Blue Sky Care Limited

Christie Development Centre

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

We carried out an announced inspection of the service on 1 December 2016. Christie Development Centre is registered to provide accommodation for up to ten people who require nursing or personal care, some of whom may be living with a learning disability. At the time of the inspection there were ten people living at the home.

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

During our previous inspection on the 23 and 24 April 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the failure of the registered manager to be able to provide records requested during the inspection. These records were the mental capacity assessments carried out for people who were unable to make their own decisions about complex issues regarding their care and support needs.

During this inspection we found improvements had been made. The registered manager now ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards where required.

People were encouraged to lead a healthy and balanced lifestyle and where able, were supported to buy and cook their own food. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively.

The risks to people's safety were reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. Safe procedures for the management of people's medicines were in place, although a review of the processes for the administration of some 'as needed' medicines was required.

People were supported by staff who were kind and caring and treated them with respect and dignity, whilst maintaining their privacy. Independence was encouraged and people's care and support needs were provided in a way that encouraged independent thought. People were encouraged to contribute to decisions about their care. People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care and support needs. People's friends and relatives were able to visit whenever they wanted to.

People's support records were person centred and were regularly reviewed to ensure they met people's current needs and preferences. People were encouraged and supported to achieve their goals and ambitions. People were encouraged to take part in activities that were important to them. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People, relatives, staff and professionals spoke positively about the registered manager; they found him approachable and supportive. The provider ensured systems were in place to continually review the performance of the staff, ensuring people had the appropriate support in place at all times. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. Staff were encouraged to develop their roles and the registered manager delegated responsibilities to support them with doing so. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided, which included regular review and input from a representative of the provider.

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 had a good awareness of how to keep people safe and who to report any concerns to.

Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to.

Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Safe procedures for the management of people's medicines were in place, although a review of the processes for the administration of some 'as needed' medicines was required.

Is the service effective?

Good

The service was effective.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively.

Improvements had been made in the way the principles of the Mental Capacity Act (2005) were applied when decisions were made for people. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards where required.

People were encouraged to lead a healthy and balanced lifestyle,

People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and

treated them with respect and dignity, whilst maintaining their privacy.

Independence was encouraged and people's care and support needs were provided in a way that encouraged independence.

People were encouraged to contribute to decisions about their care. People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care and support needs.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People's support records were person centred and were regularly reviewed to ensure they met people's current needs and preferences.

People were encouraged and supported to achieve their goals and ambitions.

People were encouraged to take part in activities that were important to them.

People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

People, relatives, staff and professionals spoke positively about the registered manager; they found him approachable and supportive.

The provider ensured systems were in place to continually review the performance of the staff, ensuring people had the appropriate support in place at all times.

The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service.

Staff were encouraged to develop their roles and the registered

manager delegated responsibilities to support them with doing so.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided, which included regular review and input from a representative of the provider.

Christie Development Centre

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 1 December 2016 and was announced. The provider was given 24 hours' notice because we needed to ensure the small number of people living at the home and the registered manager would be available during the inspection.

The inspection was conducted by one inspector.

Before the inspection, the provider completed 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 also asked commissioners of the service and the local Healthwatch to provide us with feedback about the service.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, three relatives, three members of the care staff, the home manager and the registered manager. We also spoke with two visiting health and social care professionals visiting the home during the inspection as well as other professionals after the inspection.

We looked all parts of the support records for seven of the people who used the service. This included

people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they or their family members were safe when staff supported them. One person said, "I'm safe, they [staff] take care of me." Another person said, "Yes, I'm happy here. I have a chat with [key worker] if I feel anything is wrong." A relative said, "[My family member] seems very happy there and I am sure they are safe."

A social care professional visiting at the time of the inspection told us they felt the person they were visiting was safe. They told us the measures the registered manager had put in place, such as a sensor on the person's bedroom door to notify staff if they left their room, had reduced the risk of the person experiencing avoidable harm.

