East View Housing Management Limited

East View Housing Management Limited - 19 Alexandra Road

Inspection report

19 Alexandra Road
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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?	Requires improvement

Overall summary

This inspection took place on 07 and 12 May 2015. This was due to the need to talk to people when they returned from activities outside the home and to staff who were working at the service on different days. To ensure we met staff and the people that lived in the house, we gave short notice of our inspection to the service.

Summary of findings

This location is registered to provide accommodation and personal care for a maximum of three people with learning disabilities. Three people lived at the service at the time of our inspection.

People who lived in the house were younger adults below the age of sixty five years old. People had different communication needs. Some people were able to communicate verbally, and other people used gestures and body language. We talked directly with people and used observations to better understand people's needs.

Our inspection on 21 May 2014 found that the provider was in breach of regulation 20 of the Health and Social Care Act 2008 (HSCA) which relates to records. This was because some records were not always well maintained. For example, weight checks had not been recorded in line with people's needs and monthly key worker reviews had not been consistently completed. A keyworker is a member of care staff with key responsibility to support an individual, to meet their support and care needs.The provider sent us an action plan to show how they intended to improve the records they kept by October 2014. They intended to review all risk assessments and care plans and introduce a monthly keyworker report system. They intended to introduce a new quality monitoring process to monitor and analyse care plans and key worker report records to ensure they were up-to-date and met people's needs.

During this inspection we found that improvements to record keeping had been made and fully embedded into common practice by the provider.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the service. Maintenance systems were not always sufficiently robust to ensure low priority repairs and maintenance tasks were completed in a timely manner.

We recommend that the service explores relevant guidance from reputable websites about quality monitoring and action planning to improve the maintenance audit system and ensures effective communication of this with staff.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of re-occurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no one living at the home was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one.

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

Summary of findings

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

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

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

People received care that responded to their individual care and support needs. People felt confident they could make a complaint and that the registered manager would address concerns.

There was an open culture that put people at the centre of everything that took place. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager and the local authority.

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

Recruitment records showed there were systems in place to ensure the staff were suitable to work with people.

Good

Is the service effective?
The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The provider held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good

Is the service caring?
The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

Is the service responsive?
The service was responsive.

People's individual needs had been consistently responded to by the provider.

People felt confident they could make a complaint and that the provider would address concerns.

Good

Is the service well-led?
The service was not consistently well-led.

There were quality assurance systems in place to drive service improvements. Maintenance systems were not consistently effective to ensure low priority repairs and maintenance tasks were completed in a timely manner.

Requires improvement

Summary of findings

Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

The registered manager showed strong leadership. They were visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication. Staff were motivated and said they felt supported in their work.

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Detailed findings

Background to this inspection

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

The inspection was undertaken by one inspector, due to the small size of the service and the need not to cause undue disruption to people who lived there.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

Before an inspection, we can 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. We had not requested that the provider completed a PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and one member of staff on duty. We spoke by telephone with a second member of staff on a different day when they were on duty. We spoke with all three people who lived at the service. We made informal observations of care when people returned home, to help us understand the experience of people who could not talk with us. We looked at three care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we spoke with a quality monitoring officer at the local authority to obtain their feedback about the service.

Good

Is the service safe?

Our findings

People said they felt safe with the staff that supported them. One person said, "I feel safe and I trust the staff" and "If I did not feel safe or had a complaint, I would speak to the manager." People said they would speak with the manager or keyworker if they had any concerns. A keyworker is a member of care staff with key responsibility to support an individual, to meet their support and care needs. Safeguarding information was available to people in a service user guide. This contained pictures and accessible language to help people identify possible abuse and what they should do if they had concerns.

People were protected from discriminatory abuse. Records showed people had been involved in house meetings where their human rights were explained to them. People received information on equality and diversity in pictorial format using accessible language which explained how they should expect to be treated and how they should respect other people's diversity. People were encouraged and supported to identify and protect themselves against possible discrimination and were given information on what to do if they had any concerns. Staff said that they helped protect people against possible discriminatory abuse. For example whilst out in the community, they would challenge anyone who sought to discriminate against people due to any disability they had.

