

Camphill Communities East Anglia

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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? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Camphill Communities East Anglia is a supported living service for up to 28 people who have a learning disability and or autism. The service is referred to as Thornage Hall by people, relatives, staff and the provider. We have also referred to the service as Thornage Hall in our report. Thornage Hall provides supported living across four houses located on the Thornage Hall estate and one house in Thornage village in Norfolk.

Thornage Hall is a member of the association of Camphill Communities who have a vision of an environmentally sustainable world where everyone can live, learn and work together in a meaningful way regardless of ability or disability. Thornage Hall estate has a biodynamic farm which provides food for people living there and for retail to the local area. A range of agricultural, crafting, computing and artistic ventures help people develop meaningful skills within a working environment.

At the time of this inspection there was not a registered manager in post. 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. In the absence of a registered manager the providers representative during our visit was the head of personal care services. The new manager (who was also the chief executive) was due to commence employment on 13 August 2018.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

There was mixed feedback about staffing primarily due to the challenges of recruitment and the high use of agency staff. Staff were committed to still delivering a quality service to people and were busy however feedback and our observation showed there were sufficient staff to meet people's needs in a timely manner. We have recommended the provider continue to closely monitor staffing levels. Staff were recruited safely.

People continued to receive a service that was caring. Staff knew people's needs well and were responsive and supportive. Staff treated people with dignity and respect. Staff continued to seek and gain people's views. The service worked within the principles of the Mental Capacity Assessment 2005 (MCA) and staff sought people's consent before entering their home and supporting them.

Medicines continued to be stored and administered safely, and people received their medicines as prescribed. Audits were carried out of medicines to ensure they were managed in line with good practice guidelines. Infection control practice was good and helped to reduce the risks associated with poor cleanliness systems.

People and relatives were complimentary about the service and the support provided. There was information available if people or their relatives wanted to complain. People who used the service and the relatives told us the service was well led. Staff were aware of their roles and responsibilities and most felt well supported. Effective quality monitoring systems were in operation.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---------------------------------------------------------------|---------------|
| Is the service safe? The service remains good | Good ● |
| Is the service effective? The service remains good | Good ● |
| Is the service caring? The service remains good | Good ● |
| Is the service responsive? The service remains good | Good ● |
| Is the service well-led? The service remains good | Good ● |

Camphill Communities East Anglia

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 31 July 2018 and was announced. We gave the provider under 24 hours' notice of our visit. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of service.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to aid with our planning of this inspection.

We looked at the care records of two people in detail to check they were receiving their care as planned. We also looked at other records including three staff recruitment files, training records, meeting minutes, medicines records and quality assurance records.

We spoke with 11 people who were using the service. We had contact with 10 members of care staff, including the support workers, independent living manager, agency staff and the head of care. We spoke with relatives of nine people currently living in the service. We also had contact with two healthcare professionals to seek their feedback.

Is the service safe?

Our findings

At our last inspection on 8 December 2015, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

There continued to be systems, processes and practices in place to safeguard people from the risk of harm. People using the service told us they felt safe. One person commented, "I feel very safe here. I can talk to [staff] if I'm worried about anything. I know what's right and wrong and I tell [staff] if something's wrong." Another person told us, "Oh yes, I am safe here. I haven't always been but I am here. We do risk plans, which help us stay safe too." People, plus their relatives and staff also told us that they understood what safe meant and were encouraged to raise concerns if necessary. Staff told us that people using the service were also offered an advocate to help them do this if needed.

Systems continued to be in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they had completed training, understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies. One member of staff said, "There have been a few safeguarding issues which I have reported on an incident form and sent to management. These have always been met and listened to well, and for this reason the [people] involved have then been protected and safe as a result."

Risks to people using the service continued to be assessed and their safety was monitored and managed, with minimal restrictions. This helped ensure people were supported to stay safe, whilst having their freedom respected. People using the service were also actively involved in discussions and making decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives.

