Community Homes of Intensive Care and Education Limited

Red Roof

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook a comprehensive unannounced inspection of Red Roof on 14 November 2018. Red Roof is a 'care home' registered to provide accommodation and support for up to eight people with learning disabilities. There were eight people living at Red Roof on the day of the inspection, six people in the main house and two people in an annexe, which was made up two apartments.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service 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.

At our last inspection in 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was exceptionally responsive supporting people in a very person centred way. Helping each person to reach their full potential. People were encouraged to live their life as any other person and their choices, independence and inclusion was promoted and encouraged.

Why the service is rated Good.

People remained safe at the service. Staff understood safeguarding procedures and said they would not hesitate to report any concerns. Risk's to people safety and well-being were managed without imposing unnecessary restrictions on people. Medicines were managed safely ensuring people received their medicines as prescribed.

Staff were safely recruited and employed in sufficient numbers to meet people's needs. The staff team were well trained and supported. Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their lives.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People's care plans had been developed to identify what support they required and how they would like this to be provided. People had opportunities to take part in activities which they enjoyed. These had been kept under review to ensure they were still relevant based on each person's wishes. All complaints had been acknowledged, recorded and investigated in
accordance with the provider's policy, to the satisfaction of the complainant.

The service was well managed. There were effective quality assurance arrangements in place to monitor care and plan ongoing improvements. People's views about the running of the service were sought regularly and changes and improvements took account of people's suggestions.

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 continues to provide a safe service.

Is the service effective?

Good

The service continues to be effective.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People were very much at the centre of the service and staff and the registered manager demonstrated a real commitment to help them reach their potential. The service celebrated people's achievements. Family were very much involved and kept informed.

People with complex needs were supported in a person centred way and in the least restrictive manner enabling them to live safely in the community. This had been kept under review to ensure it was appropriate involving significant others.

People were encouraged to live their life as any other person and their choices, independence and inclusion was promoted and encouraged.

Is the service well-led?

Good

The service continues to be well led.

Red Roof

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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 11 November 2018. We last visited the service in March 2016 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Before the inspection, we asked 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 planned to make. We also looked at the provider's web page to understand their values and details of the care and services they provided.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

We contacted the local community learning disability team and commissioners. We asked them for some feedback about the service. No feedback was received on this occasion.

During the inspection, we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and recruitment and training information for staff. We spoke with four staff, the registered manager and the area manager.

We spoke with two people who used the service. Some people were out at college. Other people were unable to tell us about their experience of living at Red Roof due to their complex needs so we spent time observing staff interactions and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual in the home.

After the inspection we spoke with two relatives to find out their experiences of the service. You can see what they told us in the main body of the report.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People we spoke with told us they felt safe. People looked extremely comfortable in the presence of staff demonstrating a relationship of trust. They said there was always a member of staff available to speak with them. Although two people told us at times they felt the home could do with more staff to enable them to go out when they wanted. This had also been raised by the same two people in the resident's meetings since July 2018. Staff also told us at times they could do with more staff but said the service was safe. They said because of a person's behaviour on occasions three staff were required to help with the situation. They also told us staffing was reduced at weekends if people were staying with family. In one person's case staffing was slowly being withdrawn in preparation for them moving to a supported living service.

Relatives told us they felt the service was safe and when they visited there was always enough staff. One relative told us, "There is always four or five staff when I visit and no one is left on their own for long".

We discussed staffing with the registered manager and the area manager who told us a staffing tool was used to calculate the staffing arrangements. This was to keep people safe and provide them with the support they needed in line with their agreed care plan. There were minimum staffing levels to keep people safe with additional staff providing them with opportunities to go out and about. One person told us on occasions they were told there was not enough staff but they usually arranged for them to go out later in the day. We were told there was usually five staff working throughout the day and two staff providing waking in night cover. The management team actively supported people with activities to compliment the staff. Also, the management team worked alongside the care staff on a regular basis. There was also an on-call system for staff when the management team were not available.

