Future Home Care Ltd

Future Home Care Limited Birches

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

Overall summary

We gave Future Home Care Limited Birches 48 hours' notice of this inspection, which took place on 1 May 2015.

Future Home Care Limited Birches provided a respite service with personal care and accommodation for people with learning disabilities, some of whom may have autism, sensory impairment and/or a physical disability. The service could accommodate up to three people at any one time. One person arrived for their stay after two people went home on the day of our inspection. Some people who used the service were able to move around independently, whilst others needed support to do so. Some people were able to express themselves verbally, whilst others used body language or other types of communication.

Summary of findings

The property was single storey and purpose built with flat access and adaptations suitable for people with restricted mobility. During their stay at the service, each person had their own bedroom with a large adapted bathroom and a separate wet room.

When we last inspected the service on 19 July 2013, we found that the service was meeting the Health and Social Care Act (Regulated Activities) Regulations 2010.

There was no registered manager in post. 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. The service was managed by an acting manager with the appropriate qualifications, skills and experience, who had managed the service before. The service had been without a permanent manager since February 2015 and without a manager registered with the CQC since September 2014. The provider was in the process of interviewing for a new permanent manager.

At this inspection we found no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Not all the policies had been updated recently but the staff knew what actions to take and therefore people's care or safety was not affected. The acting manager was in the process of updating all the policies and procedures to check they remained up to date.

People's welfare was safeguarded and their care needs met by sufficient numbers of staff on duty. The service operated safe recruitment procedures which made sure staff employed were suitable to work with people. Staff had the appropriate skills and experience to meet people's needs. They were able to put this into practice by using the knowledge they had gained from training and care planning. Staff were supported to work to expected standards through supervision.

The acting manager had a good understanding of how to work with, and follow advice from the local safeguarding authority to protect people. Staff identified and managed risks to people's safety. People lived in a clean environment. Staff had a good understanding of infection control practice and took measures to ensure that the service was clean and free from the risk of infection. People were protected against the risks associated with the unsafe use and management of medicines. The provider ensured that the premises were maintained safely and securely.

The environment was specifically designed for people with restricted mobility. There was a sensory room and equipment available for people with sensory impairment. The bedrooms that people stayed in at the service were homely and comfortable.

People who were considering moving into the service were assessed to determine if the service could meet their needs. People's care was personal to the individual and care plans provided guidance for staff about people's preferences and how they wanted their care to be delivered. Staff communicated effectively with people, responded to their communication and offered people choices.

Staff sought people's consent before they assisted them. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. The system for monitoring Deprivation of Liberty Safeguards (DoLS) within the service protected people from harm and protected their rights. These safeguards protect the rights of people who lack capacity, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect them from harm.

People were supported to have a choice of food and drink and could choose where they had their meals. Staff took action to reduce the risk to people from poor nutrition and dehydration. People were supported to manage their health care needs when necessary.

Staff treated people with kindness. People were supported with their preferences and had choices in their day-to-day lives. Staff demonstrated respect for people's dignity and were careful to protect people's privacy. Staff promoted people's independence.

When people stayed at the service, they were supported to continue with their usual day time routines, such as

Summary of findings

attending college and day services, where they participated in various activities. Staff supported people with individual activities to meet their needs and preferences.

The service had a welcoming, homely and relaxed atmosphere. The acting had a clear set of vision and values, which were put into practice by staff. The service had a clear, accountable management and staffing structure.

People and their relatives or representatives were asked for their views about how the service was run. These were acted on to improve the service provided. The acting manager investigated and responded to people's complaints and concerns. There were regular audits to review the quality of care and safety of the premises.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Safe medicine procedures were followed by staff.

There were enough staff employed and deployed to meet people's needs.

The provider had taken reasonable steps to protect people from abuse and operated safe recruitment procedures.

Risks to people's safety and welfare were assessed and managed.

Good

Is the service effective?
The service was effective.

The environment was specifically designed to support people with restricted mobility. Sensory equipment was available for people with sensory impairment.

Staff were supported in their roles with training and supervision.

The service complied with requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to manage their health care needs.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness, dignity and respect.

Staff protected people's privacy.

