New Directions (Hastings) Limited

New Directions (Hastings) Limited - Bishops Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 February 2016. This inspection was unannounced.

This location is registered to provide accommodation and personal care to a maximum of six people with learning disabilities. Six people lived at the service at the time of our inspection. People who lived at the service were adults with learning disabilities. We talked directly with people and used observations to better understand people's needs.

The home had a registered manager. 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.

Staffing levels were adequate and were flexibly deployed to ensure people received appropriate support at all times to meet their individual needs.

Staff were trained in how to protect people from abuse and harm. Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had received training in the MCA and how to implement this in practice. DoLS were not required for people at the service.

Staff received on-going training and supervision to monitor their performance and professional development. The registered manager had ensured that staff had access to different training methods used effectively met their learning needs.

Staff responded to people's individual needs and supported people to meet their individual goals and aspirations. People's care plans had not been regularly reviewed to ensure they were up-to-date and met people's individual preferences and needs.

The provider had obtained people's feedback about the service. They had evaluated the feedback and recorded their actions in response to this feedback to improve the service.

Staff supported people to have meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated people with kindness and respect. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

There were audit processes in place to monitor the quality of the service and promote continuous service improvements.

There was an open culture where staff put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people could make choices and have support to be as independent as possible.

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.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Personal Emergency Evacuation Plans (PEEPs) were in place to support people to safely evacuate the premises in the event of a fire.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had received training in the Mental Capacity Act 2005 and implemented the principles of this training in practice. Staff ensured they obtained people's consent before providing them with care and support.

Staff were satisfied with the training they had to meet the requirements for their role.

Staff had received regular supervision to monitor their performance and development needs.

People had access to appropriate health professionals when required.

Is the service caring?

Good

The service was caring.

Staff listened to what they had to say and provided care with kindness and compassion.

People were treated with respect and dignity by care staff.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's individual needs and support people to meet their individual goals and aspirations.

The registered manager had obtained people's feedback about the service. They had evaluated the feedback and recorded their actions in response to this feedback to improve the service.

People were encouraged and supported to develop and maintain relationships with people that mattered to them.

Is the service well-led?

Good

The service was well-led.

There were quality assurance systems in place to drive improvements to the service.

There was an open culture where staff put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people could make choices and have support to be as independent as possible.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

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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 checked 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.

The inspection was undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers 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 took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and two members of staff. We spoke with four people who lived at the service. We made informal observations of care, to help us understand people's experience of the care they received. We looked at three care plans. We looked at two staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we spoke with one relative and received written feedback from one relative.

Good

Is the service safe?

Our findings

People said they felt safe at the home. One person had given feedback in a recent care review which recorded, 'I feel very safe in the home.' One relative told us, "My relative feels safe here. If anything happened to me, I know they would be well looked after." The provider had accessible information available within the home to support people to understand how to keep safe and what to do in the event they felt unsafe or at risk of abuse. There was a 'Say no to abuse' poster and a 'Speak up' poster on the wall in the main reception area. This contained pictures to support people to understand what to do if they needed to report an incident or abuse.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults. Safeguarding incidents were reported to the local authority and investigated. One safeguarding incident recorded that someone's money had gone missing. This was reported to the local authority. The money was returned to the person. Measures were put in place to reduce the risk of this happening in future. The person was supported to budget their money and less money was kept on site at any one time. All money transactions were signed in and the person's bank statements were regularly reviewed with their consent. The person agreed to these measures being put in place. The person's financial risk assessment was updated to reflect these changes. There was a whistleblowing policy in place. Staff told us they would not hesitate to report any concerns they had about potentially poor care practices.

There was an adequate number of staff deployed to meet people's needs. The registered manager completed staff rotas to allocate staff to each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. No agency staff were used at the service. The registered manager told us that unfamiliar staff would have a negative impact on people's emotional stability and well-being. They told us they would step in and provide support where needed rather than use staff people were unfamiliar with. There was a bank of available staff known to people and the service. They covered shifts in the event of staff absence. The registered manager was recruiting one senior support worker role. This was due to be filled on 01 March 2016. To reduce the risk of staff working long hours they had introduced a system whereby staff worked three days on and three days off shift. This ensured that people had continuity of the same care staff for longer periods of time and staff did not work long hours.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable to work with people who needed their support.

