Approach Lodge Limited

Approach Lodge Limited - 2 Approach Road

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 17 and 18 October 2017 and was announced. The provider was given 24 hours' notice because we needed to be sure that people living at the service would be available to speak with us. We told the deputy manager we would be returning on the second day. At the last comprehensive inspection in June 2015, the service was rated as 'Good'. At this inspection we found that the service continued to be 'Good'.

Approach Lodge provides residential care and support for up to seven adults with mental health needs and/or with a learning disability. At the time of our inspection seven people were living in the service who all had mental health needs.

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

People and their relatives told us they felt safe using the service. Staff had a good understanding of how to protect people from abuse and were confident any concerns raised would be acted upon immediately.

People's risks were managed safely and care plans contained appropriate and detailed risk management plans. The provider worked closely with health and social care professionals and ensured people had a review if their needs changed.

People who required support with their medicines received them safely from staff who had completed training in the safe handling and administration of medicines. Staff completed the appropriate records and these were checked and audited regularly to minimise medicines errors.

Staff received the training and supervision they needed to meet people's needs and were knowledgeable about their jobs. They were also encouraged and supported to sign up for vocational qualifications in health and social care to aid their learning.

People had regular access to healthcare services and staff were aware when people's health and medical appointments were due. Staff worked closely with other health and social care professionals, such as the community mental health team and we saw evidence that recommendations had been followed in communication records and people's care plans.

People were supported to have a healthy and balanced diet, which took into account their preferences as well as their cultural, medical and nutritional needs.

We observed positive interactions between people and staff throughout the inspection. We saw that staff

treated people with respect and kindness, respected their privacy and promoted their dignity and independence.

People were involved in planning how they were cared for and supported. Care records were person centred and developed to meet people's individual needs. There was evidence that language and cultural requirements were considered when carrying out the assessments and staff were able to communicate with people in their own language.

There was an accessible complaints procedure in place and people and their relatives knew how to make a complaint and felt comfortable raising issues with management. There was a daily meeting and an easy read survey in place to allow people the opportunity to feedback about the care and support they received.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The provider followed a daily, weekly, monthly, quarterly and annual cycle of quality assurance activities and learning took place from the result of the audits.

People and their relatives felt comfortable approaching the management team, who had a visible presence throughout the service. Staff spoke positively of the working environment and the support they received from management.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 and 18 October 2017 and was announced. We gave the provider 24 hours' notice of our inspection as we needed to be sure that people living at the service would be available to speak with us and that the provider could give them notice, as not to cause any distress or disruption to their routines. The inspection was carried out by one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on the 15 and 16 June 2015, which showed the service was rated as 'Good'. We contacted the local authority to support our planning of the inspection. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were introduced to all of the people using the service and spoke with two of them. We spoke with one relative who was visiting and six members of staff. This included the deputy manager, two senior support workers and three support workers. We looked at three people's care plans, six staff recruitment, training and supervision records and audits and records related to the management of the service. We observed the support and care provided to people in the communal areas, including during mealtimes.

Following the inspection we spoke with four relatives and five health and social care professionals who had worked with people using the service for their views.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and liked living in the home. One person said, "I'm happy living here." Relatives we spoke with had no concerns about the safety of their family members. Comments included, "They have never mentioned any concerns and I know they are happy there" and "It's certainly a weight off the family shoulders knowing that [he/she] is in a safe place." All the health and social care professionals we spoke with told us they had never received any information of concern from people about the care they received.

The provider had appropriate safeguarding policies and procedures in place and staff were aware of the actions that needed to be taken if they had any concerns. Staff understood how to recognise the signs of abuse and were aware that they could contact other appropriate organisations with any concerns, but felt confident any concerns raised would be dealt with by the provider. One support worker said, "Everything is in order. If we have any concerns of any abuse we have to report it so it can be investigated. The manager is aware of their responsibilities of keeping us all safe and they take the safety of people very seriously." Staff had received appropriate training in safeguarding which was refreshed annually. An easy read poster was displayed in the home called 'No to Abuse', which reminded people they could talk to the staff if they had any concerns. This showed that the provider was aware of the importance and their responsibility to keep people safe from the risk of abuse.

