Zero Three Care Homes LLP

Fiorano

Inspection report

Walden Road
Thaxted
Essex
CM6 2RE

Tel: 01371831856

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection took place on 23 February 2017 and was unannounced. Fiorano is an eight bedded service for people with a learning disability and supports people to live within their community. On the day of our inspection there were five people using the service. There was a second similar service located on the same site managed by the same provider.

This inspection was to see if the provider had made the improvements required following an unannounced comprehensive inspection at this service on 03 February 2016. At the inspection in February 2016, we had found two breaches of legal requirements in relation to Regulation 12 and 18. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance. The overall rating from the inspection in February 2016 was Requires Improvement.

At this inspection we found improvements had been made to meet the relevant requirements.

There was a newly appointed manager in post at the time of the inspection and an application for registration was in progress. A fit person's interview had been scheduled for the following week and we received confirmation that the application had been approved on the 06 March 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe by staff who understood how to identify and report potential harm and abuse. Staff were aware of the risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the service. Risks to people's health and wellbeing were identified, recorded and managed. Staff understood how to keep people safe and they helped people to understand risks. Medicines were managed safely by staff who were skilled to administer medicines.

Care and support plans provided a holistic view of people's care and support needs. Staff demonstrated they had a good knowledge and understanding of people's individual needs

People were supported by sufficient numbers of staff who had the skills and knowledge to meet their needs. There were sufficient numbers of staff to meet people's care and support needs. Staff received regular training and supervision that provided them with the knowledge and skills to meet people's needs. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed. Staff had received appropriate training and supervision relevant to their roles and felt supported by the manager.

Staff respected and supported people's right to make their own decisions and choices about their care and treatment. People's permission was sought by staff from appropriate people and before they helped them

with care tasks. Staff supported people to make decisions about their care by helping people to understand the information they needed to make informed decisions. People who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were supported to eat and drink enough to maintain good health. People told us they enjoyed the food, had plenty to eat and drink and had lots of choice. Where people needed support with eating, staff provided the level of support that each individual person required. Following assessment and as part of their enablement plan some people prepared their own meals.

People had access to other healthcare professionals as required to make sure their health needs were met. People were treated with kindness, consideration and respect and staff promoted people's independence and right to privacy. People received care that was personal to them because staff knew them well. People received their care when they needed it and were not kept waiting by staff when they needed assistance.

The provider encouraged staff to value people and support them in a dignified and compassionate way. Staff were clear on their roles and spoke about the people they supported with fondness and respect.

People knew how to make a complaint if they were able and felt able to discuss any concerns with the registered manager. People were aware of the complaints procedure and knew how and to whom they could raise their concerns. They felt able to discuss concerns with the manager. People told us the registered manager and staff were supportive and helpful.

A new manager had been appointed and they and the staff had created an environment that was warm and welcoming. The manager understood the requirements of their registration with us and reported significant events in accordance with their registration requirements.

Checks were made on a regular basis to ensure the quality and safety of the service. The manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. We saw that systems were in place to monitor and check the quality of care and to make sure people were safe. The provider used the information to drive continuous improvement of the service they 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 keep people safe and the actions they should take if they had concerns with people's safety.

Staffing levels were sufficient to ensure people were supported in a timely way and upon request.

Risk assessments were completed when people were identified as being at risk.

Medication systems were safe and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so.

Staff had received training to enable them to meet people's needs effectively.

People were supported to eat a balanced diet of their choice and were enabled to access healthcare services as required to maintain good health.

Is the service caring?

Good

The service was caring.

People were cared for by staff they were familiar with and had the opportunity to build relationships with.

People were involved in their own care as they were able.

Staff provided care and support for people that was thoughtful, sensitive, and respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

Personal care plans were developed with people. People spent their time how they wanted to.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive and enabling culture in the home.

There was consistent and effective leadership from the manager.

Systems were in place to monitor the quality of care provided and identify any areas for improvement.

Fiorano

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.

The inspection took place on 23rd February 2017 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements had been made by the provider following our comprehensive inspection on 03 February 2016.