Staff promoted people's independence.

Good

Is the service responsive?
The service was responsive.

Staff supported people with individual activities to meet their needs and preferences.

People had choices in their day to day lives.

Staff communicated effectively with people.

People's concerns and complaints were investigated and action was taken.

Good

Is the service well-led?
The service was well-led.

Policies and procedures were not consistently up to date but this did not affect people's care or welfare.

The service had a welcoming, pleasant and busy atmosphere.

Good

Summary of findings

People and their relatives or representatives were asked for their views about how the service was run.

There were regular audits to review the quality of care and safety of the premises.

Future Home Care Limited Birches

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.

As Future Home Care Limited Birches is a small service, which accommodates up to three people, this inspection was carried out by one inspector.

This inspection took place on 1 May 2015. Forty eight hours' notice of the inspection was given as the acting manager and staff are often out with people they support. As Future Home Care Limited Birches provides a respite service, there are times when no people or staff are available. We needed to make sure that the people we needed to speak with were available.

Before the inspection we looked at previous inspection reports, information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law.

There were three people at the service on the day of our inspection. Some people were not able to tell us about their experience of staying at the service. To help us to understand the experiences people had, we observed staff practice and the care that was provided within the service. We spoke with one person, one relative, three members of staff, the acting manager and the regional manager for the provider.

We looked at records that included four people's care plans and risk assessments. We also looked at a sample of medicine administration records, staff files, staffing rotas, training records, accident and incident records, quality assurance audits, surveys, meeting minutes and policies and procedures.

At our last inspection of 19 July 2013, we found that the service was compliant with the Health and Social Care Act (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

One family member told us they felt that their relative was safe at the service.

During our inspection there were between two and three members of staff and the acting manager on duty. The acting manager assessed people's individual needs together with the number of people staying at any given time. They updated their assessment before people came to stay at the service to check whether their needs had changed. The acting manager included in their assessment how many staff were needed to support people indoors and when they went out, for activities, during the day and at night, people's preferred gender of support staff and the domestic duties of staff. They considered the mix of people staying at the service together. For example, one person who used the service regularly always stayed there alone as they had problems with mixing with other people. Staff told us that there were always more staff on duty to support people with behaviour that challenged. From their assessment, the acting manager analysed how many staff were needed at any time. One member of staff told us, "I feel relaxed working here. There is enough time to spend with people." We observed that staff were able to meet people's needs in an unrushed manner. One relative told us, "There are enough staff." The staffing rota enabled the acting manager to plan staffing hours entirely around people's needs and preferences. There were no rigid patterns of staff working. There were enough staff on duty at any time to meet people's needs and preferences.

The acting manager told us that there were no vacancies for support staff. At the time of our inspection, the provider was recruiting for a new permanent manager. In the meantime, the service was managed by the acting manager, who knew the service well. No agency workers were used. People were supported by staff who knew their needs and preferences well, which provided them with continuity of care.

There was a system to ensure safe recruitment procedures, which the acting manager made sure were followed in practice. Checks were carried out before staff started work to make sure that they were suitable to care for people. Staff members had provided proof of identity and an employment history. References and checks using the Disclosure and Barring Service (DBS) had been taken up before staff were appointed. The DBS check identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. All staff were subject to a probation period before they became permanently employed and to disciplinary procedures if they behaved outside their code of conduct. This made sure that they continued to be suitable to care for people after their employment.

There was a policy and procedure in place to ensure that people received their medicines safely and as prescribed. Staff were trained and assessed to make sure they knew what to do in practice. As the service provided respite care, mostly for short stays, staff did not routinely obtain people's medicines for them from a pharmacy. If people needed to take medicines, then these were supplied by people's relatives or representatives when people arrived at the service, and were taken away with them when they went home. There was a system for thoroughly checking people's medicines when they arrived, to make sure they were available when they needed them as prescribed. For example, medicines were required to be supplied in the original container from the pharmacy, so that staff could check guidance from people's relatives or representatives against the doctor's prescription. Medication administration records (MAR) were completed by staff when they had given people their medicines. Staff counted the remaining stock each time they gave people their medicines to make sure there were no errors made. There was a suitable storage facility for medicines, which kept them fit for use. The systems in place for managing medicines made sure that people were given their medicines as prescribed. Some people were prescribed medicines 'to be taken when required' or where they were to be used under specific circumstances. There was written guidance for staff about when it was appropriate to give people these medicines. This ensured people were given their medicines in way that was both safe and consistent.