Personal Emergency Evacuation Plans (PEEP) were in place. These plans provided details of how staff should support people to vacate the premises in the event of a fire. Records showed that regular evacuation drills were completed to support people and staff to understand what to do in the event of a fire. The PEEPs identified people's individual levels of independence and provided staff with guidance about how to support people to safely evacuate the premises. All staff had attended fire safety training and refresher first aid training had been arranged for July 2015. People said they knew what to do in the event of a fire as they had taken part in regular fire drills.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff told us, "I have had safeguarding training. It is my responsibility to report any concerns to my manager and the local authority. I look out for possible signs of abuse by monitoring people's behaviours, changes in demeanour and eating patterns and look out for any physical marks." Staff told us they had a duty to report concerns to the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. Contact details for the local authority safeguarding were available to staff if they needed to report a concern.

Staff said they would report concerns about risks to people and poor practice. Staff were aware of the whistleblowing policy and would not hesitate to report any concerns they had about care practices. Staff said, "I would go to my manager, head office or to CQC if I had concerns." There was a whistleblowing policy in place which informed staff what to do in the event they needed to report concerns and what external agencies they could contact to report any concerns.

Records of accidents and incidents were kept at the service. Accidents and incidents were regularly monitored by the registered manager to ensure risks to people were identified and reduced.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately.

One person was at risk of falls. They had a risk assessment in place to reduce this risk and to promote their independence when walking. The person spoke to us about what they did to reduce the risk. They said, "I use walking sticks and sometimes do exercises when I'm not so tired." They told us they often had a lot of energy and always liked to go out and walked everywhere. They said that they had to balance this with rest days as they had a tendency to over do things. They used equipment to support them to walk safely. They used grab rails and a shower seat to support them with daily living. Their needs had been assessed by a physiotherapy team. They completed daily exercises to strengthen their muscles and support them to walk independently. We observed the person walking safely with their walking sticks. Staff ensured that falls were recorded on an incident sheet and demonstrated that necessary action had been taken. For example after one incident, the person had been checked

Good

Is the service safe?

by a paramedic and referred to a physiotherapy service. This was intended to reduce the risk of future falls. One staff member said, "We review incidents and make changes in people's care plans where necessary. The registered manager looks at the incident records and reviews people's risk assessments."

People were supported to take positive risks to develop their life skills and promote their independence. One person liked to go to late night music gigs. They had joined a community voluntary scheme whereby they attended a music gig once a month accompanied by a volunteer befriender. This was part of the Mencap 'Stay Up Late' campaign set up to challenge inequalities for people with learning disabilities. This campaign enables people to live active social lives and make their own decisions about events they would like to go to. The person stayed overnight in a hotel to enable them to attend a gig out of area. Staff involved the person in completing a risk assessment to ensure their safety. The person made sure they kept a mobile phone with emergency contact details to call staff and they booked a hotel in advance to ensure they had somewhere safe and comfortable to stay. They told us they really enjoyed going to gigs with their friend.

There was adequate staffing in place to meet the needs of people. The registered manager completed staff rotas to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff retention was high. This promoted a positive environment and consistent support service for people. Staff were available when people needed to attend hospital, social or other events. For example, one person had an emergency admission to hospital. The registered manager ensured that staff were available to support and reassure the person whilst they were in hospital and during their recovery time at home. This meant that additional staff were deployed when necessary to meet people's needs.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service(DBS) checks to ensure staff were suitable. The registered manager followed a consistent and robust recruitment and selection process. This ensured that staff were suitably recruited to deliver people's care and support needs safely.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training. The registered manager had undertaken 'Train the trainer' training to enable them to provide staff with appropriate training. They had responsibility in this area as the provider's medicines overall lead. Staff had read policies about the management and review of medicines and signed records to confirm this. Records showed supervision had been given to staff where they required additional support to administer medicines.