The ethos of the service was about positive risk taking and enabling people to do things for themselves as safely as possible, rather than not doing things or having things done for them. For example, one person told us how they had risk plans in place with regard to their work on the community farm. This person explained in detail the safety measures they took when using machinery or driving the ride-on lawnmower. This person said, "It's great; I've done a lot of training so I can do a lot more on the farm on my own now. I know how to be safe myself and make sure other people are safe too."

Where people's behaviours may have been challenging to themselves and others, staff continued to demonstrate a good understanding of how to support people safely and appropriately and within agreed and legal guidelines. Records with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Care staff we had contact with told us they were facing challenges with the staffing levels and the use of agency staff who were unable to fulfil the full range of tasks needed as a support worker. Staff also told us they were reliant on agency staff who didn't always have the same level of training as them and meant they

couldn't undertake the full range of tasks needed.

However, the people we met and spoke with who used the service told us there were always enough staff to support them when they needed. One person told us, "We have different staff sometimes but they're all good and help us when we need it." Another person said, "Yes, there's always staff around." A third person also said, "I think there's always enough staff for all of us."

People's relatives told us that, whilst they were aware that there were some staff shortages, the service managed this very well and they did not feel there had been any negative impact on the people using the service. One person's relative told us, "There have been a lot of staff changes but because they [staff] are all superb people and they all really care, I don't think it's had any negative effect on my [relative] or anyone else [who uses the service]." Another relative said, "I have never been to visit [name] where there has not been at least one member of staff, if not two, supporting [name]. There are a lot of agency staff now, which is quite different to how it has been in the past. I have nothing but praise for them. The staff do change but I am astonished that they get staff as good as they do. I think there are enormous challenges that are dealt with extremely well." A third person's relative said, "I know they [the service provider] are working very hard on recruitment and are trying all sorts of initiatives to encourage and recruit new staff. My [family member] often tells me, 'someone's leaving' but they never seem to be affected by it. I had lunch with [family member], staff and [other people using the service] recently, which included an agency staff. I was really impressed that the agency staff knew people so well and had such a lovely manner with them [people using the service]. It would be brilliant if they [the service] could recruit to a full level but I have no complaints about the agency staff I have met. All the staff are of a very high calibre."

We spoke with the head of care service about the staffing levels who told us, "We do have some [five] vacant posts. We acknowledge that this can put additional pressure on staff as agency staff cannot carry out the full support worker role. Agency staff do have an induction in all the houses they work in and are competent to carry out the majority of [people's] care and support needs. We block book agency in advance, whenever possible to ensure consistent support to [people] and agency staff they are familiar with. Mostly there is a senior member of staff on shift who will address staffing/support issues on a day to day basis. Staff have access to on call at all times, if there is a staffing issue that cannot be managed they can contact the on-call manager, including myself. "

We found that the calibre and professionalism of staff was so good, that they were working hard to ensure they were doing everything they could to make sure people continued to receive good and consistent care and support and didn't pick up on the pressure and strain that the staff were under.

We recommend that the provider continues closely monitoring and reviewing staffing levels.

The provider continued to have appropriate recruitment procedures in place, which ensured staff were suitable to support people who lived at the service. We made a suggestion to the head of care about the need to check and record any gaps in applicants work history. The head of care told us after our visit that they had added this to their recruitment processes. Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check is a criminal record check on a potential employee's background. about them.

Systems continued to be in place to ensure the proper and safe use of medicines through following current professional guidance and engaging with professionals in people's medicine reviews. The service ensured the safe storage of people's medicines and staff adhered to robust procedures for ordering, disposing, administering and recording medicines for people using the service.

Where possible, people were also supported to manage and administer their own medicines. Appropriate risk assessments had been completed with people, to help ensure their ongoing health, welfare and safety and to ensure support they required was in place. One person showed us the medicine cabinet in their flat, which they kept locked, and explained what medicines they took and when they took them. This person also showed us the records that they kept, which helped staff to check everything was okay. This person said, "I know what my tablets are for and why I need them. I know when to take my meds. I look after it all myself but we did a risk plan as well and [staff] check it with me sometimes to make sure I'm still doing it right."

