Whitmore Vale Housing Association Limited

The Old Manse

Inspection report

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Date of inspection visit:
24 March 2017

Date of publication:
22 May 2017

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 of the Old Manse took place on 24 March 2017 and was announced. As the service is a supported living scheme we gave the provider 48 hours' notice of the inspection to ensure that staff would be available in the office to assist us with the inspection.

The Old Manse is a supported living service and provides personal care and support for adults and elderly people with learning disabilities and autism at three different sites in the Hindhead area. One was a shared house, one site was purpose built flats and one was a large building with individual bedrooms with shared communal living. The service enabled people to maintain and develop their skills and independence. At the time of our inspection there were nineteen people living there.

The service did not have a registered manager in place. 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. We can confirm that the provider has submitted an application to be registered as a manager with the Care Quality Commission (CQC).

People and their relatives told us they were safe at the service and with the staff who provided care. Staff had a clear understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient numbers of staff deployed to meet people's needs safely. Recruitment practices were safe and relevant checks had been completed before staff started work. The provider ensured staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. The staff team had an in depth knowledge about people's care needs. People told us they felt supported by staff.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP or psychiatrist and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a contingency plan that identified how the service would function in the event of an unforeseeable emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff were up to date with current guidance to support people to make decisions. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards.

People had enough to eat and drink and there were arrangements in place to identify and support people

who were nutritionally at risk. People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their well-being. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes were at the centre of the service and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's care and support were planned proactively in partnership with them. People's needs were assessed when they entered the service and on a continuous basis to reflect changes in their needs. Staff understood the importance of promoting independence and choice. Staff had developed a good understanding of each person and then supported them to build their skills and confidence and reach their goals.

People were able to personalise their home/rooms with their own furniture and personal items so that they were surrounded by things that were familiar to them.

People had access to activities that were important and relevant to them. There were a range of activities available within the home and out in the community

People were at the heart of the service. People's right to lead a fulfilling life was enshrined in the ethos of the service. People and their relatives were really positive about the kindness, thoughtfulness and compassion of staff.

People and relatives were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard.

People's care and welfare was monitored regularly to ensure their needs were met. The provider had systems in place to regularly assess and monitor the quality of the care provided.

Relatives and professionals told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager and felt supported by the management. The provider recognised and celebrated staff's achievements. The management team and provider had an outward looking approach to seeking best practices and sharing these with others through external forums and networking.

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 effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities in relation to this.

Risk assessments were in place to provide direction to staff and promote people's safety.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. There were sufficient numbers of staff to meet people's needs.

People's medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance to their needs. People were supported to have access to healthcare services and professionals were involved in the regular monitoring of their well-being.

Staff understood and knew how to apply legislation that supported people to consent to care and treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised support by staff that knew them well. People were encouraged and supported to reach their goals.

People were able to maintain relationships with those who were important to them.

People had access to a wide range of personalised and group activities and had a say in all aspects of the running and development of the service.

People and relatives were encouraged to provide feedback to help improve the home.

Is the service well-led?

Good

The service was well- led.

People, relatives and professionals spoke positively about the service. People were involved in how the service was run in a number of ways and their feedback was sought.

The staff had the benefit of strong, focused leadership. The management team learned from discussing and sharing best practices with colleagues.

Staff had the opportunity to help the service improve and to ensure they were meeting people's needs.

The service adopted a person centred environment that aided people with their care and support. Staff demonstrated these values in the support they provided to people.

Robust and frequent quality assurance processes ensured the

safety, high quality and effectiveness of the service.

The Old Manse

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 was 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 inspection took place on 24 March 2017, was announced and conducted by two inspectors. The provider was given 48 hours' notice because we needed to ensure that staff would be available to assist us during the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also gathered information about the service by contacting the local authority safeguarding and quality assurance team. The local authority and safeguarding team did not identify any concerns about the service.

We asked the provider to complete 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. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

As part of our inspection we spoke to four people living at the service. We spoke to the senior manager, manager, deputy manager and three members of staff. We observed how staff cared for people and worked together. We looked at records relating to people and the service such as four care records, two staff files, medicines records, training information, policies and procedures and other documentation relevant to the management of the service.