Staff were trained in how to safeguard people and described how they would recognise signs of abuse. There was information available for staff guidance about what to do if abuse was suspected, how to protect people and how to report this. Staff told us that they would report any issues immediately if they thought there were concerns about the safety or well-being of any person. There were systems in place to make sure safeguarding concerns were referred to the appropriate agencies, such as the local

Good

Is the service safe?

safeguarding authority and the police. The acting manager had a good understanding of how to work with, and follow advice from the local safeguarding authority to protect people.

People were assessed individually to identify risks to their safety. These included vulnerability to abuse, epilepsy and whilst staff assisted people to move around. These were recorded in people's care plans, together with guidance for staff about how to reduce the risk for people and protect them from harm. For example, staff were aware of the circumstances that could trigger people's behaviour that challenged from their risk assessments. Staff knew that some people could become agitated or distressed, especially if they were new to the service. Staff described how they managed these situations, including de-escalation and specific interventions to protect people.

There was a system in place to manage accidents and incidents. These were recorded by staff and brought to the attention of the acting manager. The acting manager checked the records and implemented any action that needed to be taken. The records were then sent to the regional manager to analyse for common triggers or hazards, so that any lessons could be learnt and further risks to people reduced. The regional manager fed back to staff the results of their analysis. For example, one person fell and injured their elbow, first aid was carried out and they and were taken to hospital for treatment. The result of analysis showed that they needed to wear specialist footwear to reduce the risks of this reoccurring. Staff knew what to do to reduce the risks for people from the reoccurrence of accidents and incidents.

All areas of the service were clean and tidy. One relative told us, "It's very clean." Staff were trained in how to prevent the spread of infection to make sure they knew what to do in practice. They demonstrated this by appropriate hand washing and by wearing personal protective clothing when assisting people with their personal care. Staff had access to stocks of protective clothing, which were replenished when necessary. Staff were knowledgeable about how to protect people from cross-infection. They knew the procedure for washing soiled laundry which reduced this risk. There was written guidance available for staff to follow, including the Department of Health's code of practice on the prevention and control of infections. Staff had a good understanding of infection control practice and took measures to ensure that the service was clean and free from the risk of infection.

The service provider was Future Home Care Limited and the premises were owned by another company. The premises were well decorated and maintained. Appropriate windows restrictors were in place to ensure people's access to windows was safe. External doors could be alarmed if necessary to alert staff if they were opened. The acting manager told us that these rarely needed to be used as people were supported and supervised constantly. The provider made sure that the premises were maintained safely and securely.

Safety checks were carried out at regular intervals on equipment and installations to protect people from the risk of harm, such as gas appliances, portable electrical equipment and equipment to assist people to move around. Action, including testing the water temperatures, was taken to protect people from the risk of scalding and Legionella. Checks were carried out and staff were trained to make sure that food was prepared and cooked for people safely. The local authority carried out a food safety inspection in December 2014 and the acting manager told us how five recommendations had been addressed to reduce the risk to people, such as a different procedure for cleaning work surfaces. Equipment and installations were maintained to protect people from harm.

Fire safety systems were in place. There were regular checks of the fire alarm and emergency lights. Staff were trained in how to prevent a fire and knew what to do in practice. Each person had an individual risk assessment containing information for staff about what support they would need in an emergency evacuation of the building. This was kept readily available for fast access. Staff knew about the different needs of people in the event of an emergency.

Good

Is the service effective?

Our findings

One family member told us that their relative appeared very happy to have stayed at the service. They said that staff looked after them very well.