Following the comprehensive inspection on 03 February 2016, we asked the provider to take action within a given timescale to make improvements as known risks were not sufficiently mitigated, as staff lacked competence, skills and experience and premises were not used for their intended purpose. We also asked the provider to ensure there were sufficient suitably qualified, competent, skilled and experienced persons deployed to meet the specific needs of people at the service.

The inspection team consisted of one inspector and an expert by experience who was accompanied by a person who provided support for them. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the Local Authority and asked them about their experiences of the service provided to people. We also looked at the action plan supplied by the provider and considered information which had been shared with us by the Local Authority

We focused on speaking with people who lived at the service who were able to verbally express their views about the service. We also spoke with staff and observed how people were cared for. Most people had

complex needs and were not able, or chose not to talk to us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support provided to people and the interactions between staff and people throughout our inspection. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care and support in the lounge, communal areas and during the lunch time meal

We met four out of the five people who used the service as one person was on holiday, and observed support being given. We had limited conversations with two people who lived in the service and spoke with three care staff members, the deputy manager, the manager and the area manager. Following the inspection we spoke with one relative and one healthcare professional.

We looked at three people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also reviewed daily records, recruitment and training records and records relating to the quality and safety monitoring of the service. We looked at the premises and also looked at information which related to the management of risk within the service.

Good

Is the service safe?

Our findings

At our inspection in February 2016 we found people who use the service and others were not protected as known risks were not effectively managed. The premises were not appropriate to care for people in a homely environment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. The service had undergone extensive refurbishment since the last inspection, which meant that the environment was more homely and better suited to all of the people living there.

People were kept safe as the provider had ensured that the fire risk assessment had all been updated in light of the refurbishment changes and we noted a new fire alarm system was also being installed. Wooden fire doors now complied with fire regulations and records showed that checks of firefighting equipment had taken place. The last fire drill was in February 2017 and the service had a member of staff assigned to fire safety specifically as they were a retained fire officer. We saw easy to understand procedures explaining the action staff would need to take in the event of a fire or other untoward event. The staff were able to tell us about these procedures.

Previously noted damage to the electrics as highlighted at the last inspection was found to have been repaired and made safe. The timeliness of repairs had improved and the provider had a full maintenance team now, which addressed any maintenance issues in a prioritised order.

People we were able to speak with told us that they felt safe living at the service. We saw that staff supported and encouraged people to move safely around the home. We observed an isolated incident whereby staff left their keys unattended in the communal area which posed a risk to people's safety. The manager assured us they would address this with the staff member concerned.

Staff told us that they were aware of risks associated with people's distressed behaviours and what they needed to do to keep people safe. For example, we saw the care plan of one person who was assessed to have a lack of awareness of dangers in the community and travelling in a vehicle. Staff told us they were very aware of this condition and supported the person by giving them confidence and encouragement and clear instructions to help them not become anxious, and keep them safe when they were out. This enabled them to go outside as they wished, and confidently request staff assistance if they needed help. People were supervised at all times and were free to access all parts of the building as they wished. We also observed that when people accessed the kitchen area they were supervised as required by their assessment of needs to ensure they were safe. We observed this to be the case on the day of our inspection when one person was making their own lunchtime meal supported by a staff member throughout.

People's individual care plans provided staff with comprehensive details on how to manage people's challenging behaviour in the least restrictive way. They highlighted specific management techniques to be used when people were exhibiting behaviour that challenged. Staff had received training to equip them with

effective physical intervention skills in order to respond to aggression. Staff told us the training enabled them to safely disengage from situations that presented risks to themselves or the person receiving care.

Staff we spoke with were able to tell us how they protected people from the risk of harm and abuse. Staff told us that they had received training in how to recognise and respond to any abuse or any discrimination. They knew how to report any concerns they may have about a person's safety. This included how to take their concerns to external agencies such as the local authority or the Care Quality Commission (CQC).They knew the importance of following the provider's policies to help minimise risks to people. One staff member said, "We always make sure people are kept safe, it's our main priority."