There was a business contingency plan that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures were in place to ensure continuity of the service in the event of adverse incidents.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. One person's PEEP recorded that staff needed to prompt them to leave the building. They may need 'touch support' to prompt them to exit safely. They had been assessed using the external steps and fire exits safely as part of previous fire drills. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. There were plans for a night fire drill to take place. All staff had attended fire safety training. The fire alarm was tested weekly and all fire equipment was serviced every year.

Staff stayed at the service overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. All electrical equipment and gas appliances were regularly serviced to support people's safety. To reduce the risk of potential scalding incidents, sink and shower taps were temperature controlled. They were regularly checked to ensure they met required safety measures.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical injury forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. One incident recorded where someone had sustained an injury whilst on a work placement. The registered manager worked with staff at the person's work placement to inform them of the person's health condition and how to support them to reduce the risk of future injuries. The person also referred for health tests to ensure they had appropriate support to meet their health needs. These risk management measures were taken to reduce the risk of future incidents occurring.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to support them to stay safe when near to main roads. An incident had occurred where they were distracted from the road. Their risk assessment was updated to ensure they received appropriate support and supervision from staff around roads. These measures helped to reassure the person, provide guidelines to staff and help keep the person and others safe.

People were supported to take their medicines by staff trained in medicine administration. Records showed that staff had completed medicines management training. The Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The registered manager told us any medicines incidents were recorded and investigated by them. There was a protocol in place when staff made a medicines error. Staff competence was re-assessed to ensure they were competent to undertake this role and to ensure they had learned from the incident.

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. We observed people to have a good rapport and warm, friendly interactions with staff and the registered manager. We observed people were smiling and relaxed in their home. Effective communication was promoted by staff. Each person had an individual communication assessment which provided staff with guidance on language people understood or used every day to support effective communications.

Essential training was provided to staff which included medicines management, fire safety, manual handling, health and safety and safeguarding. There was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses. Staff received regular supervision every six to eight weeks. Supervision records contained information about staff training, performance and development needs. The registered manager had identified that some staff preferred to complete practical face-to-face training and was in the process of ensuring staff had access to training that met their individual learning needs.

Staff talked to us about how they supported people to manage behaviours which may challenge. They had attended Positive Behaviour Support (PBS) training. One staff member said, "This training helped me to identify different strategies to support people to manage their behaviours." They told us they worked with one person to help reduce their anxiety levels. They needed to be vigilant to the person's change in moods. Sometimes the person needed more support than other times. They told us they would step in to provide reassurance to the person at those times. For example before going to the shops the person might get anxious. They talked to the person to focus them on the activity, ensuring they had enough money and were prepared for the shopping trip. This was a proactive strategy that reduced the risk of behavioural incidents occurring. People received effective support from staff who had been trained to help them to maximise their independence and increase their quality of life. This training gave staff the skills and confidence to develop people's personal skills and competence in different social situations.

Staff had an induction and had demonstrated their competence before they had been allowed to work on their own. The registered manager had implemented the new 'Care Certificate' training to be used with all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

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. 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. The provider had followed the requirements set out in the DoLS. The registered manager had submitted applications to a 'Supervisory Body' for authority to do so where people required this. No DoLS had been granted for people after an assessment of their mental capacity. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. There were restrictions in place for people around access to food due to the health needs and money. Each person had their mental capacity assessed and 'Best Interest' meetings took place to ensure these restrictions were implemented appropriately and in the least restrictive way.

People gave their written consent to their care and treatment and for information to be shared with relevant professionals. Care plans were provided in an accessible format to help people understand their support needs. We observed the registered manager consulting with a person about how many cigarettes they would have over an agreed period of time. The person participated in this discussion to ensure they played an active part in the decision making process. They consented to work with staff to have cigarettes at certain times of the day to gradually reduce their intake.