Staff told us they were provided with the training they needed. Staff were assessed to make sure they had understood the training and knew how to carry out their roles competently. All new staff were provided with induction training when they first started to work at the service. One member of staff told us, “We have induction training then we shadow staff for a couple of weeks." Induction training and shadowing experienced staff gave new staff the opportunity to get to know people and observe how to provide the care that people needed, in the way that they wanted to receive it. On-going training was scheduled and the acting manager maintained an accurate record, to ensure that staff completed all the training they needed. Essential training for staff included how to move people around safely and how to administer first aid. Staff received specialist training in how to care for people with behaviour that challenged, epilepsy and autism where this was relevant to their role. This helped them to understand and meet people’s needs. Staff were observed using their understanding of each person to communicate with them in a way that helped them to understand and respond appropriately. For example, one person did not communicate verbally, but staff anticipated their needs and acted accordingly. Staff were able to meet people’s needs in practice by using the appropriate knowledge and skills they had gained from training.

Staff had the opportunity to develop their skills by obtaining nationally recognised qualifications in how to support people with a learning disability. Four out of five staff were qualified and one was booked to commence the course.

Staff told us they felt well supported and could talk with the acting manager whenever they needed to. Staff told us, “The manager is very supportive” and “Since induction, I’ve had five supervisions. They’re helpful and give me an opportunity to express what I’m feeling and any improvements I think would be good.” Supervision meetings were scheduled every two months, which gave staff the opportunity to discuss any concerns or learning and development needs and receive feedback about their work. Unannounced ‘spot checks’ were carried out during the day and at night to make sure that staff were working to the expected standards. The acting manager maintained an accurate record of staff supervision meetings and ‘spot checks’ to make sure that staff continued to be supported to work to the expected standards.

We observed that staff asked for people’s consent before they carried out any care tasks. Staff understood the importance of obtaining consent from people before care or support was provided. For example, staff asked a person if they would like some help in taking off their jacket, when they arrived at the service. We observed that staff waited for them to indicate their consent before they started to assist them. Staff told us that some people could, with support and encouragement, make decisions about the care and assistance they received.

Staff were trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and assessed to make sure they knew what to do in practice. The acting manager demonstrated a good understanding of the process to follow when people did not have the mental capacity to make certain decisions. For example, some people had been assessed as lacking the capacity to consent to assistance with personal care and to handle money, and decisions had been made in their best interests. Mental capacity assessments, together with information about people’s power of attorney or appointee, were recorded in people’s care plans for staff guidance. Some people had independent advocates, where there was no one else to represent them. The acting manager was in the process of assessing the mental capacity of two people who were due to start using the service shortly. Where people lacked the mental capacity to make decisions the service was guided by the principles of the MCA to ensure any decisions were made in the person’s best interests.

The Care Quality Commission (CQC) monitors the operation of DoLS, which applies to care homes. These safeguards protect the rights of people who lack capacity, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect them from harm. The acting manager was knowledgeable about DoLS procedures. People who used the service were assessed to see if a DoLS application was necessary. The acting manager told us that they were in the process of making an application for one person booked to stay at the service, who needed bedrails to

Good

Is the service effective?

prevent them from coming to harm by falling from bed. They were currently liaising with the local authority to gain advice to follow about the best way to manage DoLS applications at the service, where some people may stay for short periods of time or infrequently. The system for monitoring DoLS within the service protected people from harm and protected their rights.

Before people started to use the service, people's relatives or representatives told staff about the food that people liked and how they preferred to eat it. This was recorded in people's care plans. Staff followed guidance in people's care plans, so they knew what people liked to eat and drink, what they did not like, when and where they preferred to eat and how they liked to be supported at mealtimes. A member of staff told us that they always asked people what they would like to eat as they sometimes they liked to try new things; staff used pictures of food or items in the kitchen to aid their communication with people. One person told us, "The food is nice. They cooked a good curry." We observed staff asking one person with limited communication, what they would like to eat in a way that they could understand. We observed that people enjoyed their food. We observed that staff assisted people to eat and drink where necessary, communicated with them in a way they could understand and respected people's pace by not rushing them. People were supported to have the food and drink they liked and could choose where they had their meals.

