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Silvermead Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 15 and 21 February 2017 and was unannounced.

Silvermead Residential Home provides care and accommodation for up to 13 people. On the day of the inspection 12 people were living at the service. Silvermead provides care and accommodation for adults with a learning disability and other associated conditions such as Autism.

The registered provider for the service was also the owner of the home. A registered Provider is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements on the Health and Social Care Act 2008 and associated regulations about how the service is run. A manager had been appointed to oversee the day to day running of the service and was available throughout the inspection. The manager informed us they were in the process of registering with the Care Quality Commission, which they recognised would give them additional responsibilities and duties. The PIR stated the manager was attending a Plymouth City When we refer to the manager in the report we mean the person who had been appointed by the registered provider to oversee the day to day running of the service. The registered provider supported the manager and visited the service on a regular basis each week.

At the previous inspection on the 9 and 15 December 2015, we found concerns in relation to people's rights when they lacked the capacity to make decisions for themselves. We also found concerns in relation to the way the home supported people who may display behaviours, which could be challenging and put them or others at risk. Support plans did not in all cases provide staff with sufficient information to help ensure behaviours were understood and managed safely and appropriately. People's support plans were not in all cases sufficient in detail to reflect the level of care being provided and did not always describe how people chose and preferred to be supported. The provider sent us an action plan to tell us how they had addressed the concerns.At this inspection we found improvements had been made.

The manager had worked hard to develop people's support plans, which reflected their current care needs. The manager had liaised with the local authority quality team and other providers of care to support them in this process. People had up to date support plans with information about their daily routines and how they chose and preferred to be supported.

Staff had undertaken updated training in the Mental Capacity Act (MCA) 2005. Care records demonstrated when people had made decisions for themselves or when best interest discussions had been needed to support them. For example, one person had been assessed as being able to make decisions about whether or not to receive treatment for a specific health need. We saw they had been supported to make these decisions and their views and choices had been respected by the staff supporting them.

Since the last inspection the manager had improved the guidelines available to staff about people's behaviours that could be challenging or put them or others at risk. People's support plans had been

developed to include more detail about the types of behaviours people could display, possible triggers and how staff should respond if the behaviours occurred. Advice and guidance had been sought from the specialist learning disability service.

We were told about some people's wishes and goals for the future. However, this information was not always documented as part of their support plan, therefore it was not possible to see how the service supported people to achieve their goals, wishes and aspirations. The manager told us they undertook regular reviews of people's support arrangements, and records were dated to show they were up to date. However, the review process was not documented; therefore it was difficult to see if people were involved in this process and how their views and wishes were considered.

Staff told us the staffing levels were safe. We saw people who had been assessed as requiring 1:1 staffing levels had these arrangements in place. The manager had also recruited an Enabler to support some people on a 1:1 basis at set times during the week. However, two care staff would normally support eleven people, which staff said did at times restrict their ability to support people with personalised activities, or to be spontaneous and take people out when they requested. This meant people's opportunities could at times be limited and not specific to their particular needs and requests.

Throughout the inspection we found staff to be compassionate and caring. There was a friendly and homely atmosphere. People greeted us at the door and staff ensured they knew who we were and why we were visiting. This demonstrated that people were supported to see Silvermead as their home and were helped to feel comfortable and relaxed when people they didn't know visited.

Relatives and other agencies spoke highly of the care provided at Silvermead. They said there had been significant improvements during the last twelve months since the new manager had been in post. Relatives said the staff and management went "Over and above" to support them and people in the home. Health and social care professionals said communication was good and professional appointments were never missed.

A thorough admissions process took place for any new people considering moving into the home. The manager gathered information about the person and met with them and other key people including relatives. Health and social care professionals said they were very impressed with how the staff and manager had supported two people who had recently moved into the home. They said the planned transition and support from the service had resulted in both people settling well in their new environment.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff undertook training and understood the importance of safe administration of medicines.

People's health and dietary needs were well met. People were supported to maintain good health and when required had access to a range of healthcare services. Annual health checks were arranged and 'hospital passports' were in place to support any admissions to hospital. Hospital passports contained important information about the person to help ensure their needs were appropriately met if they should require an admission to hospital or other healthcare facility. People's health needs were monitored closely and any concerns or changes were dealt with promptly.