All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification, allergy information and the person's individual administration requirements. One person's specific allergy was clearly recorded. Individual methods to administer medicines were clearly indicated, such as when people had difficulties swallowing tablets. Body maps showed staff where to apply people's topical creams or gels when required. There was additional information recorded about any side effects to watch out for. The registered manager carried out monthly audits to ensure people were provided with the correct medicines at all times. This system ensured that people received their medicines safely.

Good

Is the service effective?

Our findings

People were satisfied with the staff who supported them. People said, "It's smashing here" and "The staff are great. They help and support me. I go out as often as I like. Staff know me well and know what is important to me."

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure people were up-to-date with this training. A training recording system was in place that identified when staff were due for refresher courses. Staff said medicines management training involved written tests and observations of their practice by the registered manager. They said the training helped them to understand possible side effects of medicines. Staff said they were vigilant for changes in people's health and would report any changes to the registered manager. People said they got the help and support they needed.

Staff were satisfied with the training and professional development options available to them. The registered manager ensured that staff could access development programmes to attain a qualification in health and social care. Staff told us, "The support and training here is fantastic. I have completed safe training courses. I get a letter when I need to do refresher training" and "I find supervision helpful." Staff said they had specific training to meet the needs of people. They had epilepsy training to understand and manage people's needs in the event they had a seizure. They were able to tell us that the person's needs were due to be reviewed as they had a prolonged period of stability in their health. Through supervision I arranged an hour a week with my manager to talk through my course of study." Staff had not received formal annual appraisals of their performance and career development, these were scheduled to take place. This did not affect the standard of care the staff were providing for people because they had been well supported through regular supervision and staff meetings.

People gave their consent to their care and treatment. Care plans and consent forms contained pictures and staff used accessible language to help people understand their support needs. People had signed consent forms to show they consented to the care and support they received. Staff sought and obtained people's consent before they supported them. When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans and keyworker reports. One person was independent in managing and taking their own medicines. They had a risk assessment in place which detailed their capabilities and capacity to complete this task independently. The person had signed this to demonstrate their agreement and consent. One person needed dental treatment. We saw they had signed a 'patient consent form' to agree to this treatment. A staff member supported the person to understand what the treatment would involve, "I explained what was going to happen and the length of time it would take and that they would come back home afterwards."

People were given care and support which reflected their communication needs and learning disabilities. One person had labels placed on furniture in their bedroom to remind them where things were kept. Menus and activity planners contained pictures so people understood what was on the menu and activities they had decided to take part in.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and the DoLS and showed a good understanding of the five key principles of the MCA. Staff said they did not use any form of restraint with people at the service. The registered manager completed a 'DoLS assessment and review checklist' for each person to determine whether an application to restrict someone's liberty needed to be made with the appropriate authority. No DoLS applications had been required for people since our last inspection.

Staff said, "I would talk to the manager if I had concerns about someone's capacity to make decisions. I help people to achieve and make decisions in their best interests. I help people to understand information to make decisions, For example, I support someone to read letters and break the

Good

Is the service effective?

information down to help them to understand it." Another staff member said, "I worked with someone who lacked capacity to make a medical decision. We worked with the person, their G.P and Social Worker to make a decision in the person's best interest."

People liked the food and were able to make choices about what they wanted to eat. One person said, "I help to cook a lot. I like to plan healthy food. I go to a club for people who want to lose weight. Once a week I do a shopping list. I like to use the kitchen and I'm supported to cook." People attended weekly menu planning meetings to decide menu options. People said they attended house meetings to talk about food they wanted to eat and the shopping they needed for the week.