People were supported by staff who understood how to reduce the risk of people experiencing avoidable harm. Staff attended safeguarding adults training and a safeguarding policy was in place. The staff we spoke with could identify the different types of abuse people could encounter and could explain who they would report these concerns to. This included reporting concerns to the local authority safeguarding team and the CQC. A staff member said, "I'd go to my manager and then to the CQC if I needed to. People's safety is key." The registered manager had a clear understanding of what was expected of them if an allegation had been made, and records showed they had taken the appropriate action.

Effective processes were in place to reduce the risk of people experiencing financial abuse. We checked the financial records for three people living at the home. We found the amounts recorded tallied with the amounts stored in the home's safe.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. Accessing the community safely was a key focus with detailed risk assessments in place. The registered manager told us, due to the differing and complex nature of each person's physical and mental health, they asked staff to complete a risk assessment if people were going out to a place they had not previously been to. They told us this reduced the risk of each person experiencing harm, by ensuring the appropriate numbers of staff and equipment were made available to support people. Other detailed risk assessments were also present in each person's care records. These included people's ability to carry out tasks independently of staff, managing their personal hygiene and understand the risks associated with their finances and medication.

We saw people, where able, move freely around the home without unnecessary restriction. Although some of the areas of the home were restricted, these were only restricted to ensure people did not access areas that could cause them harm.

Where people had been involved in an accident or an incident that had occurred that had, or could cause them harm, these had been investigated thoroughly by the appropriate member of staff. The registered manager reviewed these records and made recommendations to staff to reduce the risk of reoccurrence. Regular reviews of the numbers of accidents and incidents in the home as a whole were also carried, to

enable the registered manager to identify any themes or trends that needed to be addressed.

Regular assessments of the environment where people lived were carried out to ensure that people's safety was not placed at risk. We saw regular servicing of gas and electrical appliances had been carried out to ensure they were safe. The exterior of the home was secure to ensure unauthorised people could not gain access to the home. Each person had personalised emergency evacuation plans (PEEPs) in place that took into account people's physical and mental health needs when a speedy evacuation of the premises was needed. Regular fire drills were also carried out to ensure people were aware of what would happen if there was a fire at their home. A business continuity plan was in place which contained information about what would happen if there was a loss of power, water or if the home was uninhabitable for a period of time.

People and their relatives told us there were enough staff available to keep them safe and to support them when they needed them. One person said, "If I need them they are there." A relative said, "There always seems to be staff there to support [my family member]."

The registered manager told us regular reviews of people's needs took place and were discussed with a representative of the provider to ensure that sufficient staff were always in place to support people. They told us the staff worked flexibly which meant there was no need for the use agency staff to cover shifts, and the rotas were changed to support people's changing need. For example, recently people had started to wake up earlier, before the staff working the day shift had started work. Therefore, the rota was changed to ensure more staff were available when people needed them which ensured people received safe and effective care and support at times when they needed it the most.

The staff we spoke with felt they were able to meet people's needs during their shifts and thought there were enough staff during the day and night to keep people safe and to support them in the way they want. One staff member said, "There are enough staff 99% of the time, which means people are able to do what they want to." We checked the staff rota to see whether the appropriate number of staff were working during the inspection and they were.

Safe recruitment procedures were followed to ensure people received care from appropriate staff. Records showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

People were unable to talk to us about their medicines; however people's relatives spoke highly about how their family member's medicines were managed. One relative said, "The staff manage [my family member's] medicines well."

People had individualised support planning records and risk assessments that provided staff with the guidance they needed to support people effectively and safely with their medicines. We checked people's medicine administration records (MAR), and saw these had been completed appropriately. In each person's MAR there were photographs of them to aid identification and information about their allergies. Some of the records also contained information for staff about how people liked to take their medicine, although this was not in place for all.

Medicines were stored safely and securely. Where medicines were stored in a cupboard or in a fridge, daily checks of the temperature were recorded. The effectiveness of medicines can be affected if they are stored at too high or too low temperatures. The records for all four cabinets showed they were within the

recommended safe limits.

Processes were in place to ensure that when people were administered 'as needed' medicines that could affect their behavior; they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. We noted some other medicines that were prescribed on an 'as needed' basis did not have these processes in place. The registered manager told us they had recently adopted a new medicines system, which may have led to some aspects of the medicine records not yet being as comprehensive as they should be. They told us they would make the appropriate amendments to people's medicine records. We checked the MAR for these medicines and found none had been administered inappropriately.