People's privacy and dignity was respected and staff provided dignified and compassionate end of life care. . A relative said, "They told us they would support us all as a family day or night, outside working hours, they have done all they can and more". Feedback within correspondence received by the home included, 'Nothing was left unattended, throughout […] stay, they received the utmost care, love and attention'. People's end of life wishes were recorded and respected. One person had requested a celebration of their

life as part of their end of life wishes, so the manager had organised a big gathering in the home with people the person wanted to attend. The family said the occasion was very special and just as the person would have wanted.

We saw good examples of care being personalised and responsive to people's needs. One person had started to display behaviours, which were out of character and suggested they were distressed. The manager and staff recognised these behaviours occurred at a certain time and during a particular activity. Plans were put in place, which included the use of pictures to help the person communicate their concerns and understand what was happening. This action resulted in the person becoming less anxious and the behaviours ceased. This demonstrated the service knew people well and were proactive in supporting people to express their needs and concerns.

Staff, relatives and other agencies all spoke highly of the management of the service, and said there had been significant improvements since the new manager had been in post. Comments included, "The service needed the stability of a manager and the care delivered to people has really improved". The manager said they felt well supported by the registered provider and felt both were clear about their responsibilities and a desire to further improve the quality of the service.

The manager said they recognised the service had a culture in the past of wanting to over protect people, which at times resulted in their rights and independence being restricted. They said they had worked hard to change this culture by providing training to staff and modelling appropriate practices of care. This was reflected in the practices we observed and the discussions we had with staff.

The provider had a good quality assurance system in place and gathered information about the quality of the service from a variety of sources, including people who used the service, relatives and other agencies. Learning from quality audits, incidents, concerns and complaints were used to drive continuous improvement across the service.

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.

People were protected by staff who understood how to recognise and report signs of abuse or poor practice.

There were sufficient numbers of staff to keep people safe.

The service managed risk appropriately and recognised people's rights to make choices and to have control over their lifestyle.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe recruitment processes.

Is the service effective?

Good

The service was effective.

People were supported by trained staff who knew them well, and understood their needs.

People's rights were managed appropriately and their best interests were promoted in line with the Mental Capacity Act 2005.

People were supported to have their health and dietary needs met. Changes in people's health was recognised and addressed promptly.

Is the service caring?

Good

The service was caring.

People were supported by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

People were supported to maintain relationships with people who mattered to them. Relatives trusted that staff cared and they

felt listened to and valued.

People were provided with compassionate and dignified end of life care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive

People had support plans, which provided staff with information about daily routines and how they preferred to be supported. People's goals and aspirations were not always included as part of the care plan process.

People's support arrangements were regularly reviewed and updated. However, it was not always evident that people were involved in this process.

People's social and leisure opportunities were not always personalised and responsive to people's requests and specific needs.

The service was flexible and responsive to people's changing needs. This approach had resulted in very positive outcomes for people, which had been recognised and praised by relatives and other agencies.

Concerns and complaints were listened to, taken seriously and used to drive improvement across the service.

Is the service well-led?

Good

The service was well-led.

Staff understood their role and responsibilities and were supported by an open and inclusive management team.

The staff and senior management worked in partnership with key organisations to support care provision.

There was a strong emphasis on continually striving to improve and develop the service.

Quality audits were in place to ensure the quality and safety of the service.

Silvermead Residential Home

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 checked 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.

The inspection took place on the 15 and 21 February 2017 and was unannounced. One Inspector undertook the inspection.

Some of the people living at Silvermead had limited verbal communication and were therefore unable to tell us about their experiences of the services, whereas others were able to speak with us. We spoke with people where possible and also spent time in the communal parts of the service observing people's daily routines and as they were being supported by staff. This helped us understand if people's needs were being met and if they were happy and well cared for in the home.

Prior to the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with six members of the staff team. The registered provider had appointed a manager to oversee the day to day running of the service. The manager was present throughout the inspection.

We looked at the care records of three people who lived at the home, as well as other records relating to the service. This included staff recruitment records, health and safety records and quality audits.

Following the inspection we spoke with a relative and three professionals from other agencies who had or have involvement with people living at the home. This included a social worker, a healthcare professional and a member of the quality team for Plymouth City Council.

Good

Is the service safe?

Our findings

Relatives and other agencies told us they felt people were safe living at Silvermead. A relative said, "I have never once felt concerned about […] safety, or that they are not being cared for".

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly discussed and updated. This training helped ensure staff were up to date with any changes in legislation and good practice guidelines. A flow chart was available to staff providing them with quick, clear information about what they needed to do if they witnessed or suspected person/persons were at risk of abuse, harm or injury.

