Options Autism (8) Limited

Options The Old Vicarage

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

The inspection took place on 11 July 2018 and was unannounced. The last comprehensive inspection of this service took place on 4 July 2017 when we identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment and good governance. On 4 October 2017, we carried out a focused inspection to check if the provider had made the necessary improvements and found that they had met the requirements.

Options the Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Options the Old Vicarage provides accommodation and personal care for up to eight people who have a range of needs including autism, mental health needs and/or learning disabilities. There were seven people using the service at the time of this inspection. The provider had a range of registered care services including several adult social care services across the country.

The care service has 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 can live as ordinary a life as any citizen.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were passionate about supporting people to achieve their full potential. They invested time to developing ways to work with individuals to help them improve their quality of life. Their dedication resulted in people making improvements including some leaving the service to become independent.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs.

Checks were carried out during the recruitment process to ensure only suitable staff were employed.

There were arrangements in place for the safe management of people's medicines and regular checks were undertaken to ensure this remained safe.

The premises were clean and the provider had effective systems to protect people by the prevention and control of infection.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional and healthcare needs had been assessed and were met.

People were supported by staff who were suitably trained, supervised and appraised.

Staff were caring and treated people with dignity and respect. Care plans addressed each person's individual needs, including what was important to them, and how they wanted to be supported.

People were involved in undertaking activities of their choice. People were cared for in a way that took account of their diversity, values and human rights.

People who used the service were young and although their own end of life wishes were not discussed, staff supported them to understand and deal with bereavement.

People living at the service and their relatives told us that the management team was approachable and supportive. People and their relatives were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and ensure that areas for improvement were identified and addressed.

The registered manager kept themselves informed of developments within the social care sector and cascaded important information to the rest of the staff team. This helped ensure that staff were informed and felt valued.

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.

There were risk assessments in place and detailed guidelines for staff to help ensure people were protected from the risk of harm.

There were processes and training in place for the safe administration of medicines.

The provider had systems in place for the recording and investigation of incidents and accidents and lessons were learned when things went wrong.

There were systems designed to protect people by the prevention and control of infection.

The provider had a robust recruitment process in place and there were sufficient numbers of staff on duty to meet the needs of people using the service.

Is the service effective?

Good

The service was effective.

Staff had received the necessary training, supervision and appraisal they required to deliver care safely and to an appropriate standard.

Staff understood the importance of supporting people to make choices and to act in their best interests.

People were supported to eat and drink sufficient amounts and were assisted by staff to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

Staff understood people's care and support needs and people were complimentary about the staff team.

Care and support was delivered by staff in ways that respected people's privacy and dignity. People were supported to maintain their independence and encouraged to achieve their goals.

Daily records were written in an informative, person centred and professional way.

Is the service responsive?

Good

The service was responsive.

Staff were passionate about supporting people to achieve their full potential. They invested time to develop ways to work with individuals to help them improve their quality of life. Their dedication resulted in people making improvements including some leaving the service to become independent.

The registered manager and staff were passionate about providing a person-centred service to people to enable them to live meaningful lives.

There was an open and positive culture which focussed on people and this was strongly embedded in all the activities carried out by the service.

People were involved in how they wanted to be supported and the staff ensured they received care and support in ways they preferred.

People were confident their concerns would be listened to and acted on.

Is the service well-led?

Good

The service was well led.

There were quality checks and audits and these were effective in identifying issues and resolving these. However, actions taken to make improvements were not always recorded.

The registered manager was hands on and visible and worked alongside the staff team to meet people's needs and staff felt supported.

There were regular staff meetings which promoted discussions and the sharing of information.

Options The Old Vicarage

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 11 July 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit, we spent some time observing staff delivering care and support to people, to help us understand people's experiences of using the service. We also looked at records, including care plans for three people, three staff records and records relating to the management of the service. We spoke with four people who used the service, two relatives, the registered manager, a senior support worker and two support workers. Following our inspection, we emailed two external professionals but did not receive a reply.

Good

Is the service safe?

Our findings

All the people we spoke with indicated they felt safe in their environment and trusted the staff who supported them. One person told us, "Yes, it's very safe here" and another said, "Yes it's all good. I am happy."

Where there were risks to people's safety and wellbeing, these had been assessed. Environmental and individual risk assessments and plans were available. These included risks to general health and finances and the person's ability to complete tasks related to everyday living such as personal hygiene, eating and drinking, using the kitchen and communication. When people were supported to go out, we saw that each outing had been risk assessed, for example, the risk of absconding or becoming lost, sudden illness or accident. Each area included guidelines for staff about how to mitigate each risk. For example, planning ahead and ensuring that the person was involved.