One person's relative told us, "My [relative] takes quite a lot of medication, which the staff manage extremely well. They have never messed up once. [Relative's] medication is always ordered on time and we are assured that [relative] will stay healthy and well because of this." We were satisfied that the service managed and administered people's medicines safely and as the prescriber intended.

People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection. Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection. Where relevant, staff had also been trained in food hygiene and understood how to support people to store, prepare and cook food safely. For example, some people using the service worked together to prepare a communal lunchtime meal. Appropriate hygiene processes were followed, such as wearing aprons and regular hand washing.

Is the service effective?

Our findings

At our last inspection on 8 December 2015, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

Detailed needs assessments continued to be carried out with people before they began using the service. These formed the basis of people's ongoing care plans, which helped ensure that staff could meet people's individual holistic needs effectively and without discrimination. One person's relative told us about their family member's needs assessment and said, "In my opinion it is a model of clarity in identifying [person's] critical level of care needs, and setting out the management requirements for [person's] care by staff, in order for [person] to be able to live a fulfilling and happy life with their friends."

We received mixed feedback about the induction and training staff received. Some staff expressed some frustration that induction training for new staff was not delivered in a timely manner which delayed their ability to commence the full job role. Staff also felt that some of the training they had, had been arranged reactively to a person's changing needs as opposed to a planned and proactive approach to ensuring that staff had the training they needed to meet individual's needs.

Other staff told us that they had completed essential training that was relevant to their roles, as well as training in subjects that were 'service or person specific'. For example, one member of staff told us that they had completed training in nutrition and hydration, moving and handling and using a hoist. They told us, "We have training approximately every month and there's lots of it. We also do lots of shadowing, especially with medication training." This member of staff told us that they had also completed training regarding pressure areas and skin integrity. They explained how this was particularly important for one person who required the use of a wedge and regular repositioning to reduce the risk of acquiring pressure ulcers.

Staff confirmed they continued to have supervisions and an annual appraisal of their performance. Most staff we spoke with told us they felt supported at work and that they could approach their line manager with ease. One member of staff said, "Apart from the [issue with] training, I can always ask for help from my line manager. We have a good professional relationship and I feel supported by [line manager]."

People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. One person's relative told us, "[Name] has a very balanced diet."

One person who used the service told us how a lot of food was grown and prepared by people using the service on the community farm and the bakery. For example, this person showed us greenhouses and vegetable plots, as well as chicken houses and livestock areas. This person said, "We have really good food. We know where it's come from and how it's been produced. It's always fresh and tastes really good." Another person's relative told us, "The community grows their own meat and vegetables on the biodynamic farm." Another person's relative said, "Growing so much of their own food and cooking it clearly gave people using the service a great deal of pleasure."

The relative of a person who was quite poorly and needed a high level of support told us they had no concerns about the support their family member received with eating and drinking. This relative said, "[Name] continues to eat well, which is always a good sign." We observed this person being supported with their lunch by a member of staff during this inspection and noted how the staff member gently and kindly encouraged the person to eat and drink. As a result, the person enjoyed their meal and ate and drank well.

Staff demonstrated good knowledge and understanding of people's individual dietary requirements, including cultural and religious needs. Individual needs were respected and accommodated appropriately. Staff involved in the storage, preparation and serving of food had been appropriately trained in food hygiene. In addition, staff had been trained and followed individual guidance with regard to supporting people who had difficulties with eating and drinking or required a thickened, pureed or special diet. One member of staff told us, "[People] are supported to follow any dietary requirements e.g. gluten free, vegetarian."

Risks regarding people's intake of food and drink continued to be identified, assessed, monitored and managed effectively. Appropriate input and guidance was also consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well. One person's relative explained how their family member had a gluten allergy, which meant that staff needed to monitor the person's food intake, which was done appropriately.

