

Hestia Housing and Support Harwood Road

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

This comprehensive inspection took place on 15 and 22 August 2018 and was unannounced on the first day. We informed the provider of our intention to return on the second day. Harwood Road is a 'care home' for people with mental health needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The premises are equipped with 13 bedsits, which offer kitchen facilities and en-suite bathrooms. Additionally, there are two single occupancy bedrooms with a shared kitchen and bathroom, and a range of communal areas. At the time of the inspection there were 14 people living at the service and one person was in hospital. The building comprises four storeys and does not have a passenger lift. It is owned by a housing association.

The service had a registered manager, who was present on both days of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they 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 registered manager had registered with CQC after the previous inspection, having worked at the service as a team leader and acting manager.

A comprehensive inspection of this service was carried out on 4 and 5 May 2016 and the service was rated overall as 'Good'. Effective, Caring, Responsive and Well-led were rated as 'Good' and Safe was rated as 'Requires Improvement'.

In June 2017 the provider notified us that two people who used the service had died at the care home on the same day due to expected causes. This was subsequently found to be incorrect, as the deaths of both people were unexpected. In July 2017 we received information of concern from an anonymous source which indicated potential concerns about how the service supported people during very hot weather conditions and the management of risk. These concerns were reported to the local safeguarding team. Prior to the CQC carrying out an unannounced focussed inspection in October 2017 we were informed by the police that they were gathering additional information at the request of the Coroner's Office, therefore our inspection did not examine the circumstances of the deaths. The inspection had focussed on safe and well-led only, which resulted in safe remaining 'Requires Improvement' and well-led being rated as 'Requires Improvement'. The overall rating for the service was 'Requires Improvement'. We found breaches of regulation in relation to safe care and treatment, and good governance. The overall rating for the service was 'Requires Improvement'.

Following the previous inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the regulations. At this inspection we found that the provider had made significant improvements and taken appropriate action to meet the two breaches of regulations. We noted that the registered manager had remained in contact with the Coroner's Office and as there were no further

investigations or queries, the bodies were released for burial. Staff had attended the funerals and there was a gathering for service users and staff in June 2018 to celebrate the lives of the two people who sadly passed away last year.

At the previous inspection we had found issues of concern in relation to the safety of the premises, which included the need for staff to undertake bespoke training to understand how to properly switch on and off the radiators. The service did not have a current electrical installations check by a competent person and there were issues with the lack of cleanliness and equipment to prevent cross-infection in the communal toilets. At this inspection we noted that staff had received appropriate training for using the radiators and the communal toilets and bathrooms were hygienically maintained.

At the previous inspection we had found that the service was disorganised. For example, we had observed that records could not be located to clarify how many staff had valid first aid training. Although the quality assurance monitoring reports were of a good quality, we had noted there was no clear evidence to demonstrate how the service used the findings and guidance from monitoring visits and other audits. At this inspection we found that there were proper systems in place to ensure records were up to date and the findings from audits and 'spot checks' were actioned as required.

We had also found at the previous inspection that the provider had not correctly informed us of events at the service which must be reported to CQC, in line with legislation. This information enables us to monitor the service and ensure people's safety. At this inspection we found that the registered manager understood her responsibilities and had kept us suitably informed.

People who used the service were supported by safely recruited staff. Sufficient staff were deployed to ensure that people were supported to attend appointments with staff, where required. Staff were supported by the provider to carry out their responsibilities through the provision of relevant training, individual supervision, team meetings and an annual appraisal.

People were supported to contribute to the planning and monitoring of their care and support plans. Risk assessments had been developed to identify and mitigate risks to people's safety. People were safely supported to receive their prescribed medicines and access care and treatment from external health care professionals. Staff encouraged people to eat healthily, participate in communal cooking sessions and gain useful skills to meet their nutritional needs. The provider ensured that staff received appropriate training to understand the principles of the Mental Capacity Act 2005 and make sure that people's human rights were upheld.

The activities programme at the service supported people to take part in meaningful occupation, which included a successful gardening project in the rear garden. Pub lunches, walks in London parks, cinema trips and other outings took place regularly. Staff consulted with people during the residents' meetings to gather their views about menus, activities, refurbishment issues and the daily running of the service.