Where people displayed behaviours that challenged the service, staff used a 'Positive behavioural support' method. Specific incidents were recorded so staff could monitor the frequency and triggers of these. Based on this, staff could put in place a positive behaviour plan. This helped ensure that staff recognised early signs, anticipated and managed a possible incident and put appropriate measures in place to prevent escalation and the risk of incidents occurring again.

People told us they received their medicines as prescribed. All but one people who used the service needed support from staff to manage their medicines. There was a risk assessment in place for a person who could manage their medicines and we saw that staff carried out daily checks to ensure they were taking these as prescribed. We looked at all the medicines administration records (MAR) charts for all the people who used the service and saw these were completed appropriately and there were no gaps in staff signatures.

There was a policy and procedure in place for the management of medicines and staff were aware of these. The manager undertook regular medicines audits and we saw evidence of these. Most medicines were supplied in blister packs and we saw that medicines had been administered according to instructions recorded on these.

Controlled drugs (CDs) were safely locked away within a locked cabinet. Staff recorded each administration of CDs in a designated CD book and we saw that each administration was signed by two staff, in line with the provider's procedures. Audits were undertaken regularly and we saw there were no errors recorded.

We checked random samples of boxed medicines to be given 'as required' (PRN) and all CDs. We saw that staff recorded appropriately when these had been given and kept a record of the amount left in the box. We noticed that the amount recorded corresponded to the amount left in the boxes. This indicated that people received their medicines appropriately and as prescribed.

The provider had a protocol for medicines refusal and individual protocols for PRN medicines. This included information about each medicine, the reason for prescribing, possible side effects and contra-indications.

Each person had a person-centred care plan about how to support them with their medicines according to their individual needs. This included guidelines for staff such as, "Stay calm and talk to [Person] throughout."

All staff received training in the administration of medicines and had their competencies checked regularly. The pharmacist undertook regular inspections of the medicines and we saw that the last one had not identified any concerns. They also offered advice as needed.

The provider had systems in place to protect people from the risk of abuse. The manager described how they had identified safeguarding concerns about a person who used the service and what actions they had taken in response to these. We saw evidence that the provider was working with the local authority's safeguarding team to ensure this person was protected from further risks. The manager told us they had learned a lot from dealing with this and had made sure they had robust systems in place to monitor the safety and wellbeing of every person who used the service. We saw evidence of this in the documents we viewed.

People confirmed they would know who to contact if they had any concerns. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. We saw evidence of this in the documents we viewed.

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately and measures were put in place to prevent further occurrences. For example, where a person had fallen in the garden due to holes made by foxes, action had been taken to fill the holes and monitor the area daily.

Lessons were learnt when things went wrong. The registered manager told us of an incident where a person had been admitted for a respite stay on a Friday afternoon by a senior staff member (no longer employed). A poor assessment failed to identify that the person was not suitable and as it was the end of the week, it was difficult for the service to get the help they needed to deal with a difficult situation. The registered manager stated that they had reviewed their admission protocol and ensured that a thorough assessment was undertaken before admitting people into the service.

The provider had a health and safety policy in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers and window restrictors. People were protected from the risk of infection and staff used appropriate protective equipment. All areas of the home were odour-free, clean and tidy and free of any hazards and all cleaning products were safely locked away.

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. There were regular fire drills and weekly fire alarm tests, and staff were aware of the fire procedure. Where issues were identified during drills, these were recorded. However, staff did not always record when or if action was taken. We discussed this with the manager and a senior member of staff. They

acknowledged that they needed to ensure actions were recorded and dated. The senior staff member showed us evidence that action had been taken and recorded elsewhere but assured us they would make this clearer in future. People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's impairments and abilities, and appropriate action to be taken in the event of fire.

People told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. People told us they felt supported by dedicated staff and there were suitable arrangements in place to cover in the event of staff sickness. We viewed the staff rota for four weeks and saw that all shifts were covered appropriately. The manager told us they did not require the use of agency staff and had a pool of bank staff available to cover any staff absence.

The provider had robust recruitment practices to help ensure that only suitable staff were employed to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Good

Is the service effective?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care and support. Assessments were holistic and included background information which helped staff understand each person and their individual needs and how to meet these. For example, a person using the service had specific cultural requirements around diet and how they ate, and we saw that this was recorded and respected among all staff. One person told us, "I've been very well supported here throughout my stay." Relatives thought that the staff team provided a service that met people's individual needs. One relative stated, "[Person] is satisfied."