Staff knew people's dietary preferences and were able to give us detailed information on people's assessed dietary needs. One person was at risk of choking. The person had access to pictures of 'good' and 'bad' foods to help them to understand what foods were safe for them to eat. They liked certain fast foods. They could still eat foods they liked. Staff modified fast foods, for example not having meat on the bone and adding sauces to reduce the risk of choking. Staff followed guidelines in the person's care plan on potential choking risks. Staff said, "They need to eat soft foods and we need to supervise them at all times when they are eating. There is information to help us in their care plan" and "They are at risk of choking when swallowing. I must be with them at all times when they are eating." The person's nutritional needs had been assessed by a Speech and Language Team (SALT) to ensure staff followed best practice guidelines. These guidelines were recorded in their care plan. Records showed what the person ate and drank to ensure they were getting sufficient food and drink. All monitoring records were accurately maintained and signed by staff. Where appropriate, bladder and bowel movement monitoring charts were consistently maintained providing a clear record in line with the person's health condition.

The service had attained a National Food Hygiene Rating of '5'. This was the highest rating that could be achieved. This demonstrated that essential standards of food hygiene were met at the service.

People had health care plans which detailed information about their general health. Some people who could not communicate with words had a 'Care passport' containing pictures and accessible language. They took this with them to health appointments to assist them to independently communicate their health needs to medical professionals. People had an emergency hospital support plan that enabled staff to support them in the event of a hospital admission. Records of visits to healthcare professionals such as G.Ps and dentists were recorded in each person's care plan. Staff reminded people of their appointments and accompanied them when needed. Health appointments were recorded in a professionals log in people's care plans. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. This meant that people's medical needs were effectively met.

Good

Is the service caring?

Our findings

People said they were happy with the way care staff supported them. We observed people had developed good relationships with staff. People came to the office to talk to the registered manager about what they were doing, to get advice and have a general chat. We observed good banter and friendly relationships between people and staff. People said, "Staff know me well and know what is important to me." Staff talked about people in a caring way.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and levels of independence. Where people could complete day to day tasks this was clearly recorded in their support plans. Staff were aware of people's history, preferences and individual needs and these were recorded in the 'Who I am' section of their care plans. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen or their bedroom. People's care plans reminded staff that the person's choices were important and this information was documented in their care plans. One person was able to complete day to day tasks independently. They told us they took their own medication and they were involved in a risk assessment to ensure they were competent to do this. They had a job and visited places of their choice without staff support such as gigs and clubs. They said, "I am an independent person. I go out and about on my own." Another person told us, "I have a paid job. I like cooking and I like making scones." We observed people making themselves drinks in the kitchen independently and with support from staff when needed. Another person gave us a tour of their bedroom and showed us the fridge where they kept water to take their medicines. They had labels on their furniture to remind them where to find things, so they could tidy their room. We observed them talking to staff about buying a cabinet as they had lots of items of interest they wished to store tidily.

People were involved in their day to day care. People attended weekly house meetings and keyworker meetings to talk about their care and support needs. People's care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed monthly to ensure they remained appropriate to people's needs and requirements.

People said staff treated them with respect and upheld their dignity. One person said, "Staff are respectful to me." Staff said and we observed they treated people with dignity and respect. Staff said, "I promote people's dignity. I remind people to close the door when they are in the bathroom. I find a private space to talk things through with people. Dignity is a major focus of my work" and "I always ensure I shut the door when people are in the bathroom. I find a private space to talk to people about private matters." We observed staff promoted someone's dignity and personal hygiene. They very discretely suggested the person got a tissue from the bathroom. This prompted them to maintain their dignity independently. Staff supported people to respect each other's and staff's personal boundaries. One person had a tendency to try and get physically close to a staff member. The staff member calmly redirected the person by talking about things of interest to them. They politely and kindly reminded them to remember that people needed personal space. The person responded positively and continued to talk to the staff member in an animated way about their day. Staff said they responded well to a consistent communication approach which involved prompting and politely reminding them to keep to acceptable boundaries.

Information was provided to people in a format they understood. People's care plans, minutes of house meetings and service user guides contained pictures and appropriate language to help people understand their care needs, decisions they had made and how to find information. People's weekly activity planners contained pictures to help them understand scheduled activities they were taking part in. Staff used pictures of food to help people decide what food they wanted on their weekly menus. People received information in an accessible format and staff communicated with people in ways they could understand.