There were effective processes in place to ensure unused medicines were disposed of safely and that people's medicines were reordered in a timely manner. There was evidence of regular medicine audits being completed. Staff administering medicines told us they had completed medicines management training and their competency was regularly checked. Records viewed confirmed this. Medicines policies for each aspect of medicines administration and management were in place.

Good

Is the service effective?

Our findings

During our previous inspection on the 23 and 24 April 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the failure of the registered manager to be able to provide records requested during the inspection. These records were the mental capacity assessments carried out for people who were unable to make their own decisions about complex issues regarding their care and support needs.

During this inspection improvements had been made. 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.

Where we identified an area where a mental capacity assessment was needed to show the principles of the MCA had been adhered to when a decision was made for a person, the appropriate paperwork was now available. We saw detailed and numerous assessments had been carried out for decisions such as support people with their medicines and their personal care. The documentation showed who had bene involved with the decision made, and why the decision would be in the person's best interest.

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). The registered manager had a good understanding of the DoLS process. Where applications were needed they had been made and the terms of the applications were being met by the staff.

There was a strong emphasis on ensuring people were able to make decisions about their own care and staff ensured people were offered choices throughout their daily life. Whilst many people at the home may have difficulties to understand more complex decisions about their care and support needs, where people were able to make some smaller, less complex decisions such as the food they wanted to eat, the activities they wanted to part, or where they wanted to sit for lunch, staff ensured these were decisions were encouraged and respected.

People and relatives spoke positively about the way staff supported them or their family member. One person said, "The staff know me and what I need." Another person said, "The staff are great." A relative said, "All the staff are great and are very accommodating." Another relative said, "I think the care is very good. [My family member] always seems so happy."

Two visiting health and/or social professionals commented on the quality of the support the staff gave to people. One said, "The progression and improvement for [name] is all down to the staff." The other said, "The staff have identified [name's] health issues and made sure [name's] needs are being."

Staff received a detailed induction which provided them with the skills needed to support people in an effective way. Staff spoken with told us they felt the induction gave them the skills and confidence to support people effectively. Staff told us they felt well trained and received regular refresher courses to ensure their current knowledge was in line with current best practice guidelines. Staff were encouraged to develop their role by completing externally recognised diplomas, (previously known as NVQs) in adult social care. Records showed a large proportion of the staff had either commenced or completed this qualification. Additionally, records showed staff had either completed or were in the process of completing training specifically designed to support people with living with a learning disability.

A regular programme of supervision was in place to ensure staff carried out their role to the best of their ability, to praise good practice, and to discuss areas where there may room for improvement. Staff told us they felt supported by the management team. One staff member said, "I feel well supported and well trained. It has really helped me to my best in my role."

People's support records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. We saw that people had varying ability to communicate verbally. We observed staff use a variety of techniques to communicate effectively with each of them. The techniques used were carried out in line with the guidance as recorded within their support plan records.

People's support records contained individualised guidance on how they wanted and needed to be supported should they present behaviours that may challenge. Regular monitoring of people's behaviour was carried to identify any trends which could be affecting each person. Where a trend had been identified, preventative measures had been put in place to support them effectively. For example, in response to a recent sudden increase in challenging behaviour at the home, the registered manager responded quickly to provide staff with 'management of actual or potential aggression' (MAPA) training. This training is designed to equip staff with non-violent, safe and effective physical intervention training to manage the more challenging and aggressive behaviour experienced from time to time at the home.

People told us they were able to choose the food they wanted to eat and were happy with how staff supported them with planning and preparing their meals. One person said, "I choose to have Weetabix in the morning and I get it." Another person said, "I do some baking and the staff help me with it. We cook with each other. I enjoy it."

People were supported to plan and where able, to contribute to preparing their own meals. Regular meetings were held with the staff to discuss the food they wanted to buy and to help plan their meals for the week. We observed the breakfast and lunch time meals being served. Each person had their chosen meal provided. We saw people choose a mixture of hot and cold options all individualised to their choice. We asked people if they enjoyed their food and they were able to have what they wanted and all people said they did.