People were treated in a respectful manner by staff and they were provided with information about how to make a complaint about the service. The provider encouraged people to get involved in co-production groups and other forums to improve the quality of their care and support, if they wished to.

The registered manager had developed positive relationships with people who used the service, staff, relatives and other stakeholders. A considerable amount of work had been carried out to improve the service and we received complimentary comments from people and staff about the registered manager's hands-on approach. Regular audits and checks were carried out by the registered manager and the

provider, and any areas for improvement were actioned within a short period of time.

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.

Improvements had been made to the premises to promote people's safety.

Risks to people's safety were identified and addressed through risk management plans.

Safe systems were in place to support people with their prescribed medicines.

Systems were in place to protect people from the risk of harm and abuse.

Staffing levels were sufficient and the provider's recruitment practices ensured that suitable staff were appointed.

Is the service effective?

Good ●

The service was effective.

People were supported by skilled and knowledgeable staff.

People were supported to meet their dietary and health care needs.

Improvements to the premises had created a more homely and comfortable environment.

People received support to manage their diets according to their care plan.

People's rights were protected as the registered manager ensured the service upheld the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and supportive manner by staff.

People's individual wishes and preferences were taken into account for the planning of their care.

People were assisted to maintain important friendships and relationships.

Care and support was provided in a manner that promoted people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and reviewed.

Staff supported people to engage in activities.

Complaints were taken seriously and responded to in an open way.

Is the service well-led?

Good ●

The service was well-led.

The provider effectively implemented the findings of its quality monitoring.

Appropriate measures were followed to inform the Care Quality Commission of notifiable events at the service.

Systems were in place to seek and act on the views of people who used the service.

Audits were carried out to improve the quality of the service.

Harwood Road

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 was carried out on 15 and 22 August 2018. The first day of the inspection was unannounced and we informed the provider of our intention to return on the second day. The inspection team comprised two adult social care inspectors on the first day and one adult social care inspector on the second day. Prior to the inspection we reviewed the information we held about the service, which included our report for the focussed inspection in October 2017 and statutory notifications received from the provider. These are notifications of significant incidents which the provider is required by law to report to us. We contacted representatives for two of the mental health trusts that placed people at the service to seek their views about the quality of care and support. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service, three support workers, a senior support and review worker, and the registered manager. We looked at three care and support plans and checked a range of documents including maintenance records, medicine administration record (MAR) charts, five staff recruitment records, the minutes for residents' meetings and staff meetings, quality assurance audits, complaints and compliments, and health and safety records. We also observed the support and care provided to people in the communal areas and looked around the premises.

Following the inspection we contacted the relatives of three people who used the service and three health and social care professionals with knowledge of the service. We spoke by telephone with one relative and received a written response from one professional.

Is the service safe?

Our findings

We found a breach of regulations at the previous inspection as the provider had failed to demonstrate that care and treatment had been delivered in a safe way. At this inspection we saw that the provider had taken appropriate action to ensure people's safety.

During the previous inspection we had looked at an action plan that the provider had developed. It had been divided into five separate categories, which covered the maintenance of the premises, medicines support, health and safety, acquiring feedback from people who used the service and the need to develop a policy for how to safely support people during extreme weather conditions. These actions were due to be met by 31 October 2017, apart from the production of the new extreme weather conditions policy. This was due for presentation to the provider's board of trustees on 9 November 2017 for their approval, before being implemented at the provider's registered services.

We found a breach of regulations at the previous inspection as the provider had failed to demonstrate that care and treatment had been delivered in a safe way. At this inspection we saw that the provider had taken appropriate action to ensure people's safety.

During the previous inspection we had noted that some progress had been attained to achieve the stated actions within the action plan. For example, a staff member had told us of new measures that had been implemented to ensure people were sufficiently hydrated at night time during hot weather conditions, which included night time 'welfare patrols' by staff to offer people water and fresh fruit. However, we had found that staff needed additional guidance and training to understand elements of the action plan. We had also observed that some fire doors were not closing properly, the action plan for a health and safety audit in June 2017 did not explain when improvements needed to be achieved, the electrical installations certificate was not up to date and evidence could not be produced to confirm that actions had been taken in line with the requirements and recommendations of an independent fire safety officer.