The staff files that we looked at were consistent and showed that the provider had robust recruitment procedures in place to help safeguard people. All Disclosure and Barring Service (DBS) records for staff were in place and the provider reviewed them every three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. We saw evidence of photographic proof of identity and two suitable references had been received before people could start work. Interview assessment records were in place which showed that the provider had assessed the suitability of staff they employed and we saw interview questions covered areas which focused on the provider's values, people's experience and knowledge of the Care Quality Commission (CQC). We saw one applicant was asked to return for a second interview as the provider felt some of the information given was not sufficient at the first interview.

We found that staffing levels throughout the service were sufficient to meet people's needs. We looked at the last four weeks of staff rotas and saw there were consistently two staff in the morning and two in the afternoon, with support from the deputy manager and registered manager throughout the day. There was one waking night staff from 9.30pm to 7.30am. The management team were on call with an out of hours system in place. We saw one record where staff had called the on call manager in the evening and saw that they had travelled to the service at 11pm to deal with a maintenance issue. One support worker, who covered the waking night shifts said, "I feel safe working here as I believe that I am not on my own. I can call at any time and the support is there." We also saw that extra staff were used to support people to regularly return home to visit their family. One health and social care professional told us that they felt staffing levels were good to help meet people's needs.

The provider had procedures in place to identify and manage risks associated with people's care. Before people started using the service the provider completed an initial assessment of their care needs to assess their suitability to live in the service and to identify any potential risks to providing their care and support. Individual care plans were available in each person's file and assessed risk factors that included self-harm and neglect, mental and physical health, substance misuse, aggressive behaviour, medicines and sexual behaviour. It also covered the environment which included fire safety related issues. The provider worked closely with health and social care professionals and their risk assessments were reviewed in people's care programme approach (CPA) meetings. This is the system used to organise people's community mental health services, involving people, their friends and relatives if applicable, and health and social care professionals. These meetings assess and review the needs of people to check they are being met.

People's care plans and risk assessments contained details about the level of support that was required and information about any health conditions and the best outcomes or goals for the person. Risk management plans included practical guidance regarding appropriate behaviour within the home and information for support workers on how to manage risks to people. Where a risk had been highlighted, there was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk, with appropriate de-escalation techniques discussed. In addition, where appropriate, educational videos had been used to support people with particular behaviours that challenged and for one person this had resulted in a significant reduction in this behaviour with no inappropriate behaviour being displayed for over a year.

We saw that the provider was positive about risk taking behaviour and worked closely with people and health and social care professionals to discuss any concerns. The deputy manager said, "We give everybody the opportunity to try to be independent and do what they can, but we put plans in place and monitor it if there are issues. For example, one person was able to go to the local shop unescorted as they liked the independence of going there to buy a drink and speak with the shop staff in their own language. Staff were aware of this and there was a risk management plan in place for what action to take if the person had not returned within a specific period of time. Risk assessments were regularly reviewed, with additional reviews carried out if any significant changes occurred.

There were appropriate medicines policies and procedures in place. Staff had received training in medicines and had an observation before they were signed off as competent to support people with their medicines. People's medicines were kept in a locked cabinet in the staff office which was only accessible by staff. Two members of staff checked and signed in medicines from the local pharmacy, which was the same process for all medicines that were returned. People were supported to take their medicines and there was guidance in place for staff to take to encourage people to take their medicines and what should be done if people refused. Health and social care professionals confirmed they were kept updated with any issues or concerns related to people's medicines.

We looked at a sample of seven medicine administration record (MAR) charts during the inspection and all of them had the allergy status of the person recorded. There were no gaps on the MAR charts that we looked at and it had been correctly recorded if any doses of medicines had not been administered. MAR charts were checked daily by staff involved in medicines administration and weekly medicines audits were completed to check that medicines were being managed safely. We saw one person had a specific medicines policy in place which allowed them to spend time with their family overnight. This policy had been recently reviewed and staff were aware of their responsibilities to ensure the person continued to receive their medicines safely when they were on social leave. We spoke with a relative who told us they were happy with how the process had been managed.