People were encouraged to follow a healthy and balanced diet, but people were also encouraged to make their own choices. A person who used the service told us the staff supported them with meals that were part of their cultural background, which they enjoyed. Relatives spoke positively about the way staff supported their family members with their food and diet. One relative said, "[My family member's] diet had improved and is well managed. [My family member] has lost weight."

People's care records contained guidance for staff when supporting people who may be at risk of choking or excessive weight loss or gain; with referrals to dieticians or speech and language therapists (SALT) being

made if professional guidance was needed. We noted specific guidance had been given to support a person to lose weight. Staff ensured the person's daily calorie content was recorded and the person was weighed regularly to enable the registered manager to monitor the person's progress. Records showed the person had lost a considerable amount of weight in the past 18 months. We also noted since our last inspection the person was much more mobile and was able to move around the home now more freely.

Records showed people had regular input from a wide variety of health and social care professionals to support them with their day to day health needs. In addition to regular GP and dentist visits, we noted other input included, speech and language therapist, occupational therapist, neuropsychologists [used to assess people with managing their behaviour, emotions and cognition] and dieticians.

A healthcare professional spoken with after the inspection told us they felt the staff supported the person they were responsible for well, however they did raise one concern that the paperwork they have asked them to complete to monitor the person's progress was not always completed or available when they come to visit. They told us they have raised this with the registered manager who has implemented new procedures to ensure this is completed.

Detailed guidance was provided in people's support records to enable staff to support people who were living with conditions that if not managed appropriately, could have an impact on their safety. For example, we saw guidance was provided to help support a person who was living with epilepsy. A healthcare professional told us they felt the staff managed the epilepsy well for the person they visited.

Good

Is the service caring?

Our findings

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members. One person who used the service said, "They care." Another person said, "The staff are amazing." A relative said, "[My family member] likes the staff." Another relative said, "The staff are very caring, they seem to give people a lot of attention."

Health and social care professionals spoken with either during or after the inspection spoke highly of the way staff supported people and felt they cared about people and made a positive impact on their lift. One professional said, "The staff are amazing, they are really helpful. They've really made a difference." Another professional told us they found the staff approachable, friendly and demonstrated that they cared about people. They also said the person they visited seemed happy when they visited the home.

Staff we spoke positively about the people they supported and demonstrated a good understanding of what was important to the people they supported. People's support records contained documents that provided staff with information about their likes and dislikes and their life history. We observed staff used this information to form meaningful relationships with people.
People were supported to follow their chosen religion or to follow and embrace their cultural needs. Where people had specific requirements in relation to these needs, plans were in place to support them with it.

Staff showed a genuine warmth and care for the people they supported. We saw where people showed signs of becoming upset or distressed, staff acted quickly to reassure people. This led to a calm and friendly environment for people to live and work in.

There was a clear emphasis on encouraging people to be involved with decisions about their own care and support needs. A process called, 'Talk Time' was used regularly. This process gave people the opportunity to talk with their key workers to discuss anything they wanted to. This included a review of their care records but was also an opportunity for people to discuss how they were feeling and if they needed any further support from staff to improve their lives. We looked a sample of these records and found where actions had been agreed with each person, they were reviewed and to ensure they had been carried out. This helped people build trusting relationships with staff.

Efforts had been made within people's support records to provide information in a format they would be able to understand. Some signs, symbols and pictures had been used; however examples of these were not widespread. We discussed this with the registered manager and they told us they were currently considering ways of making people's support records easier for people to understand. However, they also told us they were confident that the 'Talk Time' process enabled people to regularly give their views about their own care.

People were provided with information about how they could contact or request the support of an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social

care. In addition to this, people were also made aware via the provider's 'charter of rights', how they should expect staff to support them in a way that kept them safe, but also ensuring people were treated equally, respecting their diversity and protecting their human rights.