People liked the food and were able to make choices about what they wanted to eat from a wide range of healthy meal options. One person told us, "I decide every evening what I want to eat the next day" and "I know what's on the menu today. We are having sausages and stuffed jacket potatoes." There was a nutrition folder in place at the service. A dietician had completed a report in June 2014 on healthy menu options to meet people's health needs. One person had additional calcium in their meals as it had been identified they needed this to support a health condition. People were supported by staff to develop kitchen and cooking skills. On their house day they prepared a meal for everyone and made their own sandwiches and drinks to develop independent living skills.

Due to peoples' health needs, risk assessments were in place to ensure they were constantly supervised and monitored whilst eating or when around food. We observed one person making a cup of tea with supervision from staff. The kitchen was locked all of the time unless this area was occupied by a staff member. Access to the kitchen was limited as this could increase people's anxieties and could cause people to seek food when in this area of their home. Staff said, "We ensure the larders are locked and the bins are locked away." Due to exercise and healthy eating, people had been supported to sustain a healthy weight to support their physical health needs. People were supported by staff to develop their cooking skills and contributed to ideas about new recipes for the menu. They worked alongside staff in the kitchen. Staff told us they monitored people at all times when they were eating or around food. People needed structured mealtimes and no focus on food prior to mealtimes as this could raise people's anxiety levels. Staff were vigilant to changes in people's weight. All weight monitoring records were accurately maintained and signed by staff.

One person was at risk of choking. Staff followed risk assessment guidelines which were available in the person's care plan. Staff were able to describe how to support the person in line with their guidelines. Staff said, "They need their food to be cut up to reduce the risk of choking." Staff told us they monitored people at all times when they were eating or around food.

People had health care plans which detailed information about their general health. People had a 'Healthcare passport' containing pictures and accessible language. They took this with them to health appointments to assist them to communicate their health needs to medical professionals. Records of visits to healthcare professionals such as G.P.'s, chiropodists, opticians and dentists were recorded in each person's care plan. One person needed additional support around health appointments as this could make

them anxious. It was recorded in their care plan that staff should explain any appointments with them and prepare them for what to expect from any appointment attended. Staff needed to provide the person with emotional support and reassurance and use low stimulus methods to divert their attention should they become anxious. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. The registered manager told us that staff at the local G.P. surgery had attended training around the specific health needs of people at the service. This supported people to have a positive experience of attending the G.P surgery where staff were more informed of their health needs.

Good

Is the service caring?

Our findings

People said they liked the care staff. One person said, "The staff are friendly and nice." We observed staff talked with people in a caring and respectful way. People had developed good relationships with staff. People presented as relaxed, happy and comfortable and interacted positively with staff. We completed an observation at lunchtime. Staff and people sat together to eat their meals and took part in general conversations. People were observed to engage in friendly conversations and staff knew people well and talked about what they had been doing with their day. One member of staff said, "I love the guys here" and another staff member said, "I am here for the clients." One recorded compliment from a relative read, "Many thanks for all your professionalism, care and support."

Staff encouraged people to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and independence levels. People told us they helped with the cleaning in the house and helped to make dinner. One meal they had helped make was curry. They knew what was on the menu for the day. We observed one person getting their packed lunch ready in the kitchen as they were going out to a horse stables to work with and ride the horses. A member of staff supervised them to ensure they received helpful prompts when needed. People and staff chatted together in a friendly and relaxed way. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge or their bedroom and staff respected people's space.