People were supported by staff who had the appropriate skills and experience. All staff received a thorough induction before they started working for the service. One staff member told us, "I have a vocational qualification in care. I feel well supported" and "I am confident to ask for assistance with things."

Staff employed at the service had achieved or were encouraged to achieve a recognised qualification in Health and Social Care, and had achieved or were undertaking the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff undertook training the provider considered mandatory such as health and safety, safeguarding, medicines administration, food safety, fire safety and infection control. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act 2005 (MCA), epilepsy awareness, equality and diversity, dementia and learning disability and autism awareness. A senior staff member was responsible for training and ensured that it was up to date and staff received refresher training. A staff member told us, "He keeps us on our toes."

People were cared for by staff who were suitably supervised and appraised. The manager acknowledged that they did not always carry out scheduled formal supervision with staff. However, they told us that when there was a concern, or when staff approached them to discuss something, they met with them and these meetings were recorded. A member of staff confirmed this and said, "I get supervision. [Registered manager] won't stick to formal supervision. If we need to talk, she'll talk to us anyway." Staff we spoke with told us that communication was good and the manager was approachable. They added that regular meetings, including daily handover meetings meant they were given the opportunity to address any issues and to receive feedback on good practice and areas requiring improvement.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood the principles of the MCA and had followed its requirements. People's mental capacity was assessed, and where able, they had consented to their care and treatment. The manager had identified people for whom restrictions had to be put in place to ensure their safety in their best interests. This included people who were at risk of going outside by themselves. They were aware that where the restrictions amounted to a deprivation of liberty they needed to make the necessary DoLS applications to the local authority. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

Staff we spoke with demonstrated a good understanding of the MCA and DoLS. They were able to provide examples of where they had assessed someone's capacity to make a decision and how decisions could be made in people's best interest if they lacked capacity.

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing and as an important aspect of their daily life. People told us they enjoyed the food they ate and were given choice. One relative stated, "The home provides Halal food for my [Family member] twice a week."

People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plan. Nutritional care plans contained guidelines for staff to ensure they understood and met people's individual needs. There was information available about what constituted a healthy diet and necessary steps to manage certain conditions by avoiding certain food and drinks. We saw that one person had complex nutritional needs. Their care plan included detailed guidelines to staff to help ensure they met the person's needs. Staff consulted healthcare professionals regarding people's nutritional needs such as speech and language therapists (SALT) and staff followed their guidelines and advice. We saw a member of staff supporting a person who tended to eat too fast during lunch and saw that they showed a patient, respectful and supportive approach. They praised the person and we heard comments such as, "That's a nice size food, well done", "Slow down, be careful not to put too much" and "Good effort. Good job done."

Staff displayed a good knowledge of people's nutritional needs and preferences. Menus were created following meetings with people. People who wished for different food were catered for. This helped ensure people's preferences were met. People were supported to shop for ingredients and help cook meals. Each person who used the service had their own named cupboard containing their favourite food, such as their choice of snacks. One person was happy to show us their cupboard and said, "This is my cupboard. I can eat anything I like." People's diverse and cultural dietary needs were met. The menus we viewed confirmed this. All food was correctly stored and fridge temperatures checked every day. The service had achieved a rating of five in their food hygiene inspection.

People received the support they needed to stay healthy. Records showed that people's health needs were monitored and any concerns were recorded and followed up. There was evidence that people were referred to the relevant healthcare professionals when needed to ensure they received appropriate treatment, such as dentist, optician or the GP. Care plans contained individual health action plans. These detailed people's health needs and communication, and included information about their medical conditions, mental health, medicines, dietary requirements and general information. This indicated that the service was meeting people's health needs effectively.

People had a 'This is me/my care passport' document. This included information about how to keep the

person safe, what was important to them and their likes and dislikes. These were a snapshot of the person to help inform staff in the event of a hospital admission.

The environment was designed to meet people's needs. For example, bathrooms and toilets were fully accessible to people using the service. Every person who used the service had their own shower and some rooms had ensuite bathrooms. There was a sensory room and a 'chill out' room which was used by people regularly when they needed some quiet time. The communal rooms were spacious and clean. There was a board with photographs of all the staff so that people could recognise who they were when they were on duty. People had their own computers, mobile phones and tablets, and there was also a public telephone for them to use if they wished to.

People's bedrooms were decorated in colours chosen by them. Each bedroom was personalised and reflected people's choices and interests. Communal areas displayed photographs of events that had taken place at the home and outings. The garden was well maintained and accessible. The main office was in a separate building in the garden and we saw that people using the service often visited and ate their lunch on the patio outside the office. We saw that senior staff made them welcome and told us it was 'the norm'.