Infection control procedures were also observed to have been followed as we saw staff wearing personal protective equipment such as disposable gloves and aprons during mealtimes and when carrying out domestic cleaning tasks. A daily cleaning rota was in place which was signed and checked by the management team when completed. The staff team were also supported by a cleaner who visited three times a week to ensure the service was kept clean and fresh.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received from staff. One person said, "They look after me and help me clean my room." Positive comments from relatives included, "I know they understand [him/her] very well and we are confident their needs are looked after" and "They are very good. [His/her] health is stable and we are pleased with everything." One relative told us how impressed they were with the transition process when their family member moved in and that there had been improvements in their health and well-being. Health and social care professionals confirmed this and felt that people had made improvements since moving in and the support they received helped to keep their conditions stable.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the MCA with the deputy manager and staff team and they demonstrated a good understanding of the process to follow where it was thought that people did not have the mental capacity required to make certain decisions. The deputy manager informed us that all of the people using the service at the time of the inspection had capacity and we saw records confirming that the provider had assessed people's decision making abilities in line with the MCA. People had signed their care plans to indicate their consent to their care, with consent forms in place for dealing with medical treatment in an emergency and permission for their photos to be taken. Staff spoke positively about the training they had received in this area. One member of staff said, "It raised our awareness of giving people the chance to make decisions and how we can find ways to support them to make those decisions."

People were supported by staff who had appropriate training and supervision to carry out their roles. New staff went through an induction programme when they started work and checklists were in place which highlighted the topics that needed to be covered from the first day up to their first three months, which completed the probation period. Induction tasks focussed on areas such as evacuation procedures, the provider's vision and culture, communication systems, the role of the key worker and a range of policies and procedures. One support worker said, "The induction was good. Management went through everything and if I was unsure of something training was provided." Staff were supported to sign up for vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. One member of staff said, "The service is very supportive and we are encouraged to carry out extra learning to improve our knowledge."

Staff had access to a comprehensive training programme that was refreshed on a regular basis. There were nine mandatory training modules which included safeguarding, moving and handling, first aid, medicines and infection control. The deputy manager showed us their staff training matrix which covered all modules and identified when training needed to be refreshed and when it had been completed. Staff also received training which was specific to people's individual needs. We saw that staff had completed training in a range of areas, including dealing with challenging behaviour, rehabilitation and recovery, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and mental health awareness. Staff spoke positively about the training they received and said that it improved their understanding of their role. One senior support worker said, "It was really, really good. We get to talk about changes in legislation and are educated on topics to give us more knowledge. It also refreshes our memory."

We saw records that showed support workers had regular supervision and an annual appraisal system was in place. We looked at a sample of supervision records which showed staff were able to discuss key areas of their employment. Points discussed included performance and work ethic, the culture of the service, CQC awareness, challenges and people's achievements. We saw action had been taken on issues that had been brought up by staff. One support worker said, "The supervision is very helpful. It is a good opportunity to discuss where we can improve and having that one to one with the manager lets us know how we can develop."

People were supported and involved in the planning of their mealtimes and we saw records that demonstrated staff encouraged people to lead a healthy lifestyle and have a balanced diet. People's dietary needs and preferences were respected and catered for, and were recorded in their care plans along with recommendations about healthy eating from people's GPs. For example, one person with diabetes had information in their care plan which encouraged them to have a healthy diet and reminded staff to offer plenty of fresh fruit, which we saw was available throughout the inspection. It also included advice and information in an easy read format to help them understand what their results meant and how they could make healthier life choices. We saw that the food menu was discussed with people on a weekly basis to take into account the variety of people's likes and cultural preferences. People were always offered a choice and options were available at every mealtime. We saw staff highlighted the importance of healthy eating and discussed this with people during key work sessions but always made sure it was the person's choice. One senior support worker said, "We sit down and plan it every week. It is always up to them and they make the decision." Staff were aware of people's nutritional risks and guidance was in place for staff to follow to support them safely. We were invited to sit and have lunch with people and sampled the food on both days of the inspection. A member of staff had prepared a culturally specific meal on the first day of the inspection and we found it to be fresh and of good quality. One person who was sitting with us said, "It's good isn't it?" A relative who was visiting was also invited to have lunch and after the meal said, "I really enjoyed it, it was good."