Staff also understood how to report accidents, and incidents. The manager monitored all accidents or incidents which occurred. This was to identify why the accidents or incidents happened and to consider how to prevent them happening again.

Staff we spoke with felt there were enough staff and that people were consistently supported by the same staff members. They told us that the manager and deputy manager were frequently working alongside the staff team to further supplement staffing numbers. We saw that staff were visible around the communal areas of the home and people were assisted promptly when they needed help. Each person had their own allocated one to one member of staff. We were told if people's needs changed, it was possible to provide the levels of care they required to ensure they remained safe.

The manager told us staffing was good and the service had committed, skilled and competent staff. For example they told us about a particular person who had high care needs that required the support of two care staff at times when they received care and outings in the community. Additionally they told us if the situation necessitated it, staff were redeployed to where the greatest need was, and we saw that on the day of inspection an extra member of staff was brought in so the manager could participate fully in the inspection process.

The manager and operations director were confident staffing levels met people's needs and said they used regularly reviewed and calculated staffing levels. They were confident levels met people's needs and if needs changed, staffing levels and dependencies were reviewed. The operations director said, "We can always schedule extra staff if required." During the inspection a staff member was going to leave the communal area however, they knew they could not leave the room as they were supporting someone so apologised and said they would have to wait until another staff member was available. This meant that staff were aware of how staffing levels kept people safe.

The provider operated safe recruitment practices to ensure that staff were appropriately skilled and experienced to carry out their role. Staff confirmed and records we reviewed showed that recruitment checks were completed by the manager before they could start work. These included a satisfactory Disclosure and Barring Service (DBS) check and two written references to ensure staff were safe to work with people who lived at the service. The service also ensured that people had the right skills and experience for the role to which they were applying.

We saw that people were supported to take their medicine when they needed it from staff who had received training to be able to support them safely. Everyone at the service needed assistance with their medication and was unable to take responsibility for their own medicines. Staff offered people their medicines, stayed with them while they took them and helped them to have a drink. The manager told us they had assessed staff to ensure they remained competent to support people with their medicines. Each medicine record had details of the person to confirm their identity which staff said helped ensure medicines were given to the

right person. Medicines delivered in boxes and liquid form, were kept in a locked cupboard and liquids were marked with the date the medicine was first opened, to ensure they were administered or disposed safely. We looked at all the medicines administration records (MAR). These records were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. Medicines were also reviewed as required, for example if a dose was adjusted and to ensure medication was not used to control behaviours unnecessarily.

Staff recorded when medicines were not administered and the reason why not. For example, if a person declined to take them. Protocols for medicines that were to be given as required were in place and recorded in what circumstances they should be given and important information such as the maximum dosage within specified timeframes. We checked the room where medication was stored, any controlled drug storage, administration and stock of controlled drugs, medication cupboards, refrigeration temperatures and disposal of medications. The provider had systems in place to ensure that medicines were being administered, recorded and disposed of safely ordered and stored correctly according to national guidelines. Procedures were in place to audit medicine recording and ensure correct practices were followed.

Good

Is the service effective?

Our findings

At our inspection in February 2016 we found people did not consistently receive their care and support from staff who had been appropriately trained and supported. This was a breach of the Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3)

At this inspection we found improvements had been made. People indicated to us and told us where they could that staff met their individual needs and that they were happy with the care provided. Throughout our inspection we saw that staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. Person centred support plans were then developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

Staff had a good understanding of the issues which affected people who lived in the service. We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging behaviour, epilepsy, autism, supporting people with their health and safety and nutrition. Staff used their knowledge and training to develop good skills around communication. Staff told us they had received training in relevant areas such as how to deal with aggression. Staff confirmed they had received Studio III training. This was delivered as part of the staff induction as a basic course and followed up with a further more in depth course. Studio III was the training of choice of this provider to equip staff to manage behaviour that could lead to physical violence.

