

Terrance House Care Limited

Terrance House

Inspection report

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Margate
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Tel: 01843224879

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This unannounced inspection took place on 31 January 2017.

Terrance House is a privately owned residential care home supporting up to 48 people with mental health issues. The premises comprise of seven terraced houses converted into one home. It is located in Margate. There were 46 people living at Terrance House when we inspected.

A registered manager was in post and assisted with our inspection. 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. The manager was supported by two deputy managers and they knew people well. They had a good understanding of people's needs and led by example.

We previously carried out an unannounced comprehensive inspection of this service on 23 February 2016. Two breaches of regulations were found. We issued requirement notices relating to person centred care and safe care and treatment. We asked the provider to take action. They sent us an action plan telling us what action they would take to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found the breaches in the regulations had been met.

At the previous inspection staff had not always taken the action needed to reduce risks to people to a minimum. Guidance was not always available to make sure all staff knew what action to take to keep people safe. At this inspection improvements had been made. Risks to people's safety were assessed and there was guidance for staff on how to keep risks to a minimum. The guidance was followed to make sure people were as safe as possible. Risk assessments identified people's specific needs, and showed how risks could be minimised without restricting people's life styles and promoted their independence, privacy and dignity.

The registered manager and staff carried out other environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Accidents and incidents were recorded and were reviewed to identify if there were any patterns or if lessons could be learned to support people more effectively.

Emergency plans were in place so if an emergency happened, like a fire, staff knew what to do. There were regular fire drills and people knew how to leave the building safely.

At the previous inspection there were shortfalls in the care planning for people. There were shortfalls when people had specific needs like support to keep their skin healthy or with their behaviours. At this inspection improvements had been made. Each person's care plan was personal to them and recorded the information staff needed to care and support people in the safest way that suited them. Some care plans had not been

fully updated to reflect peoples changing needs but staff were aware of the changes and were providing the care people needed.

People received their medicines safely and when they needed them. The staff monitored people's health needs and sought professional advice when it was required. If people were unwell or their health was deteriorating staff contacted their doctors or specialist services.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed. Staff were familiar with people's likes and dislikes, such as how they liked their food and drinks and the activities they enjoyed. People were given individual support to carry out their preferred hobbies and interests.

When complaints were raised they were listened to.

People felt safe using the service and were protected from the risk of abuse because staff knew the possible signs of abuse and how to alert the registered manager or the local authority safeguarding team.

People were supported by staff that were kind, caring and respectful and knew them well. Staff treated people with dignity and respect and understood people's needs well. Staff received the training and support they needed to carry out their role and meet people's individualised needs.

There were enough staff to support people safely and make sure their individual needs were met. Recruitment procedures ensured that only staff of a suitable character to care for people were employed.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance and had been approved.

The registered manager provided leadership to the staff and had oversight of all areas of the service. There was a culture of continuous improvement, so that people would feel increasingly well cared for. Staff were motivated and felt supported by the registered manager and senior staff.

People and staff told us they thought the service was well led. Staff told us that there was an open and inclusive culture within the service. They said they could talk to the registered and deputy managers about anything and they were always supportive.

There were effective systems in place to ensure that the quality of care provided to people was monitored. People had opportunities to provide feedback about the service they received. Feedback received had been positive.

The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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

Staff understood how to keep people safe so that they were able to provide safe care and support.

People were protected from harm by staff who were able to recognise abuse and take the appropriate actions to raise concerns.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff that recognised them as individuals and worked together to meet their needs and expectations.

Staff were provided with on-going and appropriate training, support and supervision to provide good care.

Staff ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and staff ensured their health and wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

People said the staff were kind, caring, polite and respectful.

People and their relatives were able to discuss any concerns about their care and support.

People and relatives said they were treated with dignity and

respect.

People were supported to maintain their independence and to be fully involved in their care.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was planned with them.

People's care was kept under review and the service was flexible and responsive to their individual needs and preferences.

People and their relatives were listened to and arrangements were in place to respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted strong values and a person centred culture that was visible at all levels of the service.

Staff were highly motivated and proud to work for the service. They were continually supported and developed to provide high quality personalised care.

Quality assurance systems were robust and ensured that people were at the heart of the service.

Terrance House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 January 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law, like a death or a serious injury. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected this service sooner than we had planned to.

We spoke with ten people, staff, two deputy managers, the registered manager and the operations director. We also spoke with the administrator, kitchen staff and the housekeepers. We observed the lunchtime meal being served and observed how staff supported people. We spent time with people in the activity room and lounge areas.