People told us that the service worked well with other professionals and organisations who were also involved in providing people with care and support, such as day services, medical and healthcare services. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people using this service consistently received effective care, support and treatment.

People were supported to maintain good health and had regular access to healthcare services. Prompt referrals were also made to the relevant healthcare service when people's health needs changed.

People's care plans continued to contain detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists. People were also supported to access routine appointments with other professionals such as opticians, chiropodists, audiologists and dentists. For example, one person was experiencing very poor health and had required a lot of input from people such as the GP, district nurse, dietician and physiotherapist. Information was recorded appropriately in the person's care records and that staff followed the guidance accordingly. In addition, this person's relative told us, "[Senior staff] has been brilliant. [Senior staff] has sorted and coordinated things with the doctor's surgery and [GP] has said they will personally look out for, and oversee, my [family member]'s health issues."

The service continued to ensure that consent to care and treatment was always sought in line with current legislation and guidance. For some people, who had variable capacity or capacity which fluctuated, information was clearly recorded in their care plans to explain which decisions people could make by themselves and which they need assistance with. Staff understood the importance of helping people to make their own choices regarding their care and support and consistently obtained people's consent before providing support. Where people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them. One person's relative told us, "They [staff] do keep in contact and keep me informed but obviously, as an adult, unless [person] permits it, I don't always know everything, which I fully respect."

Is the service caring?

Our findings

At our last inspection on 8 December 2015, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

All the people we spoke with told us that staff were caring and consistently treated them with kindness, compassion, empathy and respect. People said they felt they mattered and that staff listened to them. One person's relative explained their experience of how staff spoke kindly to people, saying, "It is not 'what' is said, it is the tone they [staff] use and 'how' things are said. That's what's important and that's how they are all the time. They are constantly patient and kind." Another person's relative told us, "They [staff] are not looking after people who are second best. The ethos is that everybody can contribute something in some way and everybody is recognised and treated as a valuable individual." A further relative said, "The best thing about the service is the level of care and support that my [family member] gets. They [staff] always look at and ask [family member] as an individual and respect them, which is really important."

A healthcare professional told us, "During my visits, staff interacted and supported [people] in a caring and respectful manner, which was lovely to see."

People continued to tell us that staff responded quickly to their needs and that they received emotional support when needed. For example, one person who used the service told us how the staff had been very supportive and kind to them when a close relative had died. This person also told us how they had put a picture and some writing in the community memorial garden, so they could, "Visit and remember quietly" when they wanted to.

Staff demonstrated that they knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting. One person told us, "They [staff] are fantastic, they are always really nice and kind and we always have good fun together. We laugh a lot."

People continued to tell us that they were able to maintain relationships that were important to them and people were supported to avoid isolation. One person who used the service was very animated and had a beaming smile, when they pointed around and told us, "Look, these are all my friends! That's the very best thing about it here."

People continued to be supported to express their views and be actively involved, as much as possible, in making decisions about their care, support and treatment. One person who used the service told us, "I have a routine and I know what I'm doing but I choose what to do and how I live my life." A member of staff told us, "[People] have annual reviews which they attend with their families, their key worker and the [funding authority]. [People] are able to give their own opinions. This is where their workshops and support plans are agreed."

Information was provided to people in formats they could understand. Where needed, people were supported to access an independent advocate. (An advocate helps people make informed choices, speaks

up on their behalf and listens to their needs).

Is the service responsive?

Our findings

At our last inspection on 8 December 2015, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

All the people we met, spoke with and observed, confirmed or demonstrated that the care and support they received was personalised and responsive to their needs. For example, one person liked to sit down on occasions through the day and have two or three cups of tea. This person was supported to sit down with a tray, on which there was a cup, a spoon, a pot of tea and a jug of milk. This meant the person could make their own cups of tea independently, as they liked it and at their own pace. This was clearly a very important aspect in the person's daily life, which gave them a lot of pleasure.