Staff told us that when they were short staffed support was available from a nearby home also run by the company. In addition, there was a core group of agency and bank staff who regular worked in the home. This was to ensure continuity for people who may not like unfamiliar staff. We observed one person being supported by an agency care worker it was evident they were relaxed in their presence. The agency staff demonstrated they knew the person well responding continually to their support needs.

Two people lived in an annex, which comprised of two self-contained apartments. One person told us they felt safe and could contact staff when needed from their self-contained apartment. They said there was an intercom they could use to seek help from staff, but often preferred to use their mobile phone or go in person to the main house. They told us they could go out without staff but could keep in regular contact with them using their mobile phone if they needed support.

The registered manager told us they were actively recruiting staff and had six vacant posts. They had already successfully recruited to three of the vacant posts and were waiting for all the employment checks to be completed. This included two care staff and an activity co-ordinator.

People were safe as they were cared for by staff whose suitability for their role had been assessed by the

provider and people using the service. Staff had undergone pre- employment checks as part of their recruitment. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. People living at Red Roof took part in the selection process of new staff. This showed that people's views were sought in respect of new staff and further evidenced an inclusive service.

Staff had identified when certain behaviours from people could affect their safety, or the safety of other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible. Where this had not been possible, staff knew how to support people to de-escalate the situation.

Staff had attended behaviour support training, which had assisted them in supporting people safely without being restrictive. Staff described how they supported people when they were anxious, which included talking about their concerns or using distraction. Staff were creative and innovative in ensuring people and staff were safe during times when behaviours were escalating. For example, baseball caps were worn by staff, if a person was known to pull hair, protective googles and specialist jackets (neoprene) if a person was known to scratch. There was also body shields to protect staff in the event of a person hitting and kicking. Staff told us these were only used if a person displayed these behaviours and it formed part of their agreed care plan. There was clear guidance on when the safety equipment should be used.

We were clearly informed of any risks to our safety when we arrived at the home. This included what to do in the event of someone's behaviour escalating. Staff ensured our safety, visitors and other people living in Red Roof. Staff told us they felt safe and well supported whilst working with people.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed. People's prescribed medicines were stored safely in accordance with current legislation and guidance. When people went out for the day, or on weekend visits or holidays, they took their medicines with them. There were processes for staff to document what medicines the person had taken with them and what medicines had been returned.

Staff were aware of their responsibilities in relation to safeguarding people who used the service. They told us that they had training about this and that they could talk to the registered manager about any concerns. Staff told us they had confidence in the registered manager and the provider to respond to any concerns appropriately. Staff were aware of the provider's policies to protect people, and were able to demonstrate the procedure to raise concerns internally and externally when required. Posters in the home reminded staff of their responsibility to protect people from abuse.

Records demonstrated that fire equipment such as emergency lighting, extinguishers and alarms, were

tested regularly to ensure they were in good working order. Other checks in the home, such as gas and electrical safety certification, protected people from environmental risks in the home.

Maintenance staff attended promptly when contacted by staff at Red Roof to repair damage which may cause risk to people and others visiting the home. During the inspection it was noted by staff that the hot tap in the ground floor toilet was a risk to people due to a rise in the temperature. We were told hot water temperatures were checked daily to prevent risks of scalding. This was addressed promptly on the day of the inspection. Whilst they were waiting for a maintenance person this area was locked to prevent scalding to people and staff. This was communicated to all staff and dealt with promptly.

There were also maintenance staff completing work in the hallway. This was because a stud wall was being put up as a person was at risk of jumping over the stair rail. It was evident staff promptly picked up on maintenance issues or risks to keep people safe. The premises and equipment were maintained effectively to ensure people were safe within the home.

The home was clean and free from odour. Cleaning schedules were in place. Cleaning chemicals were stored securely to ensure the safety of people. This was because not everyone would be aware of the risks in relation to swallowing these products. A food hygiene rating of five, the highest score, had been awarded to the service in 2018, showing high standards had been maintained.