The registered manager talked with people about making end of life care plans. People's response and wishes were documented in their care plan. People had not wished to participate and discuss their end of life care plans, and their wishes had been respected. The registered manager had researched best practice in end of life care planning for people with learning disabilities. Pictorial end of life care planning tools were available to support people to understand and get involved in making end of life care decisions, should they wish to do so.

Good

Is the service responsive?

Our findings

People were satisfied with their care. People attended regular house meetings and one to one meetings with their keyworkers to talk about their support needs, what they would like to do and any issues of importance to them. One person said, "I like living here. I go to work and get paid to do planting. I do cooking and sports and go for trips on minibuses." One person indicated that they liked the house, their room and the staff by using gestures and one word responses to our questions.

Peoples' care plans included their personal history and described how the person wanted support to be provided. This information was recorded in documents called 'This is me' and 'This is important to me'. This ensured people were consulted and involved with the planning of their care and support. People were supported to pursue interests and maintain links with the community. One person wanted to go on holiday independent of staff. They had researched different holiday options to ensure their physical needs could be met. They had selected a holiday of their choice and staff supported them to book and pay for the holiday. Another person's goal was to go up in a hot air balloon. When we met the person, they showed us a photo of them going up in a tethered hot air balloon supported by a staff member. They were very excited to tell us about this and said that they had not been nervous. People's preferences were clearly documented in their keyworker reports and support plans. People were supported by staff who responded to their needs for social activities. The quality monitoring officer we spoke with said, "The registered manager always promotes people's choices. She goes out of her way to support people to achieve their goals." Staff reviewed people's care and support plans monthly or as soon as people's needs changed and these were updated to reflect the changes.

People attended activities of their choice. Staff had developed weekly activities planners with people. Some of these planners were in pictorial format to help people understand activities they had decided to do and when they were scheduled. People attended weekly keyworker sessions to talk about activities they did, whether they liked them and what other activities they would like to do. One person had a job and liked to go on holidays. We found that their likes and dislikes were documented in their care plan. They had a diary which recorded the activities they took part in which reflected their individual preferences. This was clearly documented in their key worker reports and support plans. They said, "I go out as often as I like. I have a job. My goal is to go on holiday without staff which I have booked. I am really looking forward to it."

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person met up with their parents and siblings and had regular telephone calls with family. This was written into their care plan to document what was important to them and staff supported them to do this. People told us that they met regularly with friends at various discos and social events. People told us they could invite their partners and friends back to their home when they wanted to.

People's religious preferences were considered by the provider. One person attended church independently every week. Staff told us about the different methods they used to communicate with people at the service, "[One person] uses gestures to communicate their needs and wishes, some people can verbalise what they want. Some people make choices by pointing and showing me things they want."

Questionnaires were sent to people, staff and relatives to enable them to give feedback and develop the service. All comments that we read were positive about the care and support people had received. People said they would speak to the registered manager, their keyworker or another member of staff if they had a complaint. Information on how to make a complaint was available in the service user guide given to people and their relatives. The policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. One person had made a complaint about lights continually being left on in the house. A staff member told us, "I helped them write a letter of complaint and this was referred to the manager." This was addressed by the registered manager. They spoke with the person, investigated and resolved the matter and wrote to the person and asked them if they were satisfied with the outcome. Complaints had been addressed and responded to appropriately according to the service's policy. The registered manager kept a record of all complaints and actions taken to address them.

Requires improvement

Is the service well-led?

Our findings

At the last inspection we found that some records were not always well maintained. For example, weight checks had not been recorded for people with specific health needs and monthly keyworker reviews had not been consistently completed.