People using this service lived and worked together with other people and staff in a community environment, which provided a vast range of personal development opportunities. Many people using the service had done so for many years, with some having been part of the community from young to mature adulthood. The service provided support and opportunities for people to undertake 'real life' work activities in areas such as farming, horticulture, cookery and baking. In addition, people were supported to develop and maintain their everyday 'life skills' in areas such as housekeeping and personal care.

One person explained how they now had a lead role on the farm and had completed lots of training, which enabled them to act as a mentor to other people who used the service. This person told us, "I'm very proud of what I've achieved; I've learnt a lot over the past 10 years and they [farm staff] trust me to do things by myself and be a mentor for the others [people using the service] when they need it."

Staff supported people to learn and use Information Technology (IT) systems effectively and three people showed us letters they were in the process of writing to their families. During our visit people were writing very individual letters using a computer program that combined both words and symbols. People were also uploading photographs of their choice, to keep their families up to date with, and included in, their lives at the service.

One person's relative told us, "There are many wonderful things about [the service], but amongst them are: The full participation of [people using the service] in a huge array of pastimes from farming to weaving to IT. The smiles on the faces of [people using the service] and the wonderful greetings you get. The help given to [people using the service], whilst always encouraging them to learn. And, the feeling of self-worth [the service] instils."

Other relatives we spoke with also reiterated this with comments such as, "[The service] really gives my [family member] a life. [Family member] lives in a real community with truly purposeful activities." "My [family member] leads a very full and active life. For example, [family member] recently went to a music festival with the community, they do some voluntary work at the local library and attend a martial arts club." And, "The best things about [the service] are its emphasis on meaningful creative activity and its community atmosphere."

People continued to be supported and encouraged to actively contribute to their assessments and care planning. Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life.

One person who used the service showed us their care plan and explained how they had agreed the content of it with staff. This person told us, "I'm lucky because I can do most things for myself but I still need a bit of help now and then. This folder [care plan] has everything about me in it; things I need, what I like and things I don't like."

Another person we spoke with told us, "I absolutely love it here [using the service]. I feel I am totally in control of my own life but I've got the support of all my friends [staff and other people using the service] around me. My care plan is in my house; I completed it with my keyworker."

People's health, care and support needs continued to be regularly assessed and reviewed, with any updates and changes recorded clearly and accurately. For example, one person's health had deteriorated and as a result a crash mat and sensor had been put in place. This was because they had begun sleeping close to the edge of the bed and were at risk of rolling out. Information had been updated regarding the need for two members of staff and the use of a hoist when assisting the person to transfer. Detailed information was also up to date in respect of the person's dietary needs, following a recent assessment by the speech and language team.

People and their relatives told us they knew how to raise any concerns or complaints and were treated with compassion and empathy if and when they needed to do so. People also said that their concerns and complaints were listened to and responded to appropriately and in a timely way. One person who used the service told us, "I just go to [staff] but I don't very often have anything to complain about. They [staff] always listen to me if I do want to talk or if something is wrong. Any problems usually get sorted out really quickly." A member of staff told us, "We support people with regular reminders about being able to make a complaint, compliment or suggestion and how to do this."

People's relatives told us, "I can raise any issues and they are always sorted. There will always be little things or niggles but no real concerns at all."

People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. The service had recently secured an accreditation with the 'Six Steps to Success End of Life Care Programme'. This programme aims to 'enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care'. In addition, people were also supported to put their end of life wishes care plan in place.

Advice and input from palliative care professionals was consistently sought and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.

Is the service well-led?