Staff understood people had different communication needs and took time to understand each person's individual needs. People had individual communication needs and these were recorded in detail in their care plans. One person needed information to be given to them clearly and slowly. Staff should avoid overloading them with too much information and they person preferred face to face contact and good eye contact at all times. Staff needed to ask the person to repeat what they had said to check their understanding and use positive body language to encourage open communication with the person. Staff followed consistent guidelines to support the person to manage their anxiety and help them communicate their needs.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. People's preferences were clearly documented in their care plans. People rooms were personalised to their taste and contained their own personal items and furniture of their choice. One person needed medicated shampoo and water to be kept at a specific temperature. Staff were aware of this and told us how they helped the person with their personal care routine. The person's independence levels were clearly recorded in their care plan. They only required prompting and encouragement from staff to meet this need. People were involved in planning their care by talking with staff, attending care reviews, house meetings and regular key worker meetings. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. People's care plans were written in an accessible format to help people get involved in their own care planning. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences.

We observed staff treated people with respect and upheld their dignity. One member of staff said, "I don't go into people's room or bathroom without their consent. We talk with people and ask them what they want to do. It is their choice not to do something." Staff referred to people at all times by their names and knew people's needs well. People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records.

The registered manager told us advocacy services were available to people at the service. There was a poster advising people of how to contact a local advocacy service if they wanted independent support on issues of importance to them. One person had contacted the advocacy service independently. They wanted to find out how to acquire additional funding for a work placement they were interested in. The registered manager told us that they were successful in obtaining the funding they needed to enable them to attend the work placement. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. This helped people to keep informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

Staff talked with people about making end of life care plans. People's response and wishes were documented in their care plan. People decisions about the type of service, who should attend and the music they would like were recorded in these care plans. Some people had not wished to participate and discuss their end of life care plans, and their wishes had been respected. Pictorial end of life care planning tools were available to support people to understand and get involved in making end of life care decisions, should they wish to do so.

Good

Is the service responsive?

Our findings

People talked with staff about what they would like to do and any issues of importance to them. We observed a high level of positive energy and enthusiasm from people. They were keen to tell us about the different things they were doing and were very excited about plans they had and activities they took part in. One person told us, "I like to make models at the day service. I also go to the gym." One person showed us photos of a trip to the Sea life centre. There was a notice board in the main reception area. There was a list of dates for future house meetings to inform and remind people when they took place and to encourage people to come with suggestions about how to improve the service. People had displayed their art work on the notice board. One relative told us, "The staff are so good. My relative is so happy. They are kept busy. They have choices and are consulted about what they want to do."

Peoples' care plans included their personal history and described how they wanted support to be provided. People's care files contained 'What is important to me' information. People were supported to pursue interests. For example, one person's care plan recorded how they needed structure to reduce their anxiety levels. It was recorded that they needed to know what they would be doing from day to day. They had a weekly planner on their wall to remind them of activities they were taking part in that week. They liked to go shopping weekly. They liked to be on time for the work placement and they liked to know which staff were on shift each day. During lunchtime we observed staff talking to them about which staff were on shift.

One person told us, "I go to gateway disco and the sea cadets." They told us they were learning nautical skills. They said they were learning about flags of different countries and geography of different countries. They had tried abseiling and had been on a speed boat. They were planning a camping trip in May and were learning camping skills to help them on this trip. They showed us photographs of them attending the cadets in their uniform and attending fundraising events. A staff member said, "They are doing nautical training. They have really come out of themselves and are mixing well with people."

Another person showed us their pet rabbit and told us how they had researched buying a recycled rabbit hutch on line. They were looking for a rabbit run as their next project. They were very well informed on the types of food the rabbit was able to safely eat. They told us how they attended a farm every week and helped look after the animals there. They told us they liked to go to computer club. They told us they had learned how to send emails, do research into things of interest and played computer games.

People had individual weekly activity planners which recorded all the activities they had agreed to take part in. People's planners contained a diverse range of activities and interests for each person. One person liked to go shopping, to Zumba class, horse riding, walking, to the clubhouse to the pub and to church. They had requested additional horse-riding sessions in a recent key worker meeting and staff had supported them to attend additional horse riding sessions which met their needs and preferences. We observed staff talking with them after they had returned from a horse riding session. They said it was 'amazing.'