People's care plans contained guidance for staff about any dietary restrictions that people had. From this, staff knew about and made sure people received food that was within any dietary restriction. For example, prescribed drinks to help people maintain or gain weight and a special diet for a metabolic disorder. Staff were trained and knew how to support people's nutrition using a tube that feeds directly into a person's stomach. Staff took action to reduce the risk to people from poor nutrition and dehydration by supporting people to eat and drink within any dietary restrictions where necessary. Care plans contained information and guidance for staff about how to support people's health care needs and medical conditions, such as physical disability, sensory loss, mental health and epilepsy. As the service provided respite care for short periods of time, people's relatives or representatives usually arranged medical care for them. However staff did arrange for people to see health care professionals if they needed to. For example, staff liaised with one person's G.P. about a discrepancy in their medicines, which was resolved. One member of staff told us, "I discussed the challenging behaviour of one person with my manager and they've been referred to a psychologist." One relative told us that their relative's care plan contained information about what to do if their relative had an epileptic seizure. If people needed to go to hospital for treatment, relevant information was taken with them. This made sure that health care professionals knew about people's needs and medicines. This included advice about how to communicate with people. The information was presented in pictorial format to make it easier for people to understand. People were supported to see healthcare professionals and with hospital appointments and admissions.

The property was single storey and purpose built with flat access and adaptations suitable for people with restricted mobility. During their stay at the service, each person had their own bedroom with a large bathroom and a separate wet room. There was a lounge/diner and kitchen. We observed that corridors, communal rooms and bedrooms were a suitable size to accommodate people who used wheelchairs and for the use of equipment to assist people to move around safely. Equipment was provided to assist people with restricted mobility, such as fixed overhead tracks, mobile hoists and adjustable beds. The premises were designed to meet the needs of the people who used it.

Good

Is the service caring?

Our findings

One family member said that staff had a good rapport with their relative and were very helpful. One person told us, "I get on well with staff. They're polite and helpful to me."

We observed that staff treated people with kindness and supported them in a calm manner. One member of staff told us, "The best bit about working here is the empathy and caring for people." People's individual care was planned and regularly reviewed to make sure their needs were understood by staff. Care plans included information about people's life history, likes and dislikes and preferred daily routines. From people's care plans, staff knew how to support people with their preferences and involve them in their care planning during their stay at the service. People had choice about when to get up and go to bed, what to wear and what to eat. Staff knew about and supported one person to meet their specific cultural needs regarding their food. Staff were trained in and knew how to value people's equality and diversity.

We observed that when assisting one person with eating and drink and to use sensory equipment, staff allowed the person to do as much as possible for themselves before offering to assist them. Staff spoke with them in a way that they could understand, were patient and waiting for their response before giving assistance. Staff explained to them what they were doing when they gave assistance. Some people who used the service needed assistance with their mobility and some were able to move around independently. Staff promoted people's independence and encouraged people to do as much as possible for themselves.

There was friendly interaction between people and staff, and staff responded positively and warmly to people. Staff called people by their preferred names. They did this in a way that people understood. One member of staff observed that one person with severe visual impairment responded to the sound of their voice and their movement more than others. The member of staff moved to be nearer to the person, got down to their level and spoke to them in a calm manner. We observed that the person relaxed and clearly enjoyed the interaction with the member of staff. We observed that staff anticipated and understood the needs of people with limited communication in a caring manner.

Staff were careful to respect people's dignity and privacy, for example by making sure that doors were closed when assisting people with their personal care. Staff knocked on people's bedroom doors, announced themselves and waited before entering. One person told us, "They always knock on my door and never just come in." People were able to spend private time in their bedrooms when they chose to throughout the day. We observed that one person arrived at the service with their bag fixed to the back of their wheelchair. This bag contained their medicines and a 'communication book' that staff needed to access. We observed that staff did not go immediately to their bag to remove the items they needed. Staff were patient, spoke with the person in a way that they could understand and gained their consent to access their bag before they looked inside to get the information they needed. People's dignity and privacy was respected.

Staff were aware of the importance of maintaining confidentiality and discretion. They were discreet in their conversations with one another when in the communal areas of the service. People's information was treated confidentially and personal records were stored securely.

Good

Is the service responsive?

Our findings

One family member told us that before their relative started to use the service staff had visited them and their relative at home to gain information about their routine during the day and night, the food they liked and the things they liked to do. They said that they had been involved in providing information for their relative's care plan and that this contained information about what they liked to eat and drink and how they liked to spend their time. One person told us, "I know about my care plan."