Treating people with dignity was a key focus for this service. People were informed who the dignity champions at the home were if they felt their dignity had been compromised. A dignity champion is someone whose role is to ensure that all people are treated with dignity and to address any areas for improvement if needed. The provider ensured there was a consistent approach to promoting dignity across all of its services by holding regular meetings for the dignity champions for each service. We saw the minutes for the most recent meeting in November 2016 and saw a wide ranging discussion on promoting dignity and the provider's values across each of the services.

People were supported to lead independent lives. Relatives felt their family member's independence was encouraged. One relative said, "They try to get [my family member] to do things for themselves." Where able people were encouraged to gain the skills needed to move from the home into a supported living environment, which enables people to lead more independent lives with less support from staff. The registered manager explained how people, if able and willing, were supported with gaining social and domestic skills to make the transition to supported living. They gave us an example where a person had recently left the service and was now living in a sheltered accommodation environment, with significantly reduced support. The registered manager felt the support they and the staff had given this person had increased their prospects of leading an independent life. Others within the home were also encouraged to live as independent a life as they wanted to. Support with domestic tasks as well as encouragement to do more for themselves when out in the community was commonplace.

People told us staff respected their privacy when supporting them. People told us staff always knocked on their door before entering and we saw staff leave people alone when they asked to be.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. Records showed people were encouraged to maintain regular contact with friends and family and some were supported to make regular phone calls to people that were important to them.

Good

Is the service responsive?

Our findings

People led active and interesting lives and were supported by staff to do things they wanted do. A person living at the home said, "I like to go bowling. I got a trophy for trying hard." Another person said, "I like to watch Christmas movies, but I go out as well." A relative said, "[My family member] is always dancing and loves music. The staff are encouraging."

A number of vehicles were provided for people if they wished to go out on their own, or with others. Due to the high numbers of staff provided for people, if people wanted to go out they were able to. People's records showed they lead active lives which included meeting others from other local services that support people living with physical and/or learning disabilities, but also to meet people from within their local community. Regular trips to local amenities such as bowling allies, pubs, cafes and shopping centres were provided to enable people to feel part of their local community. One person took great pleasure in telling us they were going to a local disco to meet their friends.

People were given the right support from staff to aim high and to improve their lives. We saw examples where a person has been supported to find employment and others were encouraged to attended day centres to meet new but also to gain life skills designed to increase people's ability to lead more independent lives. People's life history and past experiences were taken into account and used to agree a plan of action. Where people had identified a specific activity, goal, or aim; these had been discussed during 'Talk Time' and reviewed to ensure people had been given the appropriate support. For example a person had expressed a wish for specific accommodation on holiday. This had been arranged for them by the staff.

Records showed and people, relatives and health and social professionals told us that people's quality of life has improved since they came to live at the home. Detailed pre-admission assessments were completed prior to people coming to the home. A staged transition was then put in place to assist people with moving and to familiarise themselves with the environment and the staff. This included day visits, sometimes overnight stays and regular contact with the people they would be living with and the staff who would be supporting them.

We were also informed by a visiting social care professional how well the registered manager and staff had acted when they were asked if they could take an emergency admission to the home. They told us the positive approach of the registered manager and the staff had ensured that what would normally be a process of up to 90 days to integrate a person into a new service was managed in just seven days. Within this timeframe a review of the person's medication and night time routine was carried out to further aid this transition. The healthcare professional told us the person had settled very well and they were pleased with how the staff supported the person in this difficult situation. The registered manager explained that this emergency transition had led to the provider's 'transition policy' being revised to now reflect the home's ability to take emergency admissions to the home. The registered manager also told us that although this was an unusual way of person transitioning to the home, they were proud of the way the staff supported them to help the transition go as smoothly as possible with as little impact on the person as possible.

Where people were provided with continuous supervision, [sometimes referred to as one to one support] staff ensured this was provided. We observed staff support people in line with the guidance provided with their support records. People were never left alone when receiving continuous supervision. We saw staff members ask other staff to cover, if they needed to leave the room they were in or were due to go on a break. This ensured staff were always available to respond to people's needs, but also to keep them safe.

Records showed staff had received training for 'person centred thinking and care planning'. The registered manager told us this training was important as it gave staff a better understanding of how to ensure that people received their care and support in the way they wanted it. The staff we spoke with had a detailed understanding of people's care and support needs and gave examples of the way they supported people to lead active and fulfilling lives.

