke with were aware who the registered manager was and we observed they felt able to talk with them and make their needs known. The registered manager knew people well and had a comprehensive knowledge of their needs. They talked about the culture at the home, "The culture is open, transparent, honest and supportive. People are happy and we help them resolve any difficulties." They told us about support they received from the provider, "I can pick up the telephone and speak with the provider. There is good manager support and a good on call manager network." Staff told us, "There is a good culture here. It is homely, relaxed and very personalised. It is a good team" and "I love it here. Everyone is so nice."

There was a robust system in place to monitor the quality of service provided for people. The registered manager regularly monitored the day to day running of the service, checked documentation and observed the environment people lived in. The registered manager had put in place a robust maintenance and refurbishment programme. Records showed that maintenance work had been repaired promptly to recently include a tumble dryer seal and broken kitchen door. The registered manager had implemented a 'monthly reminder' system to ensure any outstanding maintenance work was dealt with promptly by the provider. The kitchen and a bathroom had been refurbished last year. One person was due to move the service and their bedroom had been decorated to include repainting and new furniture chosen by the person. They told us they liked their new room. The relative told us, "They were very flexible and moved X's room [to meet X's needs]."

The registered manager completed monthly audits for infection control, health and safety, accidents and incidents, medicines and care plans. One action from a recent care plan audit was to update someone's care plan with a home leave medicines plan. This was put in place to support the person to have consistency of support with their medicines when away from the service. This was addressed and updated in the person's care plan. Staff told us, "The care plans are really well done. They are kept up-to-date." A recent infection control audit identified the need for new soap dispensers to be purchased to promote good infection control standards. This was addressed and the audit updated by the registered manager.

The registered manager completed monthly provider reports on people's individual health and care needs and activities people engaged in. The report included any issues with maintenance, incidents, accidents, incident analysis, training and recruitment needs for the provider to address.

The registered manager promoted continuous service improvements. Staff were encouraged to make suggestions about how to improve the service. The registered manager told us there was a culture of continuous improvement at the home and that staff always used their initiative. One example was that staff suggested a change of time for shift handover to support people more effectively with their activities. This suggestion was acted on by the registered manager. People suggested that they completed arts and crafts as this was their preference. Staff ensured people had the furniture and equipment they needed in the lounge to free up other rooms in response to their suggestion. People suggested that the office was moved to another part of the building to make a better use of space. This suggestion was acted on by the registered

manager.

Staff attended team meetings to discuss people's support needs, policy and training issues. Staff meeting minutes reflected discussions in these areas. Staff were encouraged to make suggestions about how to improve the service. All staff meetings were documented and recorded any actions that needed to be followed up. Actions from meetings were recorded and outcomes were routinely recorded to demonstrate action had been taken.

The registered manager described their role and their vision for the home. They were passionate about providing care to people in a person-centred way. They told us, "The service is person-centred and from the heart. We understand people and listen to people. We want people to have opportunities and try different things. We support people to enjoy their lives." Staff shared the same vision and values. Staff told us, "We promote people's independence; choices and help people learn new skills." Staff understood what they were trying to achieve with people they supported to provide care in a consistent and person-centred way.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. The service's policies were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. Policies were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were clear and well organised; they were kept securely and confidentially.