After the inspection, we spoke with five relatives, a healthcare professional and a social care professional to get their views on the care and support provided at The Old Manse.

We last inspected the service on 6 August 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

When we asked if people felt safe. One person told us, "I do feel safe with staff, it is nice to have them around." Another person told us, "I feel very very safe living here. Staff never shouts at me, they are kind. The staff talk to me about keeping safe." One relative told us, "X (member of staff) jumped through hoops to keep [family member] safe." People were provided with guidance in a picture format about what to do if they suspected abuse was taking place.

People benefited from a service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had access to a safeguarding policy which gave information about how to raise concerns to the local authority if necessary. Staff were knowledgeable about the types of abuse and the reporting procedures to follow if they suspected or witnessed abuse. Arrangements were in place to safely store people's money and to reduce the risk of financial abuse. A member of staff told us, "If I suspected anything I would speak to the manager straight away."

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Care plans recorded guidance for staff and identified possible hazards when supporting people at their home and out in the community. In their PIR, the provider told us, 'Risk assessments were in place and were used for enabling people, not as a restrictive measure. Our findings supported this statement. Care plans contained assessments which documented potential risks to people in relation to falls, diabetes, misuse of alcohol or drugs, seizures and going on holiday. Risk assessments included the possible triggers and measures to take to reduce the risk. Staff were aware of risks to people. For example, one person needed to be supported with their alcohol misuse. A relative told us about the situation with their family member and their problems, "Staff are managing the issues very well and they are aware of the risks involved." The risk assessment in place for that person was detailed and it included appointments with the health and social care professionals who supported the person. Staff we spoke with were aware of this risk to the person and the action to take. Risk assessments were reviewed on an annual basis, or as and when needs changed.

People lived in a safe well maintained environment. The communal areas and corridors were free from obstacles throughout the building to minimise risk and to support and aid people's mobility. People had access to specialist equipment such as vibrating pillows for people with hearing or sight impairment to alert them in an emergency. Adjustable chairs and specialist beds were provided for people who required these. Fire, electrical, safety and specialist equipment were inspected on a regular basis to ensure they were safe and in working order. There was a safe designated area for people who smoked in a shared home. Arrangements were in place for the security of the building and people who lived there.

Interruption to people's care would be minimised in the event of an emergency. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. These included events such as adverse weather conditions, flooding or fire. There was information about how to support each person in the event of an emergency. Alternative accommodation

arrangements were in place in the event of the building being unusable following an emergency. For additional support, people had access to an on call service which they could use in the event of an emergency.

Where people had been involved in accidents and incidents action had been taken to prevent further injury or harm to people and the provider analysed accidents and incidents to identify potential patterns and to minimise reoccurrences.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place which had been followed. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provided proof of identification and contact details for references. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work with adults at risk. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained.

There were sufficient numbers of staff to keep people safe and to meet their needs safely. One relative told us, "There has been quite a lot of staff changes recently, but this doesn't seem to have an impact on [family member]." They went on to say, "There is always someone (staff) there all of the time which [family member] loves as they are very sociable." The staffing rotas were based on the individual needs of people. This included supporting people to attend appointments and activities in the local community. For example, staff accompanied people to go to the local shops, external activities and on holidays. Staff attended promptly to assist people when they requested it and we saw staff had time to chat to people.

Medicines were administered, recorded and stored safely. People told us they were happy with the support they received with their medicines. A healthcare professional told us, "Whitmore Vale adopts a very proactive approach to the safe handling of medicines." People confirmed that they received their prescribed medicines in a timely manner from staff and that their medicines were stored securely in their own homes. In their PIR, the provider told us, 'Medicines were stored and prompted in line with provider's medicines policy.' Our findings supported this statement. Any changes to people's medicines were prescribed by the person's GP or psychiatrist. We checked medicines records for people. Each person had a medicines profile that included any known allergies to medicines. The medicines administration records (MAR) were accurate and contained no gaps or errors.

Good

Is the service effective?