At this inspection we found the building was well maintained but there were some areas in which the premises were not completely safe. The front door did not shut properly behind people, which meant that when we arrived at the premises it was not locked. We informed the registered manager of this finding and it was resolved during the inspection. On our arrival on the first day of the inspection we saw an uncovered plate of biscuits in the lounge but this had been removed by noon. There was also bread, butter and bagels left by the toaster for people to help themselves to. The butter was put away by noon, but the bread remained on display instead of being put away in an available breadbin. The registered manager informed us that the building had mice and we saw that bait traps had been positioned throughout the premises. There had been at least monthly visits from a suitable pest controller who had advised that the mice were primarily attracted to the kitchen and nearby lounge, and had recommended that food should not be left out in these areas. On the second day of the inspection we saw that additional breadbins and food storage containers had been purchased and were being used. During our discussions with people who used the service and staff, they confirmed that the registered manager had spoken with them about the importance of ensuring that safe food storage practices were always adhered to.

At the previous inspection we had found that parts of the premises were not maintained in a clean and comfortable way. For example, we had observed that there was no liquid soap in a communal toilet and the seat was broken in another communal toilet, which placed people at risk of cross infection. At this inspection we observed on arrival that all the toilets were repaired, however we noticed that the toilets did not appear to have a lid. We discussed this finding with the registered manager who explained that this was how they were specifically designed and were therefore in a complete and properly maintained condition. Throughout the inspection we saw that the communal toilets were hygienically equipped and subject to routine checks by staff to promptly identify any issues that needed to be rectified.

At the previous inspection we had observed that the electrical installations check by a competent person was overdue. Fire equipment had been professionally checked in April 2017 but we had noted that there were insufficient details recorded to satisfactorily evidence which equipment had been checked and passed. Additionally, the provider had not demonstrated that the requirements and recommendations issued by an independent fire safety officer in May 2017 had been completed.

At this inspection we saw that a valid electrical installations check was in place and a fire risk assessment carried out in June 2018, which had been commissioned by the provider. This document showed the provider had highlighted any issues that needed to be followed up and the emails shown to us demonstrated that there was an active approach to making sure unresolved matters were pursued. We looked at a sample of specific issues that the fire safety officer had identified for action, for example the repair of broken handles on fire doors, a recommendation to remove a closing device on a kitchen fire door and an instruction for staff to stop locking the fire door by the staff door. We found that these issues had been satisfactorily actioned. The fire doors that we checked were in working order and closed properly, and fire escapes were clear. The fire alarm was showing a fault and records demonstrated that this had been reported to the landlord, a local social housing association. The provider evidenced that other safety checks had been carried out which included up to date portable electrical appliances testing and a current gas safety certificate.

There were monthly checks carried out of people's rooms, which had been agreed with people who used the service. We reviewed the checks for the past three months and noted these checks looked for evidence of damp, plumbing issues, floor coverings, the standard of furniture and window restrictors. We noted that any issues of concern had been transferred to the service's spreadsheet for repairs, had been reported to the housing association and repaired. Our discussions with a senior support and review worker and the registered manager demonstrated they were both confident about how to report maintenance issues and were aware of the timescales agreed between the provider and the housing association. The repair dating back to January 2018 were clearly recorded and promptly seen to. These repairs covered a variety of issues in communal areas and people's rooms which included broken showers and cookers, faulty locks and faults on the fire alarm. Staff also checked whether the window restrictors in people's bedsits and bedrooms were in safe working order.

At the previous inspection we had noted that the Personal Emergency Evacuation Plan (PEEPs) for four people who used the service did not state which member(s) of staff had written the plans. These are bespoke 'escape plans' for people who may not be able to reach an ultimate place of safety unaided or within a satisfactory timescale in the event of an emergency.