We looked at the results and comments from the last quality assurance survey.

We checked a variety of records including care plans, medicines records, staff files, training records and quality assurance and audit records.

We last inspected Terrance House in February 2016 when two breaches of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014 were identified. At this inspection the breaches had been met and no further breaches were identified.

Is the service safe?

Our findings

People said, "The staff are good here, you can talk to them easily" and "I feel safe here. If I didn't I would speak to the manager".

At the last inspection care and treatment was not provided in the safest way for people because sufficient guidance about how to mitigate risk to people had not been provided to staff. Action had not been taken when a potential risk had occurred. At this inspection improvements had been made. Risks to people had been identified and there was guidance in place.

Changes in people's physical health had been identified and the increased risks, like the risk of skin problems had been addressed. For example, when one person was identified as being at risk of developing sore skin. A skin integrity risk assessment had been completed and their care plan had been updated. The risk had been reduced as staff were applying special spray to the area to prevent it from becoming sore. Pressure relieving equipment like special cushions and a special mattress had been provided for the person to relieve the pressure on their skin. On the day of the inspection the person was sitting on the special cushion and there was a special mattress on their bed.

Some people were identified as being at risk of choking. There was information available to give staff the guidance on what to do to prevent this from occurring and what to do if the risks actually occurred. Staff were able to say what they would do in these risky situations.

Staff supported people positively with their specific behaviours, in line with guidance in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. There was detailed guidance in place for staff to follow if people displayed any behaviour that challenged. For example if a person started to become upset or agitated staff were to play their music or encourage them to go into the garden which helped them to become calm.

Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people went out. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People accessed the community safely on a regular basis. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

There were plans for what to do in an emergency. These included a fire evacuation plan. The fire systems were checked regularly and practice drills were held so that people and staff knew how to respond to the fire alarm. Some people smoked cigarettes, staff supported people to smoke in designated areas to ensure everyone's safety. People who were known to smoke in their bedrooms had a risk assessment in relation to this. Extra measures had been put in place such as spraying people's rooms with fire retardant spray, using fire retardant bedding, additional smoke detectors outside people's rooms and hourly checks during the night to reduce the risk to the people and others.

The extraction fans fitted to the ground floor smoking room had recently been replaced and were regularly checked. However, there was a strong smell of cigarette smoke in this area of the house which filtered through to hallways and rooms. The registered manager told us that this issue had been identified and discussed with the maintenance team. There was a plan in place to resolve this. We will follow this up at the next inspection.

Staff had access to a grab pack to use in an emergency, this contained items such as torches, ID badges, blankets and glow sticks. The pack also contained documents such as contact numbers, plans of the building and personal evacuation plans for people.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example when a person had an increase in falls; staff sought support from health professionals and reviewed the person's risk assessments and dependency level.

Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had a good understanding of different types of abuse and had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. There were clear procedures in place to enable this to happen. Staff said, "If I am worried about anything I would report it to my senior or the manager. I can go to them about anything, even silly questions and they always listen to me and offer help or advice".

Referrals had been made to the local safeguarding authority when required and action had been taken by the staff to reduce the risks from happening again. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was available to people and staff about what to do and who to contact if they were concerned about anything. People could be confident that staff would protect them from abuse and staff were aware of their roles and responsibilities.

The number of staff on duty was planned around people's needs, appointments and activities. The management team used a dependency tool to identify the number of staff needed to meet people's needs, this was reviewed monthly. If more staff were needed to support people's changing or increasing needs, or if new people moved in, there were more staff on duty. There was a chef, kitchen assistants, administration staff and housekeepers on duty every day of the week so that care staff could concentrate on caring for people. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The manager and deputy managers were on call out of hours to give advice and support.

There had been a recent shortage of staff leading to the activities co-ordinator being used to meet people's care needs. The registered manager told us there had been a re-structure of how the activities were co-ordinated and although the activities co-ordinator was supporting the care team, all of the pre-booked activities were still taking place. People told us they were unable to take part in as many activities or go out in the mini bus as a result of this. The registered manager explained that the mini bus was not used as much as people were encouraged to use local transport. The registered manager told us, that new staff had been recruited and the activities coordinator would be returning to their original role and they were working

towards all care staff being more involved in activities.

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff files were well organised and contained all the information required. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. New staff told us they were invited to look around the service and meet people before their interview. Written references from previous employers had been obtained and checked. Checks were carried out with the Disclosure and Barring Service, who carry out criminal background checks, before employing any new staff to check that they were of good character. Staff declared any health issues that may need to be supported with and any gaps in their employment history were checked. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. People said they were happy with this arrangements and this was the way they preferred to have their medicines. All medicines were stored securely for the protection of people. Medicines were stored in a locked room and were administered from a medicines trolley.