Our findings

Relatives spoke positively about staff and told us they were skilled to meet their family member's needs. One relative told us, "Staff are very competent and trained to support (family member), he is always kept occupied.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. In their PIR, the provider told us, 'All staff received training on Dignity and Respect and Equality and Diversity. New staff worked towards the Care Certificate. ' Our findings supported this. The training provided was in line with the standards set by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had received mandatory training in areas relevant to their role such as: dignity and respect, professional boundaries, mental health, epilepsy awareness, autism, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). One person told us, "Staff have had autism training, they know how important routine is to me." One relative told us, "My (family member) has epilepsy and the staff seem well informed and able to deal with any situation."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us they attended one-to-one supervision, which provided opportunities to discuss their performance and any training or development needs they had. We also read that staff had annual appraisals. One staff member said, "During supervision I discuss various issues and I have been given feedback about my performance."

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The majority of the people using the service had the capacity to make decisions for themselves. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. 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. Records showed that people who lacked the capacity were supported by a best interest meeting. An advocate, relatives and health care professionals were involved in the best interest meeting. Advocates are independent and are able to support people in decision making, expressing their views and upholding their rights. This was in line with the MCA which guided staff to ensure practice and decisions were made in people's best interests.

People confirmed they had consented to the care they received. One person told us, "Staff ask if they could help me to clean my room, they don't just do it for me." Staff understood the importance of consent and

explained how they gained people's consent to their care on a daily basis. People told us that staff checked with them that they were happy with the support being provided on a regular basis. Staff ensured that people understood the questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

Staff were aware of people's dietary needs and preferences. One person told us, "Staff tell me about eating healthy food but I like my fried food, I do try." A relative told us, "They (staff) support [family member] to eat healthy." Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People were supported at mealtimes to have food and drink of their choice. The support people received varied depending on people's individual circumstances. Some staff reheated food and ensured meals were accessible to people, whilst others required greater support where staff prepared and served meals, snacks and drinks.

People were supported to have their nutrition and hydration needs met. People's weight was monitored and recorded on a monthly basis. Staff told us anyone who experienced significant weight loss was referred to a healthcare professional for guidance and advice.

People had access to social or health care professionals such as the GP, dentist (who specialises in people who have learning disabilities), opticians and community psychiatric nurse. One person told us, "I see my doctor and the dentist and the nurse sees me often. When I feel ill I tell staff and they make an appointment for me and take me to the GP." One relative told us, "He has access to quite a few people such as a nutritionist, dietician and personal trainer." Appointments are made with other healthcare professionals as and when required. People had a health action plan in an easy read format which described the support they needed to stay healthy. People had access to a learning disability nurse at a local hospital, who liaised with people to ensure they had a smooth transition should they require admission to hospital. Any visits made by healthcare professionals were documented and any guidance was acted upon.

People's rooms were personalised with art work, photographs and items of personal interest. One person told us, "My home is just how I like it." People were able to choose the colour and furnishings for their room. The floorings throughout the communal areas enabled people with mobility issues to easily manoeuvre around their home.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care. People told us they were treated with kindness and respect by the staff who provided care. A person told us, "All staff are very good, they help me when I want it, but I like to cook by myself." A relative told us, "It isn't just a job to them (staff). They seemed to love [family member]."

People received care and support from staff who had got to know them well. One person told us, "The staff are very good, they know what I need." A relative told us, "They know X and know how to manage their care." Staff demonstrated their knowledge of people through their interactions and always had the goals people wanted to achieve at the forefront of their mind. People's goals were recorded in their care plans. Each interaction between people and staff was seen as an opportunity for learning and achieving but undertaken in a caring way. Where people wanted to lose weight, staff discussed the person's goal and options including healthy eating and exercise with them. Where a person had lost two stone and were proud of this their achievement was displayed in their home.

People lived in an inclusive and homely family atmosphere. The service was centred on the needs of the people living there. One person told us, "Staff help me to keep independent, to do things I want to do." One relative told us, "It feels like [family member] is part of a family. The whole atmosphere is great and it works with the other tenants, they get on well with each other." Staff understood the importance of promoting independence and choice. People living at the service could choice what they wanted to eat, what clothes to wear or what activities to participant in.