People were supported to do vocational work placements. One person was working at an animal sanctuary. Another person was working at horse stables. One person told us, "I am quite busy with a work placement. I

go to an animal sanctuary on Mondays and Wednesdays. I look after the cats, dogs and goats." Another person had two work placements. They worked in a charity shop and also a local nursery. We read notes from a recent review the person was described as a 'real asset' to the nursery. They had developed skills in customer service and planting and watering.

Everyone was supported to lead a healthy lifestyle and sustain a healthy weight. One person told us about Zumba nights they attended, there were photos on the notice board of this. They told us it was 'good fun' and 'good exercise'. They said when they had a sore knee the instructor kept an eye on them to make sure they were alright. They told us they were going to the park for a walk. One person told us how they had lost a significant amount of weight since moving to the home. Staff said this was achieved by a 'well balanced, low calorie, low sugar and healthy eating plan.' This helped them to increase their independence skills and they were able to carry out all personal care tasks independently. Their mobility also improved and they were able to go to the gym and go for frequent walks due to improvements in their health. They showed us photographs of before and after they had lost weight and they were very proud of their achievement. Staff gave them a lot of praise for this.

One person has been given support to manage their smoking. They had an assessment to ensure they had the capacity to make the decision to smoke. Staff regularly worked with them to draw up an agreement with their consent to reduce their smoking levels to promote their health. They had been supported to used replacement methods to give up smoking and had attended counselling sessions. Staff worked closely with them to identify different activities they would like to take part in to distract them from smoking. The registered manager said this was a continuous process of support, education and seeking the person's agreement and their informed consent to reduce the risks associated with excessive smoking.

The registered manager told us about one person who previous had behaviours which may challenge. They told us that staff knew the person well and they had received lots of support to support them to manage their behaviours. Staff were able to recognise signs that the person's mood was changing. Incidents related to their behavioural needs had significantly reduced and there had been no recorded incidents requiring any physical contact from staff for two years. They involved relevant health professionals to support people where they had behaviours which may challenge. Detailed guidelines were in place to enable staff to consistently support people to manage their needs. We observed the registered manager supported someone who became upset. They left the person to calm down in the garden, yet remained vigilant. They approached the person when they appeared calmer and sat down and talked about why they were upset. They came to a mutual agreement about how to deal with the issue the person was frustrated about. The person gave their consent and the incident was de-escalated effectively.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People visited their families and had regular contact with family members. One person maintained regular contact with their family using their mobile phone. They also emailed their family regularly and went home to see them independently on the coach. One relative told us about their relative's birthday party. They asked staff to arrange this. They said, "Staff arranged everything. It was really lovely. They can't do enough for people." One person regularly attended church in line with their religious needs and preferences.

People had a key worker who they had chosen from amongst the staff team. People talked to staff daily and had regular key worker meetings to discuss what was important to them. One person had a short term goal to go up in a balloon ride. Staff supported them to achieve this aspiration as part of a recent birthday they celebrated. Another goal they had was to attend a first aid course as they were interested in developing skills in this area. They told us they had found a course and were due to attend this very soon. A member of staff

said they looked for a suitable course online and then agreed to book this. We observed them discussing with a staff member other goals and plans they had. They wanted to take a trip to Eastbourne and do some pool and bowls and wanted to get membership of the local cinema as they enjoyed watching films. The staff member positively encouraged them to come up with ideas and make plans for activities of interest to them. They had written in a recent review that they were, 'very happy with the activities, they were enjoying their work placement and were very happy with what they had achieved. Staff recorded that outcomes and goals had been completed or reviewed to ensure people were supported to achieve their goals.

Surveys were sent to people annually so they could give feedback to develop and improve the service. The last survey was sent to people in January 2016. The registered manager had adapted the provider's standard survey to make if more user friendly taking into consideration the needs of people. They had received feedback from people that they were satisfied with the service. The registered manager told us they were planning to send out a staff survey to ensure they captured staff views to develop and improve the service as part of a continuous improvement process.