Good

Is the service effective?

Our findings

The home continued to provide an effective service to people. People told us they liked the staff that supported them and the staff listened to what they had to say and spent time with them.

Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. People had access to health and social care professionals.

People's nutritional needs were being met. People were able to express their views and make choices on what to eat. People were consulted on the menu through the monthly house meetings. One person told us, the food was "alright" but they did not like mash potatoes or food on a plastic plate. They told us that there were china plates but yesterday they had been given a plastic plate which they did not like. We spoke with the registered manager who told us this would be addressed immediately. They said on occasions if a person was upset then plastic plates were used to avoid injury to others. The person also said they could have alternative to the planned menu if it was not what they liked or wanted. Another person said they did not like curry when told what was for tea. The staff confirmed they would cook an alternative for this person.

Any specific needs or risks related to nutrition or eating and drinking were included in support plans and support was sought from relevant professionals. The registered manager and staff knew how to assess and analyse nutritional risk, if required. The action which needed to be taken when issues occurred were clearly recorded and understood by staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Each person had information in their care file about Deprivation of Liberty Safeguards and whether there were any areas of concern, which would indicate an application should be made. These had been kept under review. The registered manager demonstrated they had put in appropriate applications to the funding authority. This included following up when there had been a delay in the placing authority responding and making further applicators when they had expired. The registered manager and staff

showed a good level of understanding of the process. Policies and procedures were in place guiding staff about the process of DoLS and the MCA. All staff received training updates about the MCA and DoLS. Although a new member of staff was unsure who was on DoLS they clearly described the support needs of people and any restrictions. This included who needed support when going out of the home to keep them and others safe. This was fed back to the registered manager who said this would be addressed. DoLS was a regular topic at staff meetings and they said they would remind all staff on who had an authorised DoLS in place.

There was detailed information in care files to inform staff about people's mental health and general well-being. The signs of a person's mental health deteriorating were clearly documented. This included when it was likely to occur, early warning signs and the action staff should take to support the person. The actions for staff to take were clear, person-centred and described how to provide effective support. The plans included who should be contacted, for example the person's GP or psychiatrist or the in-house behaviour team. Some people had 'as required' medicines that staff could administer if the person became distressed. Records indicated the use of these medicines was minimal. This meant staff only used these as a last resort and for most of the time successfully used other interventions. The home had signed up to STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

Staff told us the least restrictive approach was used to avoid behaviours escalating. They said the priority was to make the environment safe for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included plans, which provided guidance for staff about how to respond to changes in people's behaviour. This helped to ensure staff supported people in a safe and consistent way.

Staff had received training on managing conflict and how to de-escalate behaviours. Staff described how they used observations and their skills of listening so they could pre-empt when a person was anxious. Where restraint was used this was clearly recorded on the method that had been agreed using a multi-agency approach and kept under review. After an incident clear records were kept of the level of restraint, the time and who was involved. There were some gaps in the recording. The registered manager told us this was because a new book had been started and they had been on annual leave. They said this would be addresses as a matter of priority. This is a legal requirement to ensure this information is recorded promptly. These interventions were reviewed by the behaviour specialist, an in-house psychologist and the registered manager. All such events were also discussed and analysed with the staff team to ensure they took as much learning as they could from them to improve future interventions.

We were given examples where the least restrictive measures were used such as door alarms and bed sensors to indicate movement or a seizure. This meant the person did not need constant supervision to keep them safe affording them more privacy. Key pads were on some areas of the home including the kitchen, laundry and exits. We were told this was kept under review but was there to keep people safe. Where people could access these areas safely they had the key code to enable them to move freely around or leave their home. These restrictions were formed part of the applications for DoLS.