Staff said they supported people to manage their mental health and well-being and would always discuss matters with management if they had any concerns about a person's healthcare needs. Health and social care professionals confirmed they were always contacted by the provider if they had any concerns. People had regular meetings with their care coordinator from the Community Mental Health Team (CMHT) and other health and social care professionals as part of their care programme approach (CPA) involvement. These visits recorded what had been discussed, with any actions being followed up appropriately. Where staff had raised concerns about people's health we saw GP appointments had been booked and people were escorted to attend. This information was also documented and we saw correspondence showing that people had been supported to attend a range of healthcare appointments, such as their GP, dentist or a diabetic screening clinic. We saw one person was supported to a dental appointment and was prescribed mouthwash to be used four times a day. We saw staff were aware of this and it had been recorded in their

daily logs. We also observed that it was discussed during the staff handovers. Health and social care professionals also spoke positively about the support the registered manager was able to offer in relation to administering some people's monthly anti-psychotic injections due to their experience as a Registered Mental Health Nurse (RMN).

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living in the home and we saw they were comfortable in the staffs' presence. One person told us they liked the staff that supported them. They added, "They always make me a nice cup of tea." A comment from a person in a recent satisfaction survey stated, 'I like it here, everybody is nice.' Relatives also spoke positively about the caring nature of the staff. Comments included, "The staff get on very well with [my family member] and there are no problems, they help [him/her] if they need anything" and "They are very warm and friendly." A health and social care professional commented positively on the relationships that people had built up with staff and that they noticed a good rapport throughout the service. Another health and social care professional highlighted that staff made people feel settled and that the place was their home, which was important to their health and well-being.

Throughout the inspection we observed positive interactions between people using the service and staff. Staff were observed to be interested in the needs of people and spoke with them in a calm and compassionate way. During mealtimes, the daily meeting and day to day engagement throughout the service, we saw people were very relaxed and comfortable with staff and were given the opportunity to express their wishes. We sat in on a game between a member of staff and three people using the service. They encouraged people to get involved and still included them in the conversation if they did not want to actively participate. The atmosphere was warm and homely and people felt at ease throughout the activity.

Staff knew the people they were supporting and were able to give information about people's personal histories, likes and dislikes and what activities they were interested in. Staff were able to spend time with people during key work meetings, supporting them with household tasks or during activities or the plans for the day. For example, we saw that one person liked to go for a walk, and it had also been recommended by their GP. We saw this was being carried out as it had been recorded in the daily logs and the person told us this was their plan for the day during the daily meeting.

Records showed that people were encouraged to be involved in their own care and had regular meetings with their support worker to discuss how they were feeling. Relatives we spoke with confirmed they were involved in making decisions about the care their family members received. We saw there were guidelines for staff to follow to encourage people to be as independent as they could be. This was recorded in people's care plans and discussed with them during key work meetings. We saw records for one person who used to be supported with personal care in the mornings and that they had received regular encouragement to become independent. Over a period of time the encouragement had led the person to become independent with their own personal care and they told us that they had showered and made their own breakfast during the daily morning meeting. We observed this throughout the inspection and saw people were supported with their daily living skills and encouraged to do as much as they could. One person told us that they enjoyed being involved in cleaning their room. We saw that another person was praised and given a reward for helping with their laundry.