Good

Is the service caring?

Our findings

People and relatives told us, and we saw people were treated with kindness, compassion and dignity. People's comments included, "They are good. I am very happy", "It's been very good over all the years" and "It's improved with autism friendly, much more broad with range" and "They've been very observant."

There was a large notice board in the ground floor hallway with a 'Resident decision making/choice guidelines' booklet. People told us that staff promoted their independence and supported them to make choices. Their comments included, "I go out alone", "I like cooking", "I am now the most independent. They give me more freedom. It's based on maturity" and "I go every day to and from college."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. It was clear from all the staff we spoke with that respect, dignity and personal choice were values they all shared and which they were proud of. The manager told us, "We are like a family. We all respect each other. We know each person and what they like. [Person] likes his room left open, but occasionally wants private time and closes his door. Personal care is always done in private."

Staff displayed a gentle and patient approach throughout the day when they supported people. We observed that staff communicated with people clearly and appropriately, making eye contact, offering choices, replying to questions and explaining what was going to happen. For example, we saw a senior member of staff explaining clearly to a person who used the service what they could expect from attending an open day at a local college. They showed patience and understanding when the person was asking questions and treated them with respect and professionalism. All staff on the day of our inspection were attentive to people's needs.

Staff demonstrated a good level of engagement with people. They were cheerful and good natured and took time to speak with people, interacting and chatting with them throughout the day. There was a homely atmosphere, where people were free to do as they pleased, and were supported if they needed support.

Each person who used the service had a communication care plan. This included the person's communication needs and how staff could meet these. Staff used a Picture Exchange Communication System (PECS). This system allows people with little or no communication abilities to communicate using pictures. People who benefited from using this system had their own board in their bedroom entitled 'My choice board'. This detailed relevant information such as 'My jobs today' and 'My daily routine'. A staff member explained to us how this was used to aid communication with people and said, "This helps us communicate and explain what is happening. It reassures people and includes them in everything about their life." We observed this staff member communicating in sign language with another person to ask permission for us to view their bedroom.

People were consulted about how they wanted their care and support to be and what they wanted to do. The manager held regular meetings for people who used the service. We viewed a range of the minutes of

these meetings and saw they included what people wished to discuss and actions to be taken. For example, what kind of food they wanted and suggestions for outings and activities. The manager told us, "We discuss holidays or changes happening in the house. We also have individual discussions with people. For example, we discussed with them the need to have their own showers. And now they have."

Good

Is the service responsive?

Our findings

Each person who used the service had an 'Achievement record'. This was a document drawn up to help a person set their own goals and plan what they wanted to achieve in the future. The document included details about what had already been achieved since the person was admitted to the service and the progress they had made. This document was regularly reviewed and updated with each person so they could see their own progress and participate in identifying new goals.

Staff were passionate about helping people to fulfil their wishes and ambitions and had invested time with each person to ensure they reached their full potential. For example, when one person was admitted, they required one to one support when accessing the community or going to college, for their own safety. They were also unable to cope with daily like tasks. Over time, staff worked closely with the college to develop a holistic program and provide the person with therapy sessions to ease anxiety. Staff supported the person to undertake household tasks by breaking these down into small manageable steps. As the person's confidence increased and their anxiety decreased, they could take on more complex tasks, and eventually were able to use public transport by themselves. Staff explored the person's interest in language by supporting them to enrol in a language class. This resulted in the person achieving a GSCE qualification. Continued progress resulted in the person being supported to move out of the home and have their own flat. Staff continued to support the person with budgeting and buying the necessary equipment until they were sure the person could manage living independently.

We saw several examples where staff had devoted time and showed incredible patience to support a person to achieve their potential. Including one member of staff who had been supporting a person for several years, taking small steps each day to teach a person to trust staff, to go outside the home and to learn English by showing pictures and helping the person to repeat words slowly. They told us that it took two years to just manage to leave the home and go down the road. The manager told us, "[Staff member] and [Person] have the most incredible and unbreakable bond. The dedication is unbelievable. They have achieved so much. It's wonderful." The person's achievement record showed that as a goal was achieved, a new one was identified. For example, getting into a car and travelling to places of interest, understanding money matters and preparing for a short break to the seaside.

People were supported to remain as independent as they could be. Staff worked with people to help them develop life skills such as hoovering and putting dishes in the dishwasher. We saw that, with staff's encouragement and support, a person using the service who was fully dependent on staff when they were admitted to the service, were now able to pour their own drink, butter their toast and put their laundry in the washing machine.