Staff described how they supported people to make day to day decisions, for example about how they wanted to spend their time, when to get up and go to bed and what to wear. Staff were aware of those decisions that people could not make for themselves for example when a person's mental health had deteriorated or more complex decisions about health. To help people in this area social stories were set up to explain what was happening using photographs and short sentences. Meetings were held so that

decisions could be made, which were in people's best interests. It was clear from talking with staff and the information in care records the person would always be involved. Relatives confirmed they were involved in care reviews and discussions around health.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training which had prepared them for their role. Staff new to care completed the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Staff then went on to complete further recognised qualifications in care such as a diploma.

Bank and agency staff received a short induction when they started working in the home. Records were seen confirming this. They also completed the provider's training positive behaviour support. This was vital to ensure a consistent approach and people were provided with safe and effective support. This also ensured they were aware of the needs of the people living in the home and policies they may require in the event of an emergency. An agency staff confirmed they regularly worked in the home and staff supported them in their role.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines, equality and diversity and safeguarding vulnerable adults. Staff also received specific training to meet people's needs including, administration of emergency medicines for epilepsy, positive behavioural support and autism awareness. Staff said the training they had received had helped them to meet people's individual needs. A member of staff had completed advanced training on epilepsy and was the champion for the service.

Staff confirmed they received supervision with their line manager and found these useful. Although from looking at the supervision matrix this was not always at the frequency expected of the provider. Some staff had a period of three months with no formal supervision. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Staff also had an annual appraisal of their performance. The area manager and a recently quality check had identified that some improvements were needed to make sure staff received these at six weekly intervals and the quality of the content was not always sufficient. In response, senior staff were being offered supervision training. This training had already been completed by the registered manager and the deputy.

Staff told us they generally felt supported in their roles with good communication between the team and the registered manager. They said this was really important in supporting people with complex needs.

Good

Is the service caring?

Our findings

We saw that staff interacted with people in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, one person was asked if they would like to show us their bedroom, it was explained to them that it was their choice. The staff member asked if they wanted support or wanted to speak with the inspector on their own. This person's decision was respected by the staff member. One person liked to spend time in their bedroom and rarely sought the company of staff. Staff told us they proactively engaged with the person frequently during the day spending time speaking with them. The registered manager said that this person now will come to the office and seek staff out in the house for company or to go out. This was viewed as being very positive for the person for their general well-being and building relationships with others.

Staff were aware of people's preferences. This included the name they wanted to be known by. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home.

Staff spoke about people in a caring and positive manner. They were knowledgeable about people's life histories and important family contacts. People had information about their life histories and what and who was important to them. Relatives had been involved in these, where possible. Staff spoke about people's positive reputation. It was evident staff showed empathy when a person was unsettled exploring the reasons so this could be alleviated as much as possible. There was a philosophy where people were not discriminated against because of their behaviours. Staff looked at ways to support people in a creative way looking at and balancing risks to enable the person to do what they wanted.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. They also took a special interest in the person.

Staff were aware of the importance of respecting people's rights to privacy and dignity. One staff member told us, "People have their own rooms where they can go and spend time if they want their own space." People confirmed staff gave them privacy and respected their wish to spend time alone. One person commented, "I can spend time in my bedroom on my computer or playing my electronic games". We also heard how one person now positively goes to their bedroom when upset or angry as a means to calming themselves down. This was viewed as a success story because they had learnt the strategies to calm themselves down without disrupting or upsetting others.

People had personalised their bedrooms, they were surrounded by items in their rooms that were important and meaningful to them. Photographs of significant events were also displayed throughout the service and there was evidence of people's interests and hobbies

People were encouraged to be as independent as possible. Staff told us people were often assisting with household cleaning and making drinks and snacks. Care records included what the person could do and what they may need help with. Staff understood the importance for people to maintain their skills, which aided their general well-being and feeling of worth. One person was supported to gain the skills they would need to move out to supported living. Staff celebrated this person's journey and the move from the main house to the annexe. It was evident the person was proud of their new setting which gave them more independence.

Meal times were seen as a social occasion with staff and people eating together. This promoted an inclusive and family atmosphere. Mealtimes were flexible to accommodate people's social activities and personal preferences.