People's support records were person centred and focused on what was important to them. Documents such as, 'How best to support me' and 'What people like about me' were completed either with people before they came to the home, or if they were unable to contribute, with relatives and health and social care professionals. Along with this information were detailed support plans, with comprehensive guidance for staff on how to support people in the way they wanted them to. These plans were regularly reviewed to ensure they met people's current wishes.

A visiting social care professional told us they felt staff and the registered manager had the skills to identify changes in people's health and to respond accordingly. They gave an example where a person had showed signs of their health deteriorating but because of their learning disability they were unable to say what was affecting them. They responded by having the person's condition diagnosed by a GP. They were prescribed medication and the improvements in their health were immediate. The social professional said, "They have identified the issues with this person's health that had never been diagnosed before at previous homes they had been at. They responded quickly and positively and the impact on the health has great." The registered manager said, "I knew there was something wrong, I wasn't going to stop until we got it sorted. Now the improvement in their life and their health is massive."

People were provided with an 'easy read' format of how to make a complaint .This format provided people with signs, symbols and pictures to assist them with their understanding of the information. None of the people we spoke with raised any concerns about this process. People were also encouraged to discuss any concerns that they may have in their regular meetings with their keyworkers. Relatives also felt any issues they had were dealt with appropriately.

We reviewed the complaints register and saw complaints had been responded to in line with the provider's policy. We also saw examples where learning from complaints made had been discussed within senior and full team meetings. The registered manager told us this approach was to encourage an open and honest culture within the staffing team.

Good

Is the service well-led?

Our findings

There was a clear emphasis on people being encouraged and supported to lead fulfilling lives. An enthusiastic staffing team was in place, led by a strong management team, to support each person in the way they wanted them to. The registered manager could demonstrate how people's lives had improved living at the home. This ranged from people who had recently moved to the home to people who have lived there long term. People's ability to lead independent lives with staff support where needed, is a key aim of the provider of this service.

The provider empowered the registered manager and their support staff to provide a high standard of care and support for all people. Detailed staff handovers took place between the end and start of shifts to enable staff to be aware of any issues that could affect the care and support provided for people. The provider also ensured, via the registered manager, that each member of staff was equipped with the skills needed to provide high quality care. Staff were encouraged to develop their roles, not just in gaining qualification or attending training courses but to learn about different ways that could improve the lives for all people at the home. The registered manager, with discussion and agreement with the staff, had assigned staff with 'functional roles' also known as key areas of responsibility. The roles, such as infection control, support planning, finances and medicines were designed to upskill the staff and to give them the added confidence that if the registered manager or a member of the management was not available, another member of staff would be available to support them if they needed help.

Staff felt valued by the registered manager and the provider. The provider has a long term service recognition award scheme in place for staff who have completed five years' service. The registered manager told us this helped to make the staff feel valued by the provider. Staff told us they felt empowered to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team. Staff were encouraged to build a career within the provider's group of services. Clear promotion opportunities were available both within this home and others, with a structured training and development programme that was challenging, but was designed to give the staff the skills they needed to provide all people with high quality care and support. Records showed a staff member in training to become a team leader was given guidance by the registered manager on adopting different approaches to supervising and managing their staff. The staff member said, "We are given the support to move on and to better ourselves. I can see me becoming a manager one day."

The registered manager told us the provider had clear aims and values which he and the staff embraced when supporting people. The provider information return (PIR) sent to us before the inspection stated, 'Staff performance is monitored to ensure they understand the concept of privacy, dignity, independence and human rights and how they should be applied to people who use the service'. The staff spoken with could clearly demonstrate these values and told us why they enjoyed working at the home. One staff member said, "My number one aim here is to ensure that everyone is able to achieve their best." We spoke with the person who was currently training to become a registered manager. They said, "The training programme has slowly built up my confidence to be able to make say, 'yes, I can do this', in a month's time I will have finished my training and I will be ready."