Staff recognised people's rights to make choices and take everyday risks. The manager recognised in the past the service had not always considered people's rights and choices and had over protected people. The manager said they believed staff did this because they cared and wanted to protect people, but had more recently considered people's rights to take risks and make choices about their care and lifestyle.

Assessments had been carried out to identify any risks to people and staff supporting them. This included risks relating to the environment and people's support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of harm to the individual or others, whilst also recognising the person's rights, choices and independence. For example, one person had been assessed as having risks to their health due to excessive and prolonged smoking. The staff recognised the person's rights to choose whether or not to smoke, but had supported them to visit the GP and to understand the long term affects continued smoking could have on their health and well- being. With staff support the person concerned had made their own decision to give up smoking and were being closely supported by the staff and health care professionals.

Assessments had been completed in relation to risks associated with the environment. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and emergency services in the event of a fire or other serious incident. Information was available for staff throughout the building of action to take in the event of an emergency and this included important contact numbers and alternative accommodation for people if required. A fire risk assessment was in place, and regular checks undertaken of fire safety equipment. A recent audit by an independent fire service had identified a number of door wedges being used throughout the home. We saw these were still in place at the inspection. The manager advised that appropriate door opening devices had been ordered and would be fitted in line with recent recommendations. Risk assessments had been undertaken in relation to water temperatures, radiators and windows. As a result of these assessments some radiators in the communal areas had been fitted with covers to prevent burns and some windows had been fitted with reinforced safety glass.

Systems were in place to help ensure people's personal finances were kept safe. Safe storage was available, and records kept of people's daily expenditure. Regular audits were carried out of people's money held in the home.

The provider made sure there were enough staff available to keep people safe. One person had been assessed as requiring one to one staffing to meet their needs and to keep them safe and we found these staffing levels were in place. Staff said they felt there were enough staff to keep people safe, but said the requirements of the staff team were changing as new people moved into the home and people's needs increased due to age and changes in health. We were told a normal shift would include two care staff and the manager. The manager said they had recently recruited additional staff to work with people on a one to one basis at set times during the week. They said they would continue to review staffing levels as people's needs changed to ensure they remained safe.

People were protected by safe recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing their employment to confirm they were suitable to work with vulnerable people.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had clear information about their medicines and how they needed and preferred them to be administered. Two members of staff checked medicines when they arrived in the home, and regular audits were carried out to ensure the amounts of medicines held in the home were correct.
Medicines were stored safely. A separate fridge was available for medicines requiring cold storage and temperatures were checked regularly. Arrangements were in place for the return and safe disposal of medicines.

Clear systems were in place when people took medicines out of the home, for example when they visited relatives or went on holiday. Information was clearly available for staff about people who could need as required, (PRN) medicines. These protocols helped ensure staff understood the reason for these medicines and how they should be given. Specific staff were responsible for the management and administration of medicines but all staff undertook medicines training to help ensure they understood the needs of people they supported.

Good

Is the service effective?

Our findings

At the previous inspection on the 9 and 15 December 2015, we found concerns in relation to people's rights when they lacked the capacity to make decisions for themselves. We also found concerns in the way the home supported people who may display behaviours, which could be challenging and put them or others at risk. Support plans did not in all cases provide staff with sufficient information to help ensure behaviours were understood and managed appropriately and in a way that protected people's rights. The provider sent an action plan to tell us how they intended to address these concerns. At this inspection we found improvements had been made.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any conditions attached to authorisations to deprive a person of their liberty were being met. The 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 as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) and had undertaken recent training. Care records demonstrated when people had made decisions for themselves or when best interest discussions had been needed to support them. For example, one person had been assessed as being able to make decisions about whether or not to receive treatment for a specific health need. We saw they had been supported to make these decisions and their views and choices had been respected by the staff supporting them. Another person had been assessed as lacking capacity to make decisions about moving from another home into Silvermead. The manager had attended a number of meetings with this person's family and other agencies to consider their accommodation and to ensure any decisions were made in the person's best interest.

It was noted that people's support plans did not in all cases include information about people's capacity in relation to different areas of their care and lifestyle. Care plans did not highlight when people were able to make decisions for themselves or when best interest processes would be needed to support them. This was discussed with the manager at the time of the inspection and we were told this information would be added to people's care plan information.

We saw people were able to move freely around the home and had access to the facilities they needed. Some people had been assessed as requiring close supervision and support and were unable to go out of the home without the supervision of staff. The manager was aware of the need to consider people's ability to consent to these supervision arrangements within the legal framework of the Mental Capacity Act 2005 (MCA), 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been applied for on behalf of people as required and this was carefully monitored by the manager and registered provider.