People knew when they were supposed to have their medicines and came to the clinic room where the medicines were stored to get their tablets from a member of staff. The medicines 'round' was relaxed and people were not rushed. The staff member administering the medicines spent time with each person and had a chat and checked that they were alright. Staff answered people's questions about the medicines they were taking and explained what they were for. Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded.

If people did not want to come to the clinic room the staff member brought their medicines to them. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened and staff were aware that these items had a shorter shelf life than other medicines. Some items needed storage in a medicines fridge. The fridge temperature was checked daily and room temperature was checked twice daily to ensure medicines were stored at the correct temperatures.

Is the service effective?

Our findings

People told us the staff looked after them well and knew what to do to make sure they got everything they needed. People said they the staff were 'very good'. They said, "We are well looked after" and "I am quite contented and happy. The staff are helpful and kind".

When new staff started work they were allocated a mentor and completed induction training, which included shadowing existing staff. The administrator organised training for staff and had introduced the new Care Certificate for staff new to the care profession. The care certificate is an identified set of standards that social care workers work through based on their competency. A new member of staff told us they had completed a wide variety of training before working with people. They said "I got time to read people's care plans and learn about their lives, I could then talk to people and start getting to know them. I shadowed other staff and then had people I was allocated to support. It is still early days but I feel confident about what I have been asked to do and everyone is so supportive, I can ask anyone for help or advice".

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Each staff member had a personal development plan detailing their training needs. There was an on-going programme of training which included face to face training, mentoring, work books, competency assessments and distance learning. Completed training was tracked and further training for staff was arranged when needed. Staff completed work books or answered questions and took tests that required a pass mark. Some training was provided in house, including fire awareness, so that everyone could take part in a drill. The range of courses offered to staff included subjects related to peoples' needs including mental health awareness.

Staff told us. "I feel fully supported in both my job and the qualifications I am doing. Everyone in the team is willing to help me" and "I have had training in supporting people when they are angry or anxious. I had an incident with one person which was difficult, but I was offered lots of support and time out if I wanted it".

Staff spoke with knowledge about peoples' wide ranging needs and were knowledgeable about age related and health conditions. The registered manager and deputies gave feedback from their observations to staff at regular one to one meetings with them. Any changes needed to staff practice were discussed at these meetings and the managers supported and coached staff to provide good care. The one to one meetings were planned in advance so that staff could prepare. Staff were sent a letter asking them to attend. Staff told us, "If I can't make it I just let them know, I can also say if I am not happy with the person doing the meeting. They know it's important to be comfortable and be able to talk" and "My one to one meetings really help me. It's good to know what I am doing well and what I need to work on". The meetings enabled the managers to track the staff member's progress towards their objectives. All the staff we spoke with told us they felt well supported by the managers.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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.

Staff confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. Staff asked for people's consent before they assisted people with their care needs. They took time to explain to people what they were doing and staff were aware of people who needed support to understand their choices and how to provide this support. During the inspection people were supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

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 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 registered manager had applied for deprivation of liberty safeguards (DoLS) authorisations for some people and these had been granted. These authorisations were applied for when it was necessary to restrict people for their own safety. The restrictions in place were as least restrictive as possible. Some of the people living at Terrance House had full capacity to make their own decisions about how they lived their lives and this was respected by the staff.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People told us, "Staff get to know you, especially when helping to see the GP", "Staff help and get you to appointments" and "Staff care and we can get to see a doctor or nurse quite quickly".

The staff actively sought support from people's health care professionals when they needed it and did not work in isolation. People were supported to make and attend medical appointments. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. On the day of the inspection staff identified that a person was 'not themselves'. This was brought to the attention of the deputy manager who assessed the situation and a decision was made to call an ambulance. The person was taken to hospital to be checked.

People were supported to go to the GP, dentist and opticians. Staff made appointments with people's consent and when necessary accompanied people to these appointments. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

People said the meals were good and they could choose what they wanted to eat. People told us, "There are a good choice of meals and always consistent. The staff do most things well, that's important" and "We get our meals from the hot counter. You can choose whatever you want". One person told us they often helped make sandwiches and liked to do the washing up.

Menu choices were displayed on a board in the dining room so people knew what the choices were that day. People were supported and encouraged to eat a healthy and nutritious diet. People told us they were able to have their meals when they wanted them. Some people preferred to get up later and have a late breakfast.