Staff knew about the people they supported. People were allocated a member of staff known as a key worker who had special responsibilities for making sure a person received the care and support that was right for them and communicating this with the rest of the staff team. Staff told us the keyworker system worked well as staff were able to support people whom they shared common interests with, and had specialist experience or training to meet specific needs. Staff were able to demonstrate their knowledge and care for people by the way they described their likes, dislikes and interests and the care and support they needed.

Personalised information in care records highlighted people's personal preferences, behaviour, the support they required and how this should be delivered. Staff told us they knew people's personal and social needs and preferences from reading their care records and getting to know them. For example, where a person had diabetes and required their blood glucose levels to be tested on a daily basis, staff ensured that the results were recorded. Guidance was provided to staff about Insulin and possible triggers which would have an impact on the person's blood sugar levels, Staff involved worked effectively with the Diabetes nurse to review this person's well-being.

Staff approached people with kindness and compassion. Throughout our visit we observed good caring practice between people and staff. Staff always spoke to the person when supporting them; this was done in a respectful manner. Staff checked that people were happy at each stage when attending activities.

People were treated with dignity and respect. One person told us, "They always ask me if I need help. They respect my privacy and always knock on my flat door and wait for me to let them in." Privacy and dignity were respected and people received care and support in the way they wished. Staff understood the importance of respecting people's privacy and dignity and treating people with respect.

People and relatives were involved in the discussion about their care, support needs and end of life care. Documentation was provided in easy to read pictorial format so that people were able to understand and be involved in the decision making process. We observed that when staff asked people questions, they were given time to respond. Relatives, health and social care professionals were involved in individual's care planning. One person told us, "Staff discusses my care plan with me. I am happy with my care plan and me and my mum could make changes to it if we wanted to." Another person told us, "I know about my care plan, my key worker talks to me about it."

Relatives were encouraged to visit and maintain relationships with people. Each person had detailed information about people who were important in their lives. People were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests in the local community. People were also encouraged through various social events to develop friendships with people living at other homes owned by the provider.

People had developed in confidence because of how the staff cared for them. This was evidenced through the records and photographs kept of each person's achievements. Staff were constantly praising people for these achievements and encouraging them to achieve more. For example we were told that where a person was attending an adult education college, the facilitator of the adult social class wanted to put the person's sculpture on display in the college.

Good

Is the service responsive?

Our findings

People were provided with care and support that were tailored to meet their specific needs. One person told us, "I asked for staff to come out with me in my car and they do now." Another person told us, "Staff know me, they know my routine and needs, what I like and dislike." One relative told us, "Staff support [family member] to go to church and they have also made sure he was given bereavement counselling."

People needs were responded to. One relative told us, "When one of the other residents had a relationship problem, this was dealt with very sensitively and eventually this problem was overcome." Where people wanted to explore their sexuality or who were in relationships, they were encouraged and supported by staff to discuss issues or concerns. Staff were available to support people to attend healthcare appointments if needed and they liaised with health and social care professionals when they needed to obtain guidance and advice. Where people were experiencing problems with alcohol misuse, possible risks were identified, assessed and monitored and support plans were put in place. Any action taken was done with the agreement of the person. Staff supported the person to attend a group run by an external organisation that supported people with alcohol issues. One relative told us, "I don't think we could have given [family member] the professional support that they do at the Old Manse." A member of staff told us, "We are here to support people to live their lives as independently as possible."

Pre- assessments were carried out before people moved into the service and these were reviewed once the person had settled into the home. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to ensure people's needs could be met prior to them moving in and then develop care and support in accordance to people's needs.

Clear arrangements were in place when people moved into the service. To ensure a smooth transition to the service, the manager visited the person at their previous home to gather information about them. They also liaised with health and social care professionals involved with their care. Gradually staff visited the home that the person lived in and discussed their needs with the person and their relative, so they could get to know them and understand their care and support needs. Discussions also took place with the current residents of the service to minimise the disruption to their home.