Since the last inspection the manager had improved the guidelines available to staff about people's behaviours that could be challenging or put them or others at risk. People's support plans had been developed to include more detail about the types of behaviours people could display, possible triggers and how staff should respond if the behaviours occurred. One person had recently moved into the home and staff and management were working closely with the specialist learning disability team to help understand the person's behaviours and to help ensure they supported and managed behaviours in a way that was appropriate and protected their rights.

People received care and support from staff who knew them well. Although a number of new staff had been recruited a core team of staff had worked in the home for many years. Staff confirmed they undertook a thorough induction when they started work in the service, and said they felt well support by their colleagues and senior staff. Records and certificates of training demonstrated training was planned in line with the needs of people living in the service and was updated as required. For example, some of the people in the home had needs associated with Autistic Spectrum Disorder. Staff had recently undertaken updated training in Autism, which they said helped them understand and support people's needs, whilst also improving their understanding of best practice in this area of care. Another person had been diagnosed with early onset dementia. Staff had undertaken training in dementia and had also liaised closely with the specialist learning disability services regarding this person's specific needs.

People were involved when possible in decisions about their meals and mealtimes. We saw people enjoyed spending time in the kitchen area, socialising with staff and preparing drinks and snacks. People made choices about what they wanted to eat and drink. For example, one person said they didn't like what was being prepared for the evening meal. The staff said that was fine and asked what they would like as an alternative. Another person had a reduced appetite due to being unwell. The staff had made sure the person had access to any particular foods they felt like eating and meeting minutes documented that staff were to get the person concerned anything they said they wanted for meals and snacks.

When people had known health needs or risks associated with their diet, plans were in place to support them and keep them safe. For example, some people had been assessed as being at risk of choking and guidelines had been provided by the specialist speech and language services who undertook these assessments. The guidelines were available and understood by staff. People had the required staff available to them during mealtimes and any specialist equipment had been provided, such as specialist cutlery and seating.

People's health needs were met. Health professionals spoke highly of the service and said health appointments were well planned and never missed. They said the staff always provided people with good support during appointments or hospital admissions and ensured relevant information was available to assist all concerned. Annual health checks were arranged and 'hospital passports' were in place to support any admissions. Hospital passports contained important information about the person to help ensure their needs were appropriately met if they should require an admission to hospital or other healthcare service. People's health needs were monitored closely and any concerns or changes were dealt with promptly. For example, during the inspection one person's behaviour suggested they could be feeling unwell. The staff knew the person well and were able to recognise the behaviours were different to the way the person normally presented. A call was made to the GP and staff stressed the importance of the person being seen at home within a short timescale. We were told following the inspection that the person had been diagnosed with a chest infection and antibiotics had been prescribed.

Good

Is the service caring?

Our findings

Some people were able to tell us what it was like living at Silvermead. One person said, "I like it here, I am very happy". Another person said, "The staff are looking after me when I am unwell, they always check on me and get me anything I need". Relatives and other agencies without exception spoke highly of the service and said all the staff and management cared about the people they supported. Comments included, "Nothing is ever too much trouble, they go over and above, as well as supporting [...] they are also always there for us, the manager has done all they can and more".

Health professionals spoke highly of the service and said they felt staff demonstrated they really cared by never missing appointments, supporting people well and following all advice given to them. We looked at some correspondence received by the service from relatives and other agencies. Feedback within this correspondence included, 'Very friendly staff who clearly care, professional appointments are never missed and staff take time to listen to advice', and 'I have witnessed some really warm and receptive conversations between people and staff'.

The atmosphere in the home was warm and welcoming. We heard lots of friendly conversation and laughter between people and staff. One person was keen to tell us they had given up smoking and was clearly very pleased with this achievement. The staff were equally enthusiastic, and praised the person concerned emphasising the positive affects this could have on their health and well-being. The person clearly appreciated this encouragement and was very happy with the staff's positive response. Another person had a birthday during the inspection. All the staff greeted them with birthday wishes when they arrived on duty and birthday celebrations were planned for the evening.

We saw staff providing support in a compassionate and caring manner. One person became anxious when people they did not know visited the home. Throughout the inspection staff provided the person with gentle words of reassurance and reminded them of why we were visiting. This reassurance helped the person relax and continue with what they had planned for the day.