The lunchtime meal was a social occasion when people sat together and chatted. There was a relaxed and

friendly atmosphere in the dining room. Some people chose to eat in other areas of the service and their wishes were respected. Staff asked people what they would like to eat for their main meals which were served by the kitchen staff from a hot counter. The food was well presented and freshly cooked. People could have as little or as much as they wanted. There was a drinks station in the dining room area so people could help themselves to drinks throughout the day. There were also snacks available whenever people wanted them. Some people had coffee/tea making facilities in their rooms so they could be more autonomous and independent. People often went out to eat in restaurants and local cafés.

The chef was aware of people's individual dietary needs and preferences and was knowledgeable about fortifying foods (adding extra calories) if people needed to gain weight. When people were not eating their meals because their mental health was deteriorating or they were unwell the staff encouraged and supported them to have enough food to maintain their weight to remain as healthy as possible. Some people had specific health needs like diabetes and staff supported them to manage their diets to make sure they were as healthy as possible.

Staff knew about people's likes, dislikes, allergies and how people's food should be prepared if they were not able to eat because of swallowing difficulties. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. Staff understood people's eating and drinking needs. Some people needed staff support to help them with their meals. The staff members kept checking that they liked the food and that they were enjoying it. Staff took their time and did not rush the people when supporting them to eat. They supported people sensitively and discreetly. People's weight was checked at intervals to make sure that it remained stable.

Is the service caring?

Our findings

A lot of the people at the service had lived there for many years. They said they were very happy living at Terrance House and would not want to live anywhere else.

People said, "The staff are kind and supportive they treat people with respect" and "My family visit a few times a year. They are welcome to visit anytime".

The established staff demonstrated an in depth knowledge of people and their needs. All staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. The management and staff were committed to providing personalised care to each person. Staff made sure that people were involved in their daily routines, what they wanted to do and achieve during the day. They took time to listen and supported people to make arrangements for the day. Some people went out shopping; others watched the television or joined in activities.

Staff told us that they enjoyed working with the people living at Terrance House and were commitment to providing people with the support they needed. They knew about people's life experiences and supported people in line with their different personalities. Staff gave people the time to say what they wanted and responded to their requests. People felt they were able to express their needs and that they would be listened to.

There was a lot of warm, caring interaction between staff and people and a relaxed and calm atmosphere. People were comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. There was a high level of engagement between people and staff. People helped each other. Throughout the inspection exchanges between people and staff were caring, respectful and professional. People were included in conversations and staff explained things to them and took time to answer their questions

People were involved in planning their own care and deciding what they wanted to do. If people had family then their views and opinions were sought. Some people did not have relatives who could support them. The staff told us they accessed independent advocates to support people who did not have any one to speak up on their behalf. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. People were addressed by their chosen name and told us they got up and went to bed at the times they wished. Staff knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did so in private. One member of staff told us, "Everyone, staff and clients get on well; we all like each other".

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. The information contained in the care and

support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

People's rooms were personalised with their own possessions, they had their own things around them which were important to them

Staff from the kitchen had a good rapport with people. After lunch the chef spent time chatting with people. They valued people's opinions and there was mutual respect and interest. They chatted about day to day things like what the latest news was and the weather. The chef asked people if there was anything else they could do for them.

Is the service responsive?

Our findings

People told us they had been involved in the planning of their care. Staff were responsive to people's needs and they knew them well. One person said, "The staff understand me. They are thoughtful and do things the way I want them done".

Staff said, "One person needed a lot of support when they first moved in and could become upset. We have built trust with them now and their family told us they have never seen them so settled. It is things like that which make me really proud to work here. It's great to see people being happy" and "I think we are very supportive of people, promoting their independence is extremely important for both their physical and mental health."

At the last inspection person centred care and treatment was not always meeting the needs of people and care plans had not all been reviewed and updated. At this inspection improvements had been made.

People had assessments before they came to stay at the service. If people were able they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies and interests, as well as their health concerns and medical needs. These assessments helped staff to understand people and the lives that they had before they came to live at Terrance House. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the registered manager and staff additional information about the person and how to care for and support them.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The care plans contained directions and guidance for staff on how to care and support people safely and effectively, including their personal care. The care plans clearly stated the signs staff should be observing for to detect if people's mental health was deteriorating and the action they should take. Staff were able to identify changes in people's needs and responded to people's psychological, social, physical and emotional needs promptly. The care plans contained the guidance staff needed when people had behaviours that might be difficult.

At times some people could be anxious or angry and they needed support when this happened. Details about people's worries were recorded in their care plans. Care plans gave staff direction and guidance about what to do to support people in these situations. Staff worked people and other professionals to try to find them the right support.