At the time of the inspection the deputy manager told us that nobody was being supported to access independent advocacy services but their service user guide highlighted support would be available if people

needed one. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. However, we saw examples where staff had helped people and spoken on their behalf to deal with welfare benefit related issues. We saw the provider, with the person's consent, had followed up a benefits issue and resolved the issue on their behalf. We also saw another person was supported to book an interpreter for their healthcare meetings and appointments, which had been recorded in their care plan. We saw that staff had not only done this, but at times the deputy manager had also been able to provide interpreter support at a Care Planning Approach (CPA) meeting as an interpreter was not available. We also observed the deputy manager talking with two people in their own language to support them to participate in the daily meeting.

From speaking with staff we saw that they had an understanding of people's human rights and understood people's needs with regards to their disabilities, gender, race and sexual orientation and supported them in a caring manner. One senior support worker said, "We respect all people's views and what they believe in. We celebrate it with people and make the atmosphere inclusive to everybody."

We observed staff knocking on people's doors and announcing their presence during our visits to people's homes. People were asked if they were happy to speak with us and if they were happy for us to come in and see their room. Staff had a good understanding of the need to ensure they respected people's privacy and dignity. We saw supervision records always gave staff the opportunity to discuss how they had respected people's privacy and dignity and had recorded good practice examples. We saw records for one person who was supported with their personal care. We saw staff had been involved in educating the person about personal hygiene and saw it had led to a reduction in behaviour that challenged and that the person had become more independent with their personal care. One support worker told us that principles of respect and dignity were part of the organisation. They said, "Management definitely listen to us and respect us, not just staff, but everybody who lives here." During two staff handovers during the inspection, we observed that staff spoke about people in a dignified and respectful manner, especially when they were talking about sensitive issues or incidents.

Good

Is the service responsive?

Our findings

People expressed that they were happy with their care and support and we saw that they were supported to maintain relationships with family and encouraged to access day centres and get involved with meaningful activities. One person told us that they enjoyed going to a day centre on a weekly basis. Relatives spoke positively about the service and felt they were involved in the care planning process. Another relative said, "I'm invited to any reviews and am always involved. If there are any issues they ring and let me know straight away." Health and social care professionals we spoke with said that staff were responsive to people's needs and would always get in touch if they had any concerns.

People's needs were assessed prior to admission and we saw placement application records had been completed. The initial assessments looked at people's living skills, personal skills, behaviours, discussed their wishes and aspirations and what support was currently needed. One relative told us that they had the opportunity to visit the service and meet other people and the staff team before their family member moved in.

Detailed individual care plans were in place which covered areas such as people's mental health, personal hygiene, physical health, daily living skills, violence and aggression, communication and social relationships, including home visits. For example, one person had 10 individual care plans in place which focussed on a specific area of need and gave information on how the person should be supported, as well as information for the person to ensure they were able to maximise their independence. Support plans were created in partnership with the 'Mental Health Recovery Star' tool. This was a tool that covered 10 areas of a person's current situation, which included managing their mental health, self-esteem, social networks, relationships, responsibilities and trust. During reviews people were able to discuss their feelings and mark their progress towards achieving their goals. We saw positive examples that people had made vast improvements since they had moved in. Relatives and health and social care professionals spoke positively about the improvements they had seen in people's health and well-being. One relative said, "We've seen good improvements and it has been a positive change. It's a brilliant place." Care plans were reviewed every three months and were updated if there were any changes to people's care and support. The care plans were personalised and provided details about what was important for people. We saw annual reviews discussed the area of focus about what progress had been made, and what people wanted to achieve going forward.

For example, one person was supported to attend a day centre and have regular visits with their family throughout the week. A health and social care professional had highlighted how important the family relationship was to the person and we could see that the provider had put measures in place to ensure it could be carried out, which included scheduling staff to make sure they could escort the person to and from the family home. Their relative said, "It has worked really well and a good routine has been set up. My [family member] is much more active, talkative, is more engaged and they have really helped with this."