At this inspection we found that the registered manager had made the necessary improvements to record keeping. They had introduced a new quality monitoring process to ensure that care plans and keyworker review records were monitored and analysed effectively. Daily records of the support people received were regularly completed and were up to date. Records reflected the support that people received, taking into account people's individual needs. Weight checks had been recorded monthly in all three care records we looked at. People's risk assessments for diabetes and falls had been reviewed on a monthly basis. We saw that care plan and keyworker report reviews had taken place every month. Keyworker reports identified which care plans which had been reviewed, along with changes that had been made and the reasons why. For example, one person's keyworker report stated that the person would like to go on holiday and therefore their lifestyle care plan was updated. We saw evidence of the keyworker carrying out environmental checks with people who used the service as part of their keyworker report. This included checks of the person's bedroom and bathroom..

We observed people approaching the registered manager regularly and contacting them via their mobile phones to talk through issues, to request advice and support and to ask for things to be addressed. People were confident in discussing things with the registered manager to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising." One member of staff said, "I couldn't ask for a better manager."

There were audits in place intended to improve service quality. There were some gaps in the audit records which did not always indicate when outstanding maintenance work would be completed. The décor in the property was tired in parts and could benefit from a scheme of refurbishment. This was acknowledged by the registered manager. The dining room floor was cracked and it had been recorded that the flooring was due to be replaced in the next two weeks. The kitchen floor was undulating in certain areas and the kitchen work surface edging was chipped in one section. Some work had recently taken place to repair damp on the ceiling in the kitchen, which needed repainting. The provider had a refurbishment plan in place which showed that the property was due to be refurbished on a rolling schedule until July 2016. The kitchen was due to be refurbished by November 2015. There was a maintenance system in place. The registered manager prioritised repairs taking account of people's safety in their environment. Urgent maintenance requests were responded to quickly. However, the registered manager was not always clear when low priority repairs or maintenance would be carried out.

We recommend that the service explores relevant guidance from reputable websites about quality monitoring and action planning to improve the maintenance audit system and ensures effective communication of this with staff.

The registered manager completed monthly audits of keyworker reports and care plans to ensure that they were up-to-date and that actions had been addressed. Records and care plans were up-to-date and detailed people's current care and support needs.

The registered manager completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards. Each audit was then reviewed by a quality assurance manager to check whether shortfalls had been addressed. The quality manager completed a quality monitoring report every three months to analyse and address any shortfalls. The registered manager attended a senior management team meeting every month to discuss care quality and operational matters affecting the service.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues. This was confirmed in meeting minutes.

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication. She said, "People are involved in decisions about their support and we put people at the centre of everything." Staff understood the need to promote people's preferences and ensure people remained as independent as possible. Staff described their vision and values as, "To ensure people are happy and to achieve their

Requires improvement

Is the service well-led?

goals" We read the provider's statement of purpose which promoted peoples independence, autonomy, choice, safety, development of life skills, education and community inclusion. We observed the registered manager and staff actively supporting people to be independent and make choices and decisions. For example, one person wanted to discuss their plans for the day with the registered manager. The person wanted to go to the cinema and sought advice about what time the film started and they arranged to have lunch before they went out. This supported the person to manage their day independently. One person had a job which they talked with us about in detail and they were involved in many activities and groups in the community.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a registered manager.

The registered manager promoted continuous service improvements. For example, they had undertaken 'Train the trainer' training to enable them to provide medicines training. They had responsibility in this area as the provider's medicines overall lead. They showed a keen interest in continuously improving the medicines training programme. They used feedback from staff to tailor the training to staff needs. Staff told us that the training was very practical as it was based on 'real life' scenarios, where they had to complete exercises to demonstrate their competence in medicines administration. The registered manager researched best practice for example in end of life care planning. They had researched the 'Macmillan' website and obtained care planning tools specific to the needs of people with learning disabilities. These tools were used to support people to be as involved as possible in their end of life care planning. The quality manager attended safeguarding forums at the Local Authority to ensure they had up-to-date information on how to safeguard people from abuse. A training session was taking place on the day of our inspection to update staff on recent changes in safeguarding best practice. Information relevant to changes in safeguarding practice were clearly displayed in the main office for staff to follow.