At this inspection we found the provider had reviewed and updated the risk assessments for people who used the service, including the PEEPs. The care and support plans we looked at contained relevant risk assessments. Where a risk was identified, for example if a person was at risk of financial exploitation by other people, a risk management plan had been developed with the person who used the service by their key

worker. There were clearly recorded actions for staff to implement to promote people's safety and the strategies to reduce identified risks were kept under review. Where necessary, the risk assessment incorporated guidelines from health and social care professionals and the views of people's relatives, if a person wished for their relative to contribute to the planning of their care and support. For example, the care plan and accompanying risk assessments for one person demonstrated that the staff had taken account of information provided by a person's relative about signs that could indicate their family member was becoming unwell.

There were safe systems in place to support people to take their prescribed medicines. At the previous inspection we had noted that the service did not have a current copy of the British National Formulary (BNF), which is a pharmaceutical reference book that contains information and advice to safely adhere to instructions from prescribers. At this inspection we found that an up to date version had been obtained. Medicines were safely stored in a locked cabinet and checks were made to ensure that the storage conditions were in accordance with the manufacturer's guidelines for temperature ranges. The medicine administration records (MARs) we looked at showed that daily checks were undertaken to ensure that stocks and balances were correct and staff signed whether people had taken their medicines. Where applicable staff entered information on the MAR chart to show that a medicine had been declined, or not administered because a person had been admitted to hospital. Any surplus medicines were recorded in a designated book and returned to the dispensing pharmacy. There were written protocols for the use of PRN medicines. These are medicines that have been prescribed to be given when needed as opposed to on a regular basis.

People who used the service told us they felt safe living at their home. One person said, "I trust the staff, we have a good relationship" and another person stated, "Yes, this is a safe place to live. I would tell [registered manager] if anything was wrong." Records showed that staff received safeguarding training, which was periodically refreshed. The members of staff team we spoke with understood how to protect people from the risk of abuse or harm and were familiar with the provider's safeguarding policies and procedures. We noted that the provider had policies in place for safeguarding adults at risk of harm from abuse or neglect, and for whistleblowing. This is when a worker reports suspected wrongdoing at work.

We observed that there were sufficient staff deployed to safely meet people's needs. The staffing rotas showed that the staffing levels enabled people to attend health care appointments and other meetings with staff support, in line with their individual needs and wishes. In addition to the permanent staff team, social work students carried out placements at the service. The registered manager stated that although the students were supernumerary they were involved in supporting people with social activities at home and in the wider community, along with the permanently employed support workers and senior support and review workers.

The recruitment files that we looked at demonstrated that robust systems had been followed to appoint staff who were suitable to work with people who used the service. The provider obtained a minimum of two relevant references and ensured that prospective employees had proof of identity and proof of the right to work in the UK. Checks were undertaken with the Disclosure and Barring Service (DBS) before prospective employees were approved to begin employment at the service. The Disclosure and Barring Service provides criminal record checks and a barring function to help employers make safer recruitment decisions.

Records showed that accidents and incidents were documented and discussed with the staff team, as part of the registered manager's analysis. This information was used to enable the provider to take appropriate action to minimise future occurrences and promote people's safety and wellbeing.

Is the service effective?

Our findings

There were processes in place to assess people's needs before they moved into Harwood Road to make sure the service could provide people with care and support that met their individual needs and wishes. We saw that the provider used evidenced based practice, for example the Mental Health Recovery Star. This is a model used by mental health services and clinical teams for supporting people to create a recovery-focused care plan with their key worker which covers different aspects of people's lives, including relationships, addictive behaviour, social networks and managing mental health.

People told us they thought that the staff team had the right knowledge and skills to understand and meet their needs. Comments from people who used the service included, "They have helped me but I would now like to live in my own flat" and "[Registered manager] and [staff member] thought I would like gardening and suggested I try it. It has given me new responsibilities to look forward to, I really like it."

The provider's training and development programme showed that staff received mandatory training which included safeguarding adults, basic food hygiene, health and safety, mental health awareness, fire safety, first aid and the safe management of medicines. The staff we spoke with were enthusiastic about other training that they could access from the provider. A member of the staff team told us, "We have a mixture of online and face to face training, it has been very good. I have done training about emotional abuse, drugs and alcohol awareness, customer service, hoarding and modern-day slavery." Another member of the staff team informed us they found their induction training useful and explained that it was compulsory for new staff to complete the Care Certificate as part of their probationary period. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care and support staff, and should form part of a robust induction. Staff spoke highly of a bespoke training session delivered since the previous inspection, which aimed to increase their understanding of a widely used medicine for people with specific mental health needs. An external health care professional informed us that staff were interested in developing their knowledge of health care issues.