The provider was aware of people's more specific cultural and religious needs and we saw they had worked closely with people, their relatives and health and social care professionals to make sure their needs were

fully met. One relative said, "I'm really happy that they can speak Bengali and feedback any concerns." A health and social care professional spoke positively about how people's cultural needs were met and that the service had gone out of their way to recruit a Somali support worker to meet the needs of one person. Staff were able to communicate with people in their own language which included them in the day to day running of the home. One person was supported to attend a culturally specific day centre and relevant festivals. We saw two people had been supported to buy suitable clothing to attend a religious event. We saw another person was encouraged to attend a cultural day centre and as they were not interested, it was not forced upon them but mentioned during regular reviews. We also saw records within people's care plans and supervision documents that allowed people to enjoy food that met their cultural needs, and observed this on the first day of the inspection. We saw the provider had been proactive and had an anti-radicalisation policy in place to educate people who used the service and staff about radicalisation, hate crimes and terrorism. The deputy manager told us that the local area had been involved in a high profile case and it could be a problem to vulnerable people in the local community. They added, "We've taken this measure to educate our service users and staff to make them aware of the current issue."

Staff supported people to follow their interests, maintain relationships and take part in activities of their choosing. People had the opportunity to discuss what they wanted to do during the daily meetings and during their individual key work sessions. For example, one person told us during the daily meeting that they were going to the cinema that afternoon. They sat and discussed this with staff and arranged a time to go. We saw this person had been supported to obtain a cinema card which allowed them to take somebody with them at no extra cost. Records in this person's daily logs and financial log book confirmed this happened on a weekly basis. The person told us they enjoyed going to the cinema, with the staff adding it was a great opportunity to go for a walk at the same time. Records for another person showed staff had worked closely with a community link worker who had suggested activities in the local area. We saw this had been discussed with the person and had highlighted the health benefits of getting involved, but respected their decision if they were not interested. A health and social care professional spoke positively about how staff encouraged people to engage in community activities which had helped to develop social skills.

We saw photos displayed on a noticeboard in the hallway and inside the office of activities and events that people had been supported to take part in. This included people going to the gym, events organised by local day centres and day trips. We saw people at the service had recently gone on a day trip to Southend Pier. One person showed us a photo and said, "It was good fun." The deputy manager told us it was important to document people's events and achievements to show how they were supporting people to live as full a life as possible.

People and their relatives said they felt comfortable if they had to raise a concern. One person told us that they could talk with staff at any time. One relative spoke positively about an issue that was raised and said, "The way it was handled was really good and I was kept informed. They are good at keeping us updated if there are any concerns." There was an accessible complaints procedure in place which was discussed during key work sessions. Their policy highlighted it was crucial that people are enabled to raise concerns without fear of retribution and that they are taken seriously.
One senior support worker said, "We always tell people they can talk with staff, their care coordinators, even the Care Quality Commission. We want them to let us know, no matter how small it is."

The provider's complaints procedure aimed to resolve all complaints within 28 days. Outcomes would be confirmed in writing with a report of the investigation, allowing time for complainants to respond then to follow up to check it had been fully resolved. If people were unhappy, it would be shared with the complaints team at the local authority. There had been one complaint since the last inspection, which was not related to the care and support people using the service received. However, the correct procedure had

been followed and action had been taken.

The service also gave people the opportunity to discuss any issues during a daily house meeting. Staff asked people who wanted to chair the meeting and people and staff discussed what people had done and asked if people wanted to bring any issues up. Staff were able to communicate in people's own language to ensure they were always fully involved in the meeting and knew what was being discussed.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since November 2011 but had worked for the provider for over 10 years. He was on leave during the inspection and the deputy manager, who had worked at the service for eight years, was present on both days and assisted with the inspection, along with the rest of the staff team.

People using the service and their relatives were comfortable talking with the management team and spoke positively about the way the service was managed. We saw the deputy manager had a good relationship with people who used the service and also helped to support them in their day to day lives. On both days of the inspection we saw him support a person to go to the bank as they were able to communicate in their language. Comments from relatives included, "I've got a good relationship with management and we are really pleased my [family member] is there" and "I have absolutely no concerns at all and they are very good at keeping us updated. I'm really happy with the placement." Where one relative raised an issue, we discussed it with the deputy manager who reacted positively and made arrangements to speak with the relative about it so they could get more information. Health and social care professionals commented positively about the management of the service, highlighting they were professional, supportive, were always informed if there were any changes in people's health and well-being and had no concerns.