Staff spoke in a way that demonstrated they really knew people they supported. Staff who had worked in the home for several years were able to tell us about people's likes and dislikes as well as important information about their past, interests and relationships. The manager said she was continuing to develop support plans to help ensure this information was documented from the point of admission and throughout their time in the service. Relatives said they were always made to feel welcome and their views and opinions were listened to and valued.

Staff considered people's privacy and dignity when providing care and support. One person who had been very independent had required more support due to ill-health. The staff and management had recognised the importance of maintaining the person's independence as long as possible. The person had been supported to stay living in their self-contained flat and had been provided with a call- bell to ensure they could contact staff when needed. Staff checked on the person regularly, but always asked the person's consent before providing any support. Another person had been assessed as requiring one to one staffing to

meet their needs and to keep them safe. The person had recently moved into the home and staff were still getting to know how they preferred and needed to be supported. Staff said the person would often tell them or behave in a way, which suggested they wanted to be on their own. We saw when this happened staff moved into another room or stood outside their flat allowing the person some privacy and space, whilst also ensuring they remained safe.

Other agencies and relatives without exception praised all the staff team for their compassionate and skilled end of life care. A relative said, "They told us they would support us all as a family day or night, outside working hours, they have done all they can and more". Feedback within correspondence received by the home included, 'Nothing was left unattended, throughout […] stay, they received the utmost care, love and attention'. People's end of life wishes were recorded and respected. One person had requested a celebration of their life as part of their end of life wishes. The manager had organised a big gathering in the home with people the person wanted to attend. The family said the occasion was very special and just as the person would have wanted.

People's cultural and religious needs were documented and respected. One person had requested visits from a priest when they had been unwell. The manager had ensured these arrangements were in place and had informed the person's friends from the local parish that they were welcome to visit at any time.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection on the 9 and 15 December 2015, we found people's support plans were not in all cases sufficient in detail to reflect the level of care being provided and did not always describe how people chose and preferred to be supported. At this inspection we found improvements had been made.

The manager had worked hard to develop people's support plans to help ensure they contained up to date and important information about their needs. They had liaised with the local authority quality team and other providers of care services to assist them with these improvements. They said they recognised there were still further improvements to be made and considered the developments as work in progress.

The support plans we looked at were up to date and contained a range of information about people's daily health and social care needs. For example, one plan stated the person really enjoyed listening to music and it was very important for them to stay in contact with their family. People's daily routines had been documented and included information such as, 'What time I like to wake', 'Where I like to eat my breakfast'. Staff had a good knowledge of the people they supported and were able to tell us about people's daily routines and preferences.

We were told about some of the plans in place to help people develop their skills and achieve some of their goals. However, this information had not always been documented as part of their support plan, therefore it was not possible to see how and if the service was supporting people to achieve their goals and aspirations. This was discussed with the manager at the time of the inspection and they said they would further develop plans to include people's goals for now and the future.

The manager said they reviewed people's support plans every month and made changes to the documentation and guidelines when required. Although we were told the support plans were up to date, reviews were not documented therefore it was not possible to see if people had been involved in this process and if their views about their care had been taken into account.

Staff told us about different things people enjoyed and how they liked to spend their day. We saw activities were available to occupy people when they spent time in the home. For example, on the second day of the inspection we saw people being supported by staff to make cakes and other people were sat watching television and reading books. One person had an Enabler who took them out on set days each week to do particular activities, and some people went to an organised pottery group each week. We asked if staff could respond to individual requests to go out and if they felt activities were personalised. Staff said they tried hard to support people's particular interests and thought the opportunities for people to go out had improved since the new manager was in post. However, two staff would normally support eleven people during the day, which meant people often had to go out in groups and there were times when activities were not possible if a staff member was required to stay at home. Staff were also required to attend to some household tasks such as cleaning and cooking the daily meals, which meant there were some restrictions on responding to people's social requests during this time. The manager had recruited an additional staff member to come in at set times of the week to provide one to one support to some people, however, the

current staffing arrangements did not always allow for spontaneity or for people's social and leisure needs to be individualised and person centred.

Other agencies including health and social care professionals said they felt the service was particularly good at responding to people's specific care needs. They said they did not feel this had always been the case in the service, but that the care provided had improved quite significantly during the last 12-18 months. One healthcare professional said they had been impressed how staff had supported a person who had moved into the service with mental health needs. They said the staff had responded really positively and as a result the person had quickly settled and made good progress. Feedback we looked at during the inspection also included positive comments, such as, "Thank-you for being very proactive and motivated to review practices and implement change effectively" and "They made a quick referral when changes were evident, the staff were aware something was wrong and were very responsive to changing needs".