Records demonstrated that staff were supported with their roles and responsibilities through regular one to one supervision. The minutes of the staff meetings showed that the registered manager used these forums to discuss new and existing policies and procedures to support staff to competently meet people's needs. Staff also received an annual appraisal which enabled staff members to discuss their ongoing training needs and their work performance with their line manager.

We noted that people who used the service were supported to develop menu plans at the weekly residents' meetings. One person who used the service told us they liked to prepare healthy meals such as lentil curries and encouraged other people to try out their recipes. Another person said they had enjoyed experimenting with new ways of cooking as it offered a change from their usual preferences. People were provided with individual support to prepare their meals, where required. The registered manager explained that some people were keener than others to gain or improve their cooking skills as part of their plans to progress to more independent accommodation.

Other people were at different stages of their recoveries and needed encouragement to work with the staff team to prepare communal meals. The menu plans and the food kept in the main kitchen demonstrated that people were supported to eat and drink healthily. We noted that the menu plan featured fruit salads, yoghurts and jelly, cereals and vegetables. This was reflected by the foods stored in the main kitchen. The staff promoted a balanced approach to enable people who used the service to enjoy their meals, for example cooked breakfasts were served at the weekend, regular pub lunches were organised and an Easter egg hunt with chocolate eggs took place this year. There was a fresh water dispenser with cups left out in the lounge and we saw people helping themselves throughout the day.

People's care and support plans showed they were supported to access health care to meet their identified health care needs. Records evidenced that people were supported to attend health care appointments with professionals including speech and language therapists, psychiatrists, community nurses, occupational therapists, physiotherapists and opticians. Guidance from health care professionals was used to develop people's care and support plans. For example, the care and support plan for one person who used the service demonstrated that staff took appropriate action and made a referral to a dietitian when they identified concerns about the person's nutritional intake. Staff spoke with people about smoking cessation as part of their care planning and review meetings, and during individual key working sessions.

The care and support plans we looked at demonstrated that the registered manager and the staff team worked closely with the local community mental health team. People who used the service were supported to attend their Care Programme Approach (CPA) reviews. CPA is a package of care for people with mental health problems, which is managed and reviewed at least once a year by a CPA care co-ordinator (usually a nurse, social worker or occupational therapist). The registered manager told us that the local mental health services were responsive to requests from the service if there were concerns about people's mental health, including concerns relating to their use of alcohol or illegal drugs.

We observed that the provider had put considerable effort into creating a welcoming and pleasant environment. The premises were old and during our discussions with the registered manager it was acknowledged that there were limitations due to the style and age of the property. Since the previous inspection many areas within the building had been painted and new soft furnishings had been purchased. The courtyard at the rear of the premises had been improved and was now being used to grow colourful peppers and tomatoes, as well as being an area for people to relax in during good weather conditions. The registered manager was pleased to inform us that the main kitchen was due to be refurbished as it was outdated and parts of it were in a cosmetically poor condition.

During the inspection we saw that staff asked people who used the service for their consent. For example, people were asked if they wished to speak with us and if they were happy to show us their bedsits or bedrooms. Staff provided people with clear information about their entitlement to not participate in the inspection and people's views were respected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We noted that people's capacity to make decisions about their care and treatment was assessed and the registered manager demonstrated a clear understanding of circumstances where it may be necessary for decisions to be made through best interests' meetings.

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). We noted that at the time of the inspection none of the people who used the service were being deprived of their liberty. Policies and procedures were in place and staff had received training to support them to work within the principles of the MCA, when required.

Is the service caring?