Some of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs known, such as how people communicated if they were unhappy or distressed. For example, at one point one person appeared to be getting anxious. They were quickly pacing up and down the living room with their hands over their ears. One member of staff caught the person's eye and said, "Show me what you want in your book." This person used a communication book. The person went over to the member of staff and they pointed to one of the pictures in their communication book and the person and the staff member left the room together. They returned a short while letter and the person had had put on their shoes and coat. They then went out for a walk. Another person used gesturing as opposed to verbal communication when they were unsettled. Staff knew when this happened verbal communication should be reduced and visual communication aids used. We saw staff responded appropriately when this happened. Staff knew the best way to support people at these times and others in order to reduce their anxiety.

Staff told us that they were supported with supervision, which included guidance on things they were doing well. It also focused on development in their role and any further training. They were able to attend meetings and reviews where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Staff meetings did not take place on a regular basis, as we

were told the home was so small regular contact is always ongoing within the service and communication between staff was very good. Opportunities for staff to develop their knowledge and skills were discussed and recorded. The deputy manager explained that all new staff spend their first four days shadowing another staff member and, "getting to know the guys." When we spoke to a member of staff who started in December 2016, they confirmed that they had completed an induction, and also been sent on training courses about, autism, learning disability, safety in the garden and how to deal with difficult situations. The initial induction course for staff had been increased from three days to five since the last inspection. This showed that the management team supported staff in their professional development to promote and continually improve their support of people.

People's capacity to make decisions was taken into consideration when supporting them and people's freedoms were protected. People told us that staff always asked their permission before providing care or support. For example, we saw that staff asked people if they could enter their rooms.

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 interest and as least restrictive as possible. We found staff understood the principles of the MCA. The registered manager confirmed that all people living at the service were not considered to have the mental capacity to make their own decisions. We saw and heard that staff sought people's permission before they assisted them with their care needs. We heard staff talking to people and asking them what they would like to do. We saw people responded to this approach in a very positive manner. One staff member said that they were very aware of people's body language as well as their speech. They gave an example of one person who liked reduced noise and they would talk quietly and calmly to the person avoiding eye contact as this worked best.

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 authorisations for all of the people in the service were in place. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The provider and manager carried out a mental capacity assessment at the first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example, care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. We saw specialist diets were available for people who were at risk of choking or had swallowing difficulties. Staff carried out nutritional risk assessments to identify if there were any risks to people associated with their nutritional needs. Staff were also aware of any likes, dislikes and allergies people had. We saw that hot drinks were freely available throughout the day, as well as choices of juice and squash. People's weight was monitored so that any significant changes were picked up that may indicate the person had risks relating to their nutrition. If a risk was identified, people could be referred to relevant health care professionals such as a dietician, nutritionist or speech and language therapists so that a full professional assessment could be carried out.

People's day to day health needs were being met and that they had access to healthcare professionals

according to their specific needs. The service had regular contact with the GP and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These speech and language team (SaLT) and other healthcare professional teams. Staff also confirmed that this was the case. We spoke with an external healthcare professional who had links with the service, who told us, "The service is very good with the advice given to them. The people are treated according to the advice given with care."

Good

Is the service caring?

Our findings

At our inspection in February 2016 we found staff were not consistently aware of protecting people's privacy and dignity.

At this inspection we saw that people were treated with dignity at all times. One person told us that the staff always asked permission before helping them and that care was always provided privately. We observed staff assisting people with personal care and to go to the bathroom in a discreet and courteous manner. When asked about the staff team, one person indicated by smiling and nodding that the staff team were very nice. Staff we spoke to felt they were supported very well to learn skills around dignity and individualised care. A relative told us, "The staff are lovely, very warm and caring." There were also no restrictions on visiting and relatives and visitors were all made welcome and were able to have private time with their family member whenever they wished.

People indicated to us that they received good care. We asked one person what they thought of living in the service and they told us, "I think its ok because I like relaxing" and, "The staff are ok." We observed staff providing care and support which was thoughtful, patient and sensitive. People's verbal and physical responses to the staff team indicated to us that they were very at ease with the staff. For example, one person liked to have their feet rubbed and the member of staff was able to do this carefully and professionally. The manager told us that kindness and support comes from all staff. We were able to spend time with three people who were sitting in the communal area at lunchtime. They all got on well together and enjoyed some friendly one to one time with the staff team. We saw that each person was treated individually and encouraged to do whatever they wanted to do.