People living at the home were also encouraged and supported to improve their knowledge about their physical and mental well-being and how they could use that knowledge to help them succeed in life. We were told a person who was being prepared to move from the home to a supported living setting had been invited to join staff on some of their training courses. These courses were specially selected for them to assist them in gaining the skills needed to gain employment in their chosen sector. In addition to this, support was provided for the person in preparing for life in their new home and to find work. This included guidance from the maintenance person on how to measure blinds for their home and support with preparing the person for job interviews. The registered manager took great pride in telling us this person was now in employment.

Regular staff 'away days' were provided for all staff to meet from across the provider's group of services to ensure a consistent approach to care and support was provided in all of the provider's services. We also saw records that showed where issues with staff practice had been identified action was taken by the provider to ensure that they were addressed. They did this using positive support specific for the individuals. The most recent away day, called 'Recognising People – Transforming Lives', focused on providing people with dignified care and support. A series of workshops were provided to encourage people to discuss the way they supported people and to learn from each other. Other staff away days were provided. These were more role specific, with team leaders from across the provider's group of service meeting regularly as well as each services 'dignity champion. After each staff 'away day' staff feedback was requested to assist the provider to improve the experience for staff during future events.

The service's provider, Blue Sky Care Limited had achieved Investors in People status. Investors in People is an internationally recognised standard which defines what it takes to lead, support and manage people well for sustainable results. In achieving this, the provider has shown that it has invested in their staff in order to provide the people they support with a high quality service.

There was a strong emphasis on continually striving for improvement, learning from mistakes made and acting on people's views. Learning logs were in place. These were used across a wide variety of areas throughout the home, ranging from how people took their medicines, changes to people's activities and people accessing a new activity for the first time. 'What went well?' and 'What can we learn?' were records that were continually recorded and assessed with the sole aim of ensuring staff strived to provide all people with the highest quality of service as possible. These learning logs, along with people's 'Talk Time' records and feedback from 'one to one resident consultation meetings' were discussed at regular meetings with the provider to ensure people's views formed the basis of continued improvement at the home.

Regular meetings were also held with a representative of the provider and registered managers from other services to discuss key areas of improvement in the care and support provision across the provider group. The knowledge gained from these meetings was shared with staff to improve staff practice and performance.

People, relatives and staff all told us they felt their opinions were valued and they were able to contribute to the continual development of the service. Regular resident, relative and staff meetings were held, along regular questionnaires and requests for continual feedback were all ways that people were able to offer their views on how the service could be improved. Minutes of these meetings showed where agreed actions were in place; these were discussed at the next meeting to ensure they were completed. One person living at the home said, "They listen to me." A relative said, "They [staff] discuss things with me and call me if they need to."

There was a clear and robust system of checking and assessment by the registered manager and the

provider to ensure that people received the highest quality of care and support from staff as possible. A fundamental aim of the provider was to ensure that people's views, aims and ambitions were central to the decisions made with them or on their behalf. Regular reviews of people's aims and goals along with ensuring people were provided with the appropriate number of hours of support from staff were regular carried out. The provider expected their registered manager to carry out regular impact assessments for each person to ensure that decisions made with or for them had a positive effect on their lives. Where concerns were identified, these were discussed and changes agreed to ensure people received the best possible support at all times.

People living at the home, relatives and staff all felt the home was well led by the register manager and he had a positive impact on the staff and their family members. They all felt he made a significant and positive contribution to improving the lives of all of the people living at the home. One person said, "I like the manager." A relative said, "I've not met the manager, but the home seems well run." A staff member said, "The manager we have here now is excellent, he is so helpful, one of the best."

The registered manager had ensured that people's records were easily accessible and the office environment was well organised, ensuring staff were able to work effectively within the home when the registered manager was not present. Staff spoken with told us the systems the registered manager had put in place, including the personalised care planning systems, enabled them to support people effectively.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. A whistle-blower is an employee that reports an employer's misconduct.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. These had been reviewed since our last inspection to enable the service to target areas of improvement more succinctly and included weekly and monthly audits as well as regular senior management reviews conducted for the provider. Where areas for improvement had been identified, action plans were put in place to address them. These were then continually reviewed to ensure sufficient progress was made.