Our findings

We observed that there was an easy going and tranquil ambience at the service. People who used the service told us they felt relaxed and comfortable living at Harwood Road. Comments from people included, "Yes, the staff are alright. They speak to me nicely, they always have done" and "I am happy here although I sometimes think I should be moving on. The staff are fine, no problems at all." A relative told us that they found staff helpful and caring. We observed positive interactions between people and the support staff. For example, we saw people and members of staff harmoniously working together as a team in the garden and exchanging their views about how the plants were progressing.

People's individual plans showed that they were assisted by staff to make decisions about their daily lives and contribute to the planning and reviewing of their care and support. For example, there was a section within the care and support plans where people who used the service were asked about their strengths and aspirations. We saw that one person expressed an interest in painting and staff had supported the person to develop their talents in this area.

Throughout the inspection we saw that people moved about the premises in accordance with their own wishes. Some people chose to sit in the courtyard or ground floor lounge, or they popped into the main kitchen to make a drink or snack. Members of the staff team told us that they encouraged people to regard the service as being their own home and the daily routine was intended to be as flexible as possible. For example, we observed that some people chose to eat their meals in their own rooms and other people preferred to come downstairs for breakfast and lunch at times that suited them. People told us that they were supported to maintain important relationships with their friends and family members. The registered manager confirmed that there were some restrictions in place in relation to which parts of the premises visitors could access, which had been discussed and agreed with people who used the service. People were encouraged to permit only relatives, partners and close friends known to the staff team to visit them in their bedsits and bedrooms. These guidelines had been developed to prevent casual acquaintances from entering the building and causing disruption and potential safety concerns for other people who lived at the service.

The provider ensured that people had information about their rights, for example how to make a complaint about the quality of their care and/or accommodation. People were given information about local advocacy services they could contact if they needed independent support to make a complaint. Since August 2016 all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. The registered manager told us that none of the people who used the service presently required any documents to be produced in different arrangements, for example large print or an audio format.

People's dignity and privacy were protected. We saw that staff knocked on people's doors and awaited permission before they entered. People were issued with keys for their bedrooms and bedsits so that they

could lock their doors when they went out or were in a different part of the building. We noted that doors were shut when staff went into people's rooms to prompt them with their personal care needs. Staff had received training in how to support people with dignity, and how to understand people's unique needs and wishes. The staff team building day earlier this year focussed on values and how staff would wish to be treated if they used the service. The provider supported staff to consider diversity issues as part of their daily work with people. For example, an LGBT+ (Lesbian, Gay, Bisexual, Transgender and other ways that people can define themselves, for example Q (questioning)) group had been established for people who used Hestia services and staff.

Is the service responsive?

Our findings

People who used the service told us they felt involved in the planning and monitoring of their care and support. One person told us they talked with their key worker about their concerns, who suggested that they might benefit from joining a group for people who hear voices. Although the person had not yet decided about whether they wanted to try out this group, they explained to us that the discussion with their key worker and the inclusion of this idea in their care and support plan had made them feel that they were consulted and listened to about their needs and preferences.

People were supported to receive care and support that met their individual needs. The care and support plans we looked at demonstrated that people's needs were properly assessed before they moved into the service. Assessments had been undertaken by relevant health and social care professionals and the provider also carried out their own assessments to make sure they could meet people's needs. The detailed and personalised approach within the care and support plans demonstrated that staff understood the people they supported and involved them in the care planning process, wherever possible. We saw that the care and support plans were up to date and were periodically audited by the registered manager to ensure that required timescales for reviews by staff were adhered to.

There were systems in place to consult people about their social interests and needs, and support people to engage in fulfilling activities. People were asked about their hobbies, interests and aspirations during their key working sessions. One person told us they liked cooking and another person said they liked to participate in a quality assurance group operated by the provider. The person informed us they had received training and took part in monitoring visits at other services managed by the provider, so that they could give their perspective as a person with direct experience of receiving care and support at a care home. Another person told us that they received weekly social support from a support worker from another organisation. The registered manager told us that some people enjoyed going to the gym and participated in a walking group.

The minutes of the residents' meetings showed that people were asked for their ideas about outings and entertainments, and encouraged to take part in the organising of events if they wished to. During the inspection we noted that people went out for a pub lunch with members of the staff team, which was a popular and regular event. Other activities included barbeques, picnics in the park, cinema trips, film evenings at home, a World Cup themed buffet where people could watch the match together and cooking pancakes on Shrove Tuesday.