Staff told us they were well supported by the management team and had many positive comments about working at the service. Staff were motivated about their job, felt comfortable raising issues and were confident that any concerns would be dealt with right away. Comments from staff included, "It is brilliant. There is always somebody to turn to for help and support", "The communication is good and we all work together" and "The support is fantastic. It is all about the residents and making sure they are happy." Positive comments about the registered manager and deputy manager included, "The management is excellent. The manager listens to you, which is really important. When he says he'll do something, he'll do it" and "They are faultless, absolutely brilliant. They are always there when you need them and not just about the job, personal issues as well. It makes you want to come to work." One member of staff who worked during the night said, "They come and check on us and do their best to look after us."

The provider had robust internal auditing and monitoring processes in place to assess and monitor the quality of service provided, which were carried out at regular cycles. The registered manager had monthly staff meetings which covered areas such as health and safety, policies and procedures and an overview of each person using the service. It also gave staff the opportunity to discuss difficult situations and learning points from incidents that had happened since the previous meeting. One support worker said, "We get to discuss what is going on and we feel listened to." The provider employed an external consultant to carry out unannounced monitoring visits to ensure policies and procedures were being followed and the views of people were being recorded. We saw the visits checked medicines records, training, supervision and that care plans and risk assessments were in date.

People's finance records and medicine administration records (MARs) were checked daily and signed by two

members of staff, with weekly audits in place to ensure they was being managed safely. There were monthly administrative checks in place that covered training records and staff recruitment documents. A monthly key worker checklist was in place which made sure any changes to people's health and well-being had been recorded along with checks in people's rooms. These were discussed during supervision and team meetings. There were daily health and safety checks of the building, weekly fire alarm tests and monthly fire drills in place. Fire safety procedures were displayed throughout the building and we saw records that showed evacuations were timed and if people failed to evacuate within a specific period of time, their risk assessment would be reviewed and updated. We saw that staff had discussed the recent high profile tragedy of a fire in a London tower block and had shared the communication that had been circulated by the CQC to all staff. They also carried out annual fire, gas and electrical checks.

Throughout the inspection we observed an open and honest environment with evidence that there was a positive culture throughout the service. The provider's vision was to ensure people with mental health needs and learning disabilities were prepared to have a sustainable and independent life and this was helped through their 'My L.I.F.E' (learning independence for ever) programme. The culture of the provider is based on promoting independence, dignity and trust and they had nine culture points that were constantly discussed with staff throughout the service, from the initial interview, during staff supervision and appraisal and focusing on one point during each team meeting to discuss the importance of it. They included, integrity, proactivity and creativity, principles of dignity and commitment and accountability. One member of staff told us that the values were an important part of their role. They added, "It is a wonderful place to work and feels like a family. We work as a team and I'm really happy working here."

The provider had annual easy read surveys in place to get feedback about the service they provided. There were 22 questions which included areas such as food, activities, choices, the level of support received, complaints and people's overall happiness of the service. We saw positive responses from all the surveys we reviewed. There were also feedback forms for staff to complete, with questions that focussed on the level of support available, staffing levels, up to date information and communication. We saw positive feedback in all the feedback forms we reviewed. There was also a visitor feedback form available and we saw positive comments from relatives and health and social care professionals about how helpful the staff team had been, the environment and the management of the service. One comment from a health and social care professional highlighted that staff are always hardworking and helpful.

We saw that the provider had a good understanding of their CQC registration requirements. We saw that a CQC regulation was discussed at every monthly team meeting, why it was important and how they could show they were meeting the regulation. We saw the registered manager had regular supervision from the provider and had discussed the new CQC guidance which was due to be in place from November 2017. Staff meetings also discussed how the team could prepare for a CQC inspection. The deputy manager said, "The CQC is our bible. We need to make sure that we are always compliant with the regulations."