People who were considering using the service were visited by senior staff and they or their representatives or relatives were provided with information about the service and the support available. Records showed that senior staff carried out an assessment of people's individual needs to determine if the service was able to support these. There was a gradual process of introduction to the service so that people got used to the new environment. Staff continued to assess people throughout this process so that they could respond to support any changes in people's needs, preferences or behaviour due to the new environment. For example, one person who recently stayed at the service for the first time had an unusual increase in behaviour that challenged. Staff were able to use the knowledge they had gained from their assessment and from their relative, to support the person to become calm, which reduced their anxiety. One member of staff told us that they were getting to know more about another person, who had stayed at the service for the first time. They said that, because of this they were able to make suggestions to the acting manager for a change in this person's assessment. People were assessed to make sure the service could meet their needs and preferences.

A detailed care plan was developed from people's assessments, about how to meet their needs when they stayed at the service. The acting manager was in the process of developing care plans from assessments for three people new to the service. Care plans identified what support and care people required, such as with personal care, behaviour that challenged, mental and emotional welfare and using the local community. Staff knew how to meet people's needs by reading and following guidance in their care plans. One member of staff told us, "We read the assessments and care plans so we know people's likes and dislikes and how to support them." People's care was planned according to their individual requirements and staff knew about people's preferences and how they wanted their care to be delivered.

Staff attended all the review meetings about people's care with their care manager, even if they were not staying at the service at the time of the meeting. In this way staff could keep informed about any changes in people's needs and update their care plan, ready for the next time they stayed at the service.

We observed that staff discussed people's needs when they changed shifts, highlighting any plans for the day, changes in people's needs or concerns. One member of staff told us, "Handover and communication is good." The care planning at the service for respite care supported people's care planning at home by their relatives or by other providers. Each person who used the service had a 'communication book', in which staff would record details about their stay, including what they enjoyed and any concerns. When the person went to day services or college or went home, they took the 'communication book' with them. This enabled the person's relative, representative or other support staff to see any changes in their needs or preferences. When the person returned to the service, their relative, representative or other support staff would record any relevant information. People's care plans were updated with any changes, which enabled staff to respond to meet their needs and preferences in practice. People received consistent care because there was good communication between the service and their relatives, representatives and other support staff.

Staff communicated effectively with people, responded to their communication and offered people choices. For example, staff asked people what activities they would like to do, what they wanted to eat and drink and where they wanted to have their meals. Staff knew people well and were able to describe the kind of support that each person who used the service needed and how they preferred to receive this. People's choice and preferences were respected.

The bedrooms that people stayed in at the service were homely and comfortable. People were actively encouraged to bring belongings and items with them for their stay, such

Good

Is the service responsive?

as the clothes they liked to wear, objects they liked to see and games they liked to play. Staff supported people to settle in when they first arrived and to arrange their belongings in their bedroom how they preferred.

People's care plans contained information about their background and interests, how they preferred to spend their time, and how they preferred to socialise. Staff knew about the personal histories and interests of each person who stayed at the service. This information was used to support people with individual activities which took account of these preferences. For example, one person's care plan showed that they liked objects that made different sounds. We observed that staff knew about their care plan and followed guidance, to offer this person objects that made different noises and to use the sensory room, which they enjoyed.

When people stayed at the service, they were supported to continue with their usual day time routines, such as attending college and day services, where they participated in various activities. We observed that when one person arrived after using day services, they wanted to watch TV and take part in gentle sensory activity. The acting manager told us that some people were tired in the evenings when they returned to the service after being out all day and wanted to relax. There were various games, puzzles, art and craft materials and DVDs available for people. People could use the sensory room when they wanted to, which contained a variety of equipment, such as a soft area, lights, mobiles and a bubble machine.

Staff told us that they had the use of a minibus and took people out locally when they wanted to go, for example for pub lunches. One person told us, "We go out for a meal or to the cinema." One member of staff said, "We took one person bowling. It was good and they enjoyed it." The acting manager said that people went on some trips out such as to the coast or to London. The acting manager told us that the service held social events from time to time for all the people who used the service and their relatives, such as barbeques in the garden in the summer months. People were also supported to social events all year round such as forum events. The activities that people took part in, and people's reaction to them, were recorded in their care plans, so that staff knew what they liked and disliked and how they preferred to spend their time. From this, staff were able to support people to take part in activities that they enjoyed.