People were encouraged to personalise their rooms and we saw that people had photographs and other personal items on display in their rooms. One person confirmed that staff do not enter their room without knocking and waiting to be asked to come in. Staff also told us that they respected people's personal time and if people did not like to be disturbed in the night. One staff member said, "We know if people here need to be left alone. We have one person who only likes the quiet so we try to ensure they are kept as calm as possible."

Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others. We asked one person who their friends were in the service, and they said "[staff member], [staff member], and [person in service]." The staff member with him explained that the two people in the service got on well because they are both quite quiet, so tended to pair up when they went out on day trips. The members of staff who we spoke to knew the people they were caring for, and thought it was important to be able to do this. The deputy manager told us that although she primarily works in the office, she makes sure she works a couple of shifts in the house in a week and said, "I do this to keep my relationship with the guys strong."

Staff listened to people, showing empathy and understanding, giving them time to process information and

waited for a response without rushing them. Our observations confirmed this when one person showed signs of anxiety and distress whilst running around the service holding a blanket, and staff dealt with this in an efficient caring manner. They did not like lots of people around and staff spoke with this person and other people in a kind and caring manner and they respected people's choices. If someone was trying to communicate something staff listened attentively until they understood, what the person wanted.

People were encouraged to maintain relationships with friends and family. However where this was not possible we were told that advocacy support services were available. The manager told us that they would contact an external advocacy service if one was required. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People who were able told us they received the care they needed to meet their individual needs. Throughout our visit we saw staff involving people in making choices about what they would like to drink or how to spend their time. We case tracked two people and saw the information about their care needs, preferences, wishes and what was important to them was recorded in their care plans. Information showed that this was decided between them or their relative and the staff. Relatives were involved in care planning. We looked at a care plan and were able to see how the person had made their own decisions about how they wanted to be supported. These records were reviewed and updated regularly A relative told us they were fully involved in assisting their family member to make decisions about their care. They said that they were a close family and were pleased they were able to support their family member.

The care plans also contained a lot of information about the person's past history. Staff told us that they discuss care and support needs for people every day. One staff member said, "It is all about people's individual needs and what they want to do. For example, if someone wanted to have a day in bed, or if they wanted to go to bed early then they can. It is up to them." We were told that people's care was formally reviewed once a year, with psychologists, parents and advocates, but this could be brought forward if required.

People could choose to spend time in their own rooms, the communal areas of the home and the garden which also housed a hot tub at the sister home adjacent to Fiorano. The service benefitted from a large communal lounge area and secure outdoor areas which staff, people and their families were able to use whenever they wished.

People were supported with their hobbies and interests and to go out regularly whenever they wished. We saw one person had a rigid routine and always went for a daily walk. Another person enjoyed watching DVDs from their collection. We were told this person was a fan of DVDs and books and had their own kept in the lounge because they watched them so often. The staff member explained this person's morning routine as [person] nodded along and put their thumbs up at us. The staff member told us, "They get into bed with a lavender neck pillow, and then either staff read a book to them or they read to the staff. They like the [specific book title] books." When we visited, one person had gone on holiday whilst a new single living area for them was being developed on the ground floor. This would give the person access to their own personal space and created a quiet area as they did not like noise.

Another person who was at home on the day of inspection had been trampolining the day before and was scheduled to attend a sports group later in the week. This person also went home regularly and extra staff were rostered at these times to ensure appropriate support was available for the person. People living in the service were all allocated key workers, these are staff members who work with specific people to get to know their individual needs. The deputy manager told us that, "The guys all have their favourite staff, and they are the staff we put on the rota to go on day trips with them, because they have a nicer day."

Communication between people and their relatives and friends was encouraged by the staff team. Staff told

us they always made sure relatives were kept informed about what they were doing. One staff member said, "I think it's very important for families to be involved as much as possible." We asked one of the people who lived in the service, "Do your family come and visit?" They said, "I have mum, dad and grandpa." The staff member with [person] explained that they don't come and visit, but that [person] goes home every other weekend to stay with them. They also told us that [person] spoke to their [parent] on the phone every morning.