People's care plans were written in such a way as to put the person at the centre. People had their needs assessed and care plans had been developed in relation to their individual needs. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. For example, where people had behaviour that was challenging, behavioural charts and guidelines were in place to monitor and review their needs, as well as having safety measures in place to minimise the risk of harm to themselves or others. Staff also had information about what behaviour people would exhibit if they were content or distressed and what support would be required in these situations. Any changes to people's care was updated in their care record which ensured that staff had up to date information.

Information about people's care and support needs was also provided if a person required hospitalisation. This enabled hospital staff to know important things such as people's medicines, allergies, medical history, mental and physical needs and how to keep them safe during their stay in hospital.

People received care that was responsive to their individual needs and preferences. A relative told us, "Peoples ' support is very much given according to their own individual requirements at all times." People told us that staff were responsive in changing the times of their visits and accommodating last minute appointments when needed. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Most of the support provided by staff was for personal care, cleaning, meal preparation or administration of medicines. Some people required additional support such as shopping or going out which staff carried out.

Staff were kept informed about the changes in health and social care visits and the support people required. A member of staff told us, "If I notice something one day I will pass it on and then other staff members can do the same. We always make sure staff are aware of changes and it is recorded in the communication book and care plan." Staff said they felt they had enough information in care plans but they also relied on talking to people about their likes and dislikes and how they wanted things done. Care records were reviewed on a regular basis. Staff were aware and responded to the changes in the person's needs. For example, they had noticed that one person was becoming verbally abusive, so staff increased their support to meet the person's additional needs. Staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks.

People were able to choose what activities they took part in and suggested other activities they would like to try. In addition to group activities people were able to maintain hobbies and interests and staff provided support as required. In their PIR, the provider told us, 'People who used the service had links within the community including the local church and other community based activities that people choose to attend.' Our findings supported this statement. People told us that they do activities outside of the service; some do voluntary work, whilst others attended college. We saw photographs of outings or events people had taken part in. One person told us, "I go bowling with my friends." Holidays are organised by staff with people's input. On person pointed to a date on the calendar to show this was the day they were going away on holiday. The range of activities that suited each person meant that people were less likely to experience social isolation.

People were encouraged to give their views and raise concerns or complaints. People and their relatives told us they were aware of the complaint procedure and that they were confident that the manager would address concerns if they had any. The provider had a complaints policy which set out the process and timescales for dealing with complaints. A complaints procedure was available in an easy read format by using key words and symbols to help people understand the document. We reviewed the complaints log and noted that eleven complaints had been received in the last twelve months and were responded in a timely manner. Compliments had been received about the service. Comments included, 'Such amazing support', 'Thank you very much for all you have done for X, we very much appreciate your support,' and 'Thank you for your care, support and understanding.'

Good

Is the service well-led?

Our findings

People and their relative spoke positively about the service and the managers. One relative told us, "They (staff) go out of their way to make things happen for [family member]." Another relative told us, "When I have needed to liaise with management I have always found an 'open door' and ease of communication and have always been met with respect, compassion and understanding."

People, their relatives and professionals were involved in how the service was run in a number of ways and their feedback was sought through meetings, easy read documents, questionnaires, use of closed questions so people could respond and care reviews. There were 'tenants' meetings for people to provide feedback about the service. We read the minutes of the last meeting which covered updates about the maintenance, activities, support provided and staffing. We noted the minutes had been produced using words and symbols. These are symbols that are used to support written text, making the meaning clearer and easier to understand. People using the service were also involved in the recruitment process for potential new staff; people were part of the interviewing panel, and decision making process for recruiting staff for the service.

The management team had good management oversight of the Old Manse. The manager was supported by a senior management, a deputy manager and a motivated staff team. People told us they thought the service was well managed by the senior management team and the new manager and deputy manager. They told us they see both the manager and deputy all the time. A relative told us about the previous registered manager, "X (staff member) is great she used to be the registered manager there. I know she is a senior manager now but she is still involved with the service and people living there." A member of staff told us, "The workload is varied and there is a lot of potential to grow, there is a good team spirit." During the inspection the senior manager and manager continuously demonstrated their in-depth knowledge of each person living at the service and spoke with compassion about them and her staff team. Any question we asked was met with detailed information.