People and their relatives or representatives knew how to make a complaint if they needed to. One person told us, "They said if I have any problems to just come and tell them." One relative told us, "I have got the phone number and email of the manager and I would ring them if there was a problem" Staff described how one relative's complaint was investigated and resolved to their satisfaction. Complaints had been recorded, which meant that when auditing complaints, lessons could be learnt to improve the quality of the service. Complaints from people, their relatives or representatives were investigated and action was taken to resolve the issue.

Good

Is the service well-led?

Our findings

At the time of our inspection a manager was not registered with the Care Quality Commission (CQC). The service had been without a permanent manager since February 2015 and without a manager registered with the Care Quality Commission (CQC) since September 2014. The provider was in the process of interviewing for a new permanent manager. The service was managed by an acting manager with the appropriate skills and experience. The acting manager had managed the service previously and so knew the people who used it and the staff well.

One relative told us that the acting manager and staff communicated well with them.

The service had a clear, accountable management and staffing structure. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities both to people and to the acting manager. The acting manager was clear about their responsibilities to the regional manager and provider.

The service had a welcoming, homely and relaxed atmosphere. The acting manager told us that they aimed to nurture a culture that focussed on people that used the service. During our inspection, we found that staff knew how to put this into practice and the service was operated around the individual needs and preferences of people who used it.

People and their relatives or representatives were asked for their views and to make suggestions about how the service was run and the support people received. Quality assurance surveys were sent out once a year to gain feedback about the quality of the service provided. Completed surveys were evaluated and the results were used to inform improvements for the development of the service. The most recent analysis for returned surveys in January 2015 contained mostly positive responses. Some suggestions had been made about people's activities during their stay. The acting manager was aware of these and told us that they encouraged people to take part in activities of their choice. During our inspection, we observed that staff followed guidance gained from a relative about what one person liked to do and encouraged and engaged them with this activity. Each time people went home after using the service, they were given a quality assurance survey, which asked them if they had enjoyed their stay. This was in a pictorial format which made it easier for them to understand. The provider listened to the views of people and their relatives or representatives and implemented any suggestions they made to improve the service provided.

Staff told us there was good communication with the acting manager and they could discuss any concerns. One member of staff said, "I can talk to the manager at any time". Staff meetings were held where information was shared about a variety of issues to improve the service provided for people. For example, minutes of the most recent meeting showed that staff had discussed one person's liking for sensory equipment and another person's medicines.

Staff had access to the service's policies and procedures, which gave them guidance about how to meet people's needs, such as what to do if a person went missing, medicines, assisting people to move safely, how to control the spread of infection and safeguarding adults. Staff accessed these electronically and were assessed for their knowledge of the policies and procedures. The acting manager audited the record to ensure that all staff had read and understood these. The acting manager told us that the provider was in the process of updating all the policies and procedures but this had not yet been completed. Some policies and procedures had been reviewed and were up to date and some were not, which were dated 2012 and 2013. However, we found that staff knew the correct procedures to follow in their practice, for example in how to control the spread of infection and how to assist people to move around safely.

There were systems in place to review the quality and safety of the service provided. The acting manager carried out regular audits. For example, for risks associated with the environment, the spread of infection and fire safety. Additional quality assurance checks were carried out by a senior manager within the organisation. These were unannounced and could be during the day or at night. A report by the provider was given to the acting manager from quality assurance surveys or visits, which identified areas of good practice and any shortfalls. The acting manager could then follow up any shortfalls and made sure that action was taken to improve the quality of the service provided. The service had been visited and audited by Healthwatch UK and the local authority in 2014 and no shortfalls were identified.

Good

Is the service well-led?

The acting manager was aware of the requirement to notify the Care Quality Commission (CQC) of any significant events that affected people at the service. They told us that none had occurred for some time. Records were labelled, dated and stored securely and confidentially in dedicated spaces.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.