People who used the service told us that they knew how to make a complaint. Two people said they would inform the registered manager and felt assured that she would deal with the complaint in a helpful manner. We looked at the complaints guidance given to people who used the service and their representatives, which was written in a straightforward way. The provider had received three complaints about the quality of the service since the previous inspection. We noted that these complaints had been dealt with in line with the provider's stipulated timescales and appropriate actions had been implemented to reassure complainants and resolve their concerns. Our discussions with the registered manager demonstrated that

she showed empathy when dealing with complaints and responded to people and/or their representatives in a conciliatory style.

At the time of the inspection none of the people who used the service had end of life care needs. We noted that one person had become increasingly frail and was due to move into a care home with nursing, as Harwood Road could no longer meet their needs. The registered manager had developed a plan to sensitively support the person's practical and emotional needs during the move and ensure that the new provider receives a comprehensive and personalised handover to understand their needs, wishes and preferences.

Is the service well-led?

Our findings

At the previous inspection we found a breach of regulations as the provider's quality assurance system was not being effectively implemented at the service. We had found that although the provider's quality monitoring visit reports for 2017 were thorough, we could not find sufficient evidence of how these monitoring reports and a separate health and safety audit were being used to drive necessary improvements.

At this inspection we saw that significant improvements had been achieved in relation to the safety of the premises. We found that the previously disorganised approach was no longer in place. The registered manager had ensured that staff understood their responsibilities for maintaining the safety of the building through staff training, supervision and leading by example.

At the previous inspection the registered manager held the position of team leader and was applying for registered manager status with the Care Quality Commission (CQC). They subsequently became a registered manager in January 2018. We had commented at the previous inspection on our discussions with staff that there had been difficult relationships within the management team at the service. At this inspection we found that there was now a different atmosphere at the service and the registered manager could focus on the daily management of the service without any unnecessary distractions. We received positive comments about the registered manager's approach from people who used the service and staff. One person living at the service said, "[Registered manager] is very good, I am doing lots of new things and like the co-production." A staff member told us, "You can see how many improvements have been made since the last time CQC were here. It is now so much better organised and we all know what we need to do." A relative stated that they thought the service was well managed and the registered manager was approachable. We saw that the registered manager had an 'open door' policy and was visible to people who used the service, staff and visitors.

At the previous inspection we had found that the provider had failed to demonstrate their full understanding of their responsibilities in relation to their registration with the CQC to inform us without delay about any significant events at the service, as required by legislation. We had issued a recommendation in relation to this finding. At this inspection we found that the registered manager evidenced a prompt and conscientious approach to informing us of significant events to enable us to effectively monitor the service.

There were processes in place to seek the views of people who used the service and act on their views. The service held regular meetings with people living at the service and these meetings were attended by at least one member of the staff team. People also had opportunities to share their opinions about the quality of the service at their key working sessions and review meetings. The registered manager confirmed that surveys were being sent out this year to people living at the service and their chosen representatives.

We spoke with the registered manager and members of the staff team about the provider's vision and ethos and were informed that the care home worked in line with the provider's aims to ensure people received a service that was 'Respectful, Genuine, Dedicated, Collaborative and Courageous.' For example, the service

endeavoured to demonstrate that it was collaborative by involving people who used the service in recruitment, quality monitoring at other services and joint workshops between people who used services, the management team and staff.

There were systems in place to monitor and improve the quality of the service. We saw that there were daily, weekly and monthly health and safety checks, for example daily fridge and freezer temperature checks and weekly tests of the hot water temperatures. The registered manager and the senior review and support worker carried out their own audits, which included detailed checks of the care and support plans and the safety of medicines management. The provider had carried out their own monitoring visit in June 2018 which identified that improvements were needed with the timeliness for reviewing documents in the care and support plans. The registered manager stated that the care plans had been updated as a result of the findings within the provider's quality monitoring report.

The registered manager told us they felt well supported by their line manager and could access relevant training for their role. They attended forums for registered managers, including meetings where they were updated about regulatory issues by CQC speakers.