A thorough assessment was undertaken of any new people wishing to move into the home. The assessment included gathering information about the person from family and other agencies involved in their care. Consideration was given to the needs of other people in the service when a request was made for someone new to move in. Staff worked hard to ensure a smooth transition when people moved into the service. We saw the records of a person who had recently moved into the home. The manager had visited the person's previous placement and had attended meetings with other agencies to help them understand the needs of the person and to plan a detailed transition. The person had a particularly complex range of needs and the move was likely to be very distressing for them. Other agencies praised the manager and staff at Silvermead for the support they had provided during the move and for the way they had helped the person to settle in the first few months of moving in.

We saw good examples of care being personalised and responsive to people's needs. For example, one person had started to display behaviours, which were out of character and indicated they were distressed. The manager and staff monitored this behaviour closely and realised the person became particularly agitated when their clothing was taken into the laundry. The manager said they felt the person did not understand where their belongings had gone or what would happen to them. However, by liaising with the specialist learning disability services the manager had introduced a range of pictures to help the person understand what was happening to their washing as well as including them in laundry tasks. As a result the person's anxiety ceased and the person returned to being happy and relaxed.

People and their relatives were supported to raise concerns or complaints about the service. We saw the manager and staff checking if people were ok and dealing with any small issues as they arose. A written complaints procedure was available, and this had been translated into an easy read version for the people who used the service. We looked at a complaint, which had been raised about the service and records confirmed this had been dealt with appropriately and in line with policies and procedures.

Good

Is the service well-led?

Our findings

A manager was in post who had responsibility for the day to day running of the service. The registered provider who was also the owner of the home also played an active role in issues concerning the home and supported the manager through regular contact and visits. The manager was available throughout the inspection and informed us they were in the process of registering with the Care Quality Commission, which they recognised would give them additional responsibilities and duties. The PIR stated the manager was attending a Plymouth City Council leadership programme for care home managers and the knowledge gained from this eight month course would further assist them in improving the quality of the service, and developing their managerial skills.

Staff, relatives and other agencies all spoke highly of the management of the service, and said there had been significant improvements since the new manager had been in post. Comments included, "The service needed the stability of a manager and the care delivered to people has really improved". The manager said they felt well supported by the registered provider and felt both were clear about their responsibilities and a desire to further improve the quality of the service.

The manager had worked hard to address the concerns raised at the last inspection, which included developing care plans and ensuring people's capacity to make decisions was assessed and met in line with the Mental Capacity Act 2005. The manager said they recognised there was still room for improvement, and had worked closely with the local authority and other providers to consider best practice and further improvements.

The manager said they recognised the service had a culture in the past of wanting to over protect people, which at times resulted in their rights and independence being restricted. They said they had worked hard to change this culture by providing training to staff and modelling appropriate practices of care,which recognised people's rights and promoted people's skills and independence. This was reflected in the practices we observed and the discussions we had with staff. For example, the manager said they had supported a person to maintain a relationship of their choice and advised staff of the importance of not being judgemental and allowing people to take informed risks and to make their own lifestyle choices. People were more involved in decisions about the service. For example, two people took part in the recruitment of new staff by being part of the interview panel.

We found the staff team were all very cooperative throughout the inspection. Staff were clear about their role and all said they enjoyed working in the home. The provider and senior staff worked alongside the care team overseeing the care given and providing support when needed. Regular discussions and handover meetings too place to help ensure staff had the information they needed and the opportunity to talk and reflect on practice.

The staff and senior management worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us communication was good. They told us the service had improved its partnership working, had followed advice, and provided

good, caring support to people.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt safe to raise any concerns and felt confident the management would act on their concerns appropriately.
The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. These requirements had also been set out in a policy for the service.

There was an effective quality assurance system in place to drive continuous improvement across the service. The provider and management completed regular checks of the environment as well as checking with people and their relatives if they were happy with the service. This feedback was requested informally during visits and telephone contact as well as formally through completion and analyse of feedback forms sent to people on an annual basis.

Regular audits were undertaken of people's medicines and personal finances. The frequency of these checks helped ensure any errors or discrepancies were found and dealt with promptly. A number of environmental checks were completed on a weekly and monthly basis to help ensure the building, equipment and vehicles were safe and fit for purpose. Accidents and incidents were documented by staff and reviewed by senior staff and management to help ensure any practice issues or learning could be considered.