People attended monthly house meetings to discuss issues of importance to them. The house meeting minutes recorded people's views and preferences and actions taken to address people's requests after this date were not recorded. For example, in November 2015 people had enjoyed a holiday to Minehead and a 'Gang show' was booked as people wanted to attend a theatre trip. People requested changes to the menu. People requested that prawn curry was added to the menu and in the next house meeting minutes in December 2015 this was recorded as addressed. People were looking into different soup recipes and requested a trip to Rye and France which were in progress. House meeting minutes were recorded using accessible language and pictures to support people to understand and remember what had been discussed and agreed.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. This was available in the main reception for people to access when they needed it. The registered manager showed us the complaints procedure. We saw that complaints had been received and the registered manager had responded appropriately.

Good

Is the service well-led?

Our findings

We observed people approaching the registered manager and staff to talk about things of importance to them. Staff said, "There is a good team spirit here" and "There is a good team. I can always speak to the manager here" and "People like stability. This is a settled service." One relative told us, "This is a wonderful service. I can't fault it. I can't praise them enough. It is well managed."

The registered manager had been registered at the service since October 2015. They told us there had previously been a period of management instability at the service. They had advocated to be the registered manager solely of this service. They felt passionately that people and staff needed the stability of one manager on site. They told us staff motivation had improved and the staff team was stable. The dedicated registered manager of a sole service and high retention of staff promoted a stable and secure environment for people living at the home.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people could make choices and have support to be as independent as possible. The registered manager and staff told us they supported people to 'maintain their health and live a normal life, enjoy challenges such as developing life skills and have life opportunities such as employment and education.' One member of staff said, "I am here to ensure people have a life. We make it fun. People spend time in the community. They do activities, they meet other people and see their friends and family. They do work placements." Another member of staff said, "I like seeing the guys happy. We want them to achieve their goals."

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs and policy issues. This was confirmed in meeting minutes. Staff gave suggestions about how the service could be improved. They said, "We suggested that people might like to attend Zumba classes and now people love taking part in this."

Each staff member had responsibility for reviewing different aspects of service governance. Staff were responsible for ensuring this work was completed and for their individual accountabilities in these roles. The registered manager monitored and reviewed audits to ensure issues and shortfalls were addressed. The registered manager provided regular updates on the operational running of the home to the provider's Head Office.

Staff updated people's care plans every month in line with the provider's policy or when people's needs changed. One person's needs had recently changed and this had been recorded in a detailed risk assessment. Records and care plans were up-to-date to ensure people's current care and support needs were recorded.

A medicines audit had been completed by a pharmacist on 01 February 2016. Two recommendations were made and the registered manager had implemented these. Senior staff completed monthly medicines audits to ensure that policies and procedures were being followed by all staff.

An audit of safeguarding practices was completed in August 2015. The registered manager reviewed safeguarding records, policies and procedures, training and induction processes and safe recruitment methods, complaints and safeguarding allegations. These ensured robust protocols were in place to promote the safety of people and staff.

All records, audit information, policies and procedures were well organised and the registered manager was able to access all information we requested without delay.

Maintenance work and repairs were implemented based on a priority system taking account of people's safety in their environment. A maintenance person attended the home regularly to carry out maintenance and repair work. Staff completed weekly and month maintenance checks and monthly room checks to ensure the premises were safe and fit for purpose. Daily room checks were completed to ensure essential hygiene and infection control standards were met. Staff completed an infection control audit every six months to ensure hygiene standards were maintained.

We observed that the premises could benefit from a refurbishment as some of the décor appeared tired in areas. The registered manager told us that they were awaiting a start date for a full refurbishment of the home. They were due to meet with the contractors to arrange a start date on 15 February 2016. People had been involved in agreeing colour schemes for their individual rooms and communal areas. The lounge and hallway and been repainted to freshen them up recently and people had chosen the colour scheme for this.

The home a registered manager. 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 have been informed of reportable incidents as required under the Health and Social Care Act 2008.