Our findings

At our last inspection on 8 December 2015, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

There wasn't a registered manager in post at the time of our visit. The most recent registered manager had left employment at the service in May 2018 and their replacement was due to commence employment in August 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The vision of the service was to support people using the service to live an 'ordinary' life, a life that they chose, to enable them to reach their potential and become the person they aspire to be. One person's relative told us, "I think it [Thornage Hall] is the best kept secret in Norfolk. It is a very special place." Another relative said, "In summary, we cannot speak highly enough of Thornage Hall and consider [family member] to be very lucky to be there." A third relative commented, "For the first time we are 100% happy and almost never worry about [family member]. This is of course largely because [family member] is so happy and now considers Thornage Hall to be their home. The care and help [family member] is given, simply cannot be faulted and it is impossible to come away from Thornage Hall without a spring in one's step."

Staff we had contact with were clearly aware and committed to the ethos and values of the service. One staff member said, "We are trying to achieve a community that is healthy and allows all the people within it to flourish and achieve their full potential." Another staff member told us, "As a team we try to enable [people] to maximise the opportunities they have. To encourage [people] to support each other and develop their friendships, which they do. The [people] care a great deal for each other and it is our privilege to support them in the wonderful environment they live in."

Despite challenges with the staffing levels and the high use of agency staff which many staff told us were difficult for them, staff were very clear that morale and the teamwork amongst them was very good. One member of staff said, "There is a good morale among the staff, and it adds to the community ethos." Another staff member said, "I feel team work is amazing. We do have times when morale can dip due to staffing pressures however, I have never met a team so good at sticking together and helping each other to work through the less easy times. It is a credit to them all [staff team] that people are still as well cared for and happy as if we have a full team." A third member of staff said, "My colleagues are all qualified, professional support workers who are reliable, proactive and cooperative."

A new chief executive of the provider company was due to commence employment at the service on 13 August 2018 and we were told they would also be applying to CQC to become the new registered manager. One person's relative told us, "Yes there have been a lot of changes, but I think they have all been for the better. In the beginning it [Thornage Hall] was more insular but it has always felt a wonderful place. It is a very joyful place, where people have opportunities to stretch their abilities."

Staff told us they were looking forward to the new chief executive starting and the changes they hoped would be brought about such as with communication and the management oversight.

We also received positive feedback from staff about the management and oversight of the service. One member of staff said, "Yes. I can easily contact the management teams. I feel they are very approachable and there has never been a situation about which I have not been able to voice suggestions or concerns." Another commented, "I have always been able to talk to the management at any time of day and know that I will be listened to."

We found the head of care that we spoke to on the day of our visit helpful and knowledgeable about the service. We also had contact with the new chief executive when they joined in a telephone call to discuss our inspection feedback and findings. They were keen to hear our thoughts and to get started in their new job role.

The head of care told us that they continued to complete audits to gain assurance the service being provided was of high quality. This included reviewing that people's care plans were up to date and other areas of the service such as medicines were safely managed. The head of care told us that they spent part of the working shifts in the services and with people to ensure that they knew what was going on at the service and they were up to date. They told us, "I have a good knowledge of people's support needs. People visit me in the office, I visit houses and chat with staff. I'm quite nosy and know what is going on."

We looked at how the service sought feedback from people and their relatives. The head of care told us. "We have two 'family days'. Relatives are invited and the chairman of board gives a talk about what's happened at the service and what the plans are. Families can ask questions, raise concerns for example at the last one we talked about [registered manager] leaving. Families have lunch, meet informally with one another, new staff and then leave. "A person's relative told us, "The service also keeps in touch by way of newsletters and fund-raising events." And, "I feel included in [relative]'s life and kept in the loop on the whole. Communication is good with newsletters and so on."

People using the service were involved in the running of the service and their opinions sought. One person told us how they had been part of an interview panel, when recruiting new support staff for the service. This person pointed to a member of staff and told us with a smile, "I chose [staff]." We asked the person what they looked for when recruiting people and why this member of staff had been chosen. The person told us, "It was important to have someone who was cheerful and would respect us and support us to do the things that are important to us, like the festivals and our workshops. They needed to be able to help us develop and have the same values as us. [Staff name] had all of those qualities and we were really glad [staff name] took the job."

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.