The senior manager told us that they and managers from the provider's other homes attended team management meetings so they could discuss issues about the homes or share best practice examples with colleagues. We read the minutes of the last meeting in January 2017 which covered updates about the recruitment, training, health and safety and service user's holiday allowance. For example a discussion took place about the need for more training on the care certificate, which took place on 2 March 2017. The service also liaised with external organisations for best practice guidance. A healthcare professional confirmed that they provided an annual session delivered to managers to update them on current medicines issues and latest best practice guidance.

Staff had the opportunity to suggest how improvements could be made. They were able to contribute by attending staff meetings or in one to one supervision meetings. Staff told us that they were able to discuss the service and the quality of care provided, best practices and people's care needs.

The service works to the values of the organisation such as: a contented, stimulated and happy life; a lifestyle as close as possible to the community at large and participation in the activities of local

communities and in employment. Our findings supported this statement. The provider was passionate about providing people with disabilities the chance to pursue their chosen lifestyle. The provider ensured that staff received appropriate training, team briefings, and management support which reflected their values, all of which were discussed in meetings with their line manager. People and relatives told us that staff supported them in attending activities which were important to them in the community. A relative told us, "[Family member]'s life must be fine as they would rather spend their birthday at their home and with friends than with us, now that is normal isn't it."

The provider had a system to manage and report incidents, accidents and safeguarding. These were reviewed which enabled staff to take action to minimise or prevent further incidents occurring in the future. Incidents and safeguarding concerns had been raised and dealt with and relevant notifications had been received by the CQC in a timely manner.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the staff assessed and monitored the quality of the care. Various audits were carried out such as health and safety, medicines, room maintenance, housekeeping, care plans and an additional medicines audit conducted by an external agency. Issues were identified and action plans put in place to rectify the concerns raised. Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs.

In the PIR, the provider told us 'There is an open door policy for staff and service users up to Chief Executive Officer (CEO) level.' Our findings supported this statement. People told us they were able to speak to the CEO. We saw that the senior manager and the manager had an open door policy, and actively encouraged people to voice any concerns. They were polite, caring and encouraging towards them. Relatives, staff and professionals told us the senior manager and manager was approachable and would discuss issues with them. One relative told us, "I can always approach her and she will listen to my concerns or suggestions." Staff would include people in the conversations by using closed or simple questions, so people were able to respond; they were never excluded from our conversations.

Staff were recognised for the care provided at the Old Manse. In their PIR, the provider told us, 'Staff are nominated on a yearly basis for the Surrey Care Association Care Awards. Staff are sent a card and letter from the CEO at the end of the year thanking them for their work. Staff who receive compliments from tenants, families and other professionals are individually advised of the compliment. We are a member of the Surrey Care Association and Skills for Care.' Our findings supported this statement. Relatives and professionals commended the care and support provided by staff at the Old Manse. One relative told us, "I think it is an excellent service." The staff team nominated the previous registered manager of the Old Manse (who is now a senior manager at Whitmore Vale) for the Surrey Care Awards Manager of the year for their hard work. We reviewed the comments for the award which were 'X is a tireless advocate for the people who live within her service. She has led the team through periods of great change, managing her service through a challenging period of growth to become triple the size it was two years ago.' The aim of the scheme is to encourage excellence and the sharing of best practice to enable staff to continue to provide good quality care and support to people using the service.

The senior manager sought guidance from outside agencies to help develop best practice and improve the service. For example, there were links with an external social care group. A social care professional told us about the senior manager's involvement with this (the senior manager used to be the Registered manager for The Old Manse), "Having X in her role as a Registered Manager as chair person has enabled us to get down to the nitty gritty of what people want from the networks and better equip our local Registered Managers to meet the challenges they face, improve the quality of their services, reduce isolation by

networking at a local and national level and to enable them to recognise their leadership role." This outward looking approach to gathering and sharing best practices and then using these to help people develop independent lives is an outstanding feature of this service.