Each person had a keyworker. A keyworker is a designated member of staff who works with a person, or a small group of people to build a trusting relationship and liaise between the person, their family members and external professionals. Keyworkers conducted monthly reviews with people. These included discussions about how the person was feeling, if they had any concerns or worries, and goals they wanted to set themselves for the coming month. People knew who their keyworkers were and had established a good

relationship with them.

The care plans were comprehensive and pictorial and contained detailed information of the needs of each person and how to meet these. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences in a range of areas such as personal care, food, social activities and communication. People and relatives we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. Where possible, people had signed their own records, which indicated they had understood and agreed what had been recorded. Staff told us they had access to care plans and knew how to meet people's needs.

Staff told us they encouraged and supported people to undertake activities of interest to them. Each person had their own individual activity care plan which included a summary of the person and what they wished to do. People told us that they enjoyed a range of activities. Their comments included, "I'm going to Chessington (World of Adventures) – I think its September, I'm very excited", "Staff help me cook" and "I go to college. I enjoy it."

There were activity care plans in place. These detailed the type of activities each person liked and the support required for them to undertake these. Activities organised included, cookery groups, museum visits, local park, bowling, cinema and shopping. At the time of our inspection, staff and people who used the service were planning a holiday in Scotland. One person told us they were "Looking forward to this very much."

The service had a complaints procedure in place and this was available to people who used the service, including in an easy read format. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. There had been no complaints received in the last year. People told us they knew who to complain to if they had a concern and felt confident about raising any issues.

People who used the service were young and the staff told us they were reluctant to discuss end of life care. However, the manager told us they recently supported a person who used the service when they experienced the death of a family member. They explained, "We prepared [Person] for the funeral of their [family member] by taking [them] to a funeral parlour, so that the process could be explained clearly. This really helped [them] to deal with the death and funeral."

Good

Is the service well-led?

Our findings

People were complimentary about the registered manager and the senior team and told us they thought the service was well run. Their comments included, "They're ok. I am happy", "They are good" and "Anything I need, I call and discuss." From our observations and discussions, we saw that the registered manager and staff put people who used the service at the heart of everything they did and people were clearly happy and relaxed.

Staff told us they felt supported by the registered manager and enjoyed working for the service. Their comments included, "[Registered manager] is very nice as a manager. Parents get on with her, the residents love her" and "It's like a family here. I like that side of it."

The registered manager had been in post since October 2010. They were supported by a deputy manager who had been appointed in March 2018, and a team of support workers which included senior support workers. The registered manager told us they felt supported by their line manager and stated, "If I need [them], [they] will get back to me. [They] are very supportive."

The registered manager held a relevant management qualification in Health and Social Care. They told us they tried to attend managers meetings organised by the provider but these took place quite far away which meant they felt cut off from everyone and it was not always easy to travel. The registered manager kept abreast of developments within the social care sector by accessing relevant websites and reading social care publications. They told us they had not been invited to the local authority's provider forums recently so had not attended for some time.

The registered manager undertook monthly audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included medicines, finances, record keeping, risk assessments, care plans, maintenance and health and safety, such as checking that window restrictors were in good order. Where issues were identified/found, an action plan was completed with timescale, date of completion and signature.

The local authority's quality assurance team undertook regular monitoring visits of the service. We viewed the most recent report, which took place on 19 February 2018 and saw that it had been rated good in all areas.

Staff informed us they had regular meetings and records confirmed this. The items discussed included people's care plans, person-centred approach, positive behaviour support, activities, budget and responsibilities, health and safety and inspections. Outcomes of incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment and audits. There were daily handover meetings which included any appointments, maintenance or health and safety issues and tasks to be undertaken.

People were consulted about the care they received through satisfaction surveys, also available in an easy-read format. However, only one person had replied. We saw their response showed they were happy with the service. Relatives and external professionals were also consulted and issued with quality assurance questionnaires to obtain their views of the service but feedback was rarely received. The registered manager told us, "We include self-addressed envelopes but we still don't hear back. I think people are happy so they don't need to get back to us." They added that because their door was always open, people and relatives felt they could speak with management anytime they wished.

People who used the service were issued with a comprehensive pictorial 'service user guide'. This included information about the house, support they could expect to receive, their rights, important contact numbers and information about the Care Quality Commission. However, these were kept in the office, which meant that people did not have access to them. We discussed this with the registered manager and a senior member of staff who told us they were usually kept in people's rooms, but the deputy manager had brought them to the office to check and review and they had not been put back. We saw that the documents were placed back in people's rooms by the end of the day.