When people's care and support needs had changed, most of the care plans had been updated to reflect the changes. One care plan we looked at had not been updated to reflect when a person's needs had changed, but the staff and management were aware of the changes and the person was receiving the care and

support that they needed. The registered manager said they would address this and make sure the care plan was updated.

When one person was becoming frailer and weaker the changes to their needs had been reassessed. Their skin was at increasing risk of becoming sore and breaking down. There was a care plan in place to give staff guidance on what to do to try and prevent this from happening. The person had received the care and support they needed to keep their skin as healthy as possible.

Some people had specific needs including diabetes. The care plans detailed how their condition was monitored and the signs and symptoms staff needed to look for if their condition was unstable. The care plans also told staff what action they needed to take if this happened. Staff were clear about what they had to do.

People told us that for the past few months they had not been doing as many activities as they used to. The registered manager had recently employed more staff and said that once they had completed their induction there would be more staff available to do activities with people. Key-workers had been given the additional responsibility of arranging activities in-house and in the local community. Staff said that activities were getting better again.

People said, "We had people who come in at Christmas and do a short pantomime in the area downstairs it is very good and really professional" and "Sometimes we go to a local restaurant along the road and have a meal. It's something we all enjoy."

One person's past history had identified they had been an accomplished pianist when they were young but had not played a piano for many years. The registered manager had purchased a piano in hope of the person playing again. To encourage the person to 'get started' the registered manager had arranged for someone to come in and play.

There was a dedicated activities room where people went to do various activities likes painting, arts and crafts and chair exercises. There was something happening every day. There was a variety of visiting entertainers who came regularly.

People confirmed that when there were activities, they were supported and encouraged to take part in them. Some people could go out on their own and came and went as they pleased. Other people needed support when they went out. People said that they were encouraged to go outside the service and shopping trips, visits to places of interest were arranged. There were links within the local community. People often went to town to do shopping or have a meal.

The staff encouraged and supported people to keep in contact with relatives and friends. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. Relatives came to visit and people went to visit their families.

People said they knew who to go to if they had a concern or a complaint and said they felt that their concerns would be listened to and acted on. People said, "I would go and see the manager if I was worried about anything. They are very good and I know they would do something". There were regular resident's meetings where people could raise their concerns and make suggestions. People had suggested additions to the menu and activities they would like to take part in.

The complaints procedure was in the entrance hall. It was available to people but it was not written in a way that was easy to understand and some of the information was inaccurate. At the last inspection in February 2016, the registered manager agreed to make the complaints procedure more accessible and easier for people to understand, this had not been fully completed. The registered manager addressed this and gave us a copy of a new complaints procedure which was easier to understand.

Is the service well-led?

Our findings

People told us they were comfortable with the registered manager and the staff. People said: "The manager is good here. You can go to them at any time. They have always have time to listen". Staff said, "The manager's door is always open", "I can knock on the managers door and I will be listened to. They resolve things quickly", "Any staffing issues are sorted out quickly" and "You can go to the registered manager with ideas and they take it on board".

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which were based on 'offering professional, supportive care in a friendly, welcoming environment for adults with ongoing mental health issues and making a difference to the people who choose to live with us'.

The registered manager was supported by the provider, senior managers and two deputy managers, the care staff team, ancillary staff and an administrator. The managers were experienced and qualified and between them had worked at the service for several years.

Staff understood their roles and knew what was expected of them. They were supported by the registered manager and deputy managers who were skilled and experienced in providing person centred care. Staff told us they felt well supported and comfortable asking the deputy managers or registered manager for help and advice when they needed it. Staff had regular team meetings and their views and opinions were listened to.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date.

Staff were encouraged to voice their opinions through staff meetings, one to one meetings with the registered manager and staff surveys. Staff told us that communication was effective between management and staff which enabled them to work well as a team.

People, their relatives, visitors and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics.

At the last inspection in February 2016, although the registered manager had given individual feedback to people who raised issues, the full results of the survey had not been published. At this inspection improvements had been made and the results of the surveys and any actions taken were accessible to people, staff and visitors. Overall the results of the surveys were positive.

Checks and audits were carried out regularly of the environment, records, staff training and the support being provided. When issues were raised any action taken was recorded along with date the issue was resolved. When a shower chair had broken it had been replaced the same day. When issues with some fire

equipment were identified replacements were ordered the same day and in place within 48 hours.

The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service.

The management team were aware that they had to inform CQC of significant events, in a timely way and we had received notifications from the service. Records were organised and stored securely.