The provider had a complaints procedure which was available for people to read. People were enabled to discuss concerns and made aware of how to make a complaint. The manager confirmed they had not received any complaints since the last inspection however if staff had concerns they speak to them about it and they would resolve the problem. One staff member told us, "I can talk to the manager about any concerns. They are very open and caring."

When we asked one of the people who used the service if they would know how to complain, or say if they did not like something, they nodded and smiled. The staff member with them said, "[Person] is good at this. If they can't tell you what it is [person] will write it down."

Relatives were able to have discussions with the manager at any time. The registered manager encouraged people and their relatives to talk with them about anything, including any concerns they may have. Relatives we spoke with also confirmed that they were confident that the manager would sort out any problem straight away. One relative said, "I have never made a proper complaint but would if I needed to." We saw from records that any previous complaints had been dealt with immediately and to the satisfaction of the person who raised the concern. Appropriate responses had been made and actions recorded.

Good

Is the service well-led?

Our findings

At our inspection in February 2016 we found the service did not have a registered manager and there was insufficient oversight of risk There was also not a range of systems in place to ascertain people's views about their experience and identify areas of improvement.

At the time of this inspection, there was a newly appointed manager in post and an application for registration was in progress and nearing conclusion. A fit person's interview had been scheduled for the following week and we received confirmation that the application had been approved shortly after this inspection on the 06 March 2017.

The manager was a clear visible presence in the service and it was apparent that everyone knew them well. They instilled in staff a set of values which ensured that the people living at the home were able to live a meaningful and happy life. The manager told us that the ethos of the service was ensure kindness was shown by all staff and 'to treat people in the way we would wish to be ourselves."

Staff told us that the manager and deputy manager were quite, 'hands-on' and worked alongside the staff team. During our visit we observed the manager talking to people and assessing situations where people may feel distressed. For example, at one point it was felt there were too many people in one person's space so the manager ensured people moved away to enable this person to have some quiet and not feel so intimidated by new people in the service. We also saw them supporting other members of staff in their work.

We found the service had a positive and inclusive culture which was echoed by everyone including, visitors and staff we spoke with. One staff member said, "We all work together, it works that way." Staff told us they found the manager and deputy manager approachable and they were able to speak with them openly about any concerns or issues they had. One staff member said, "[Manager] is very helpful." Another staff member told us, "We all put the guys here first, it's all about them."

The staff team confirmed that they understood what whistleblowing was and who they could take concerns to outside of the service, such as the local authority, and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work. However, all staff said that they were confident that the manager would take action.

The manager said that they have staff meetings but, because there is a high level of communication at all times, the staff team felt that they were not needed. This was confirmed by staff we spoke with. They said this was because they spoke with the manager every day and were involved in handovers and had a communication book which provided clear information. One staff member said, "We are a small close team and we communicate very well." We were told that clinical cascade meetings were held regularly and most issues were discussed then. The service had ongoing support from an identified operations manager who liaised closely with the manager.

The manager had kept us updated with regard to statutory notifications and was aware of their responsibilities in this area. In addition, social workers and relatives were kept informed as appropriate. Confidential Records were kept confidential and secure.

We saw, and were told, that people were involved in decision making on a daily basis. We also saw information for staff in place, such as training being organised. People, relatives, staff and external healthcare professionals told us that the manager listened to them. Information gained during discussions formed the basis of the provider's continuous improvement planning. This had not been formalised in full and we discussed this with the manager on the day of inspection. They told us they planned to formalise any telephone monitoring going forward and analyse feedback from surveys into one comprehensive annual report.

The manager had a programme of audits in place to assess compliance with internal standards and to make positive changes if the audits highlighted any issues. We saw action plans to evidence this. An operations director also visited monthly to complete a quality report. Annual audits were completed by the provider and each service in the company took turns in hosting monthly events. For example, we noted the clinical team were arranging a red nose day walk at Southend Pier for March 2017. Additionally a staff member of the month, and hero of the month were identified and this information was all published in a monthly newsletter.