Staff told us about the importance of maintaining family relationships and how they supported and enabled this to happen. For example, home visits, meeting up with family members, supporting people to go on holiday and special occasions. A relative commended the support that three staff had shown when they had supported their loved one to attend the funeral of a relative about an hour away from the service.

Staff told us how they kept relatives informed about important issues that affected their family member and ensured they were involved. Some relatives liked to keep in contact via email or by telephone. Staff supported people to visit family if they lived further afield. The registered manager told us staff sometimes did this in their own time as there were no drivers available. It was evident staff did not want the person to miss out. Another example was where a person had been supported to keep in contact with family living overseas by social media. This was a three-way conversation with their family which gave them the feeling they were in one room.

Relatives told us there was a welcoming and friendly atmosphere when they visited. One relative told us they had visited recently and been offered lunch which was 'wonderful and home cooked'. They explained that they lived over an hour away and the staff had kindly offered to drive them home rather than catching the train, which they were grateful for. They were told it was company policy.

We also heard about how some people were helped to rekindle relationships with family and the support some people needed in managing their emotions and anxieties around this. For example, one person found birthdays quite stressful because they wanted to meet with both their parents who no longer resided together. Staff supported this person to understand the complexities of relationships and provided them with the emotional support when they needed it. One person had also received family therapy from the in-house behaviour specialist to enable them to foster positive relationships with their family. This had enabled them to re-establish family connections. The staff worked very closely with the person supporting them through the changes in their life, to come to terms with this, to manage their feelings and to use coping techniques.

We were also told how staff had supported a person who had been hospitalised for a while. Staff would visit regularly during the day to spend quality time with them and help with any care requirements. This person no longer lives in the home but their key worker regularly visits them at their new home. Staff initially supported this person during the move to their new home enabling them to settle in and for the new staff team to have the expertise of the staff from Red Roof. This was an example where staff had gone over and above in their care delivery.

People told us they were able to make choices about their day to day lives and staff respected these choices. Where required people had the opportunity to be supported in their decisions by an advocate. Advocacy is

one person supporting another person to make their needs and wishes known. An advocate supports people to ensure they can make their own choices in life and have the chance to be as independent as they want to be.

Outstanding ☆

Is the service responsive?

Our findings

The service continues to be extremely responsive. Staff were responsive to people's needs throughout our visit. This included sitting with people, helping them to make drinks and lunch, going out shopping or for a walk.

Relatives spoke very highly of the service and the difference that the care and support had made to their loved one. A relative told us, "Every year we can see improvements and some of the restrictions reduced". It was evident the relatives were very much part of the discussions on any restrictions imposed. They told us the staff worked closely with the person, professionals and the family to ensure all restrictions were appropriate and kept under review. A relative commended the home on the support that had been given during a recent family bereavement. Staff had developed a social picture story to enable the person to express their feelings and emotions. The relative was very grateful on how the staff had provided support during this time.

People were encouraged to take part in a choice of activities outside the home such as swimming, attending college, going to gym, and visiting local shops, pubs, clubs and restaurants. Detailed risk assessments were in place to ensure such activities were pursued as safely as possible. One person liked to go litter picking and had made many acquaintances in the local area. Staff told us this had promoted their self-worth and confidence. They also wanted to give something back to the community. This had been a major achievement as this person preferred their own company but evidently had chosen to pursue this activity. They were also going to the local park gym and had recently been out with others living in the home.

Staff were responsive to people's changing needs. For example, staff ensured they listened to the person, their non-verbal communication and body language. Staff had found that one person may not have liked their reflection in mirrors or windows by observing their non-verbal communication. All mirrors in the person's bedroom had been removed and a privacy screen put on the window. Staff said the person was fairly new but they were trying to get to know the person, whose behaviour often escalated without any warning. They were continuing to monitor for any physical triggers and working closely with the in-house behaviour support team. They were working with other health and social care professionals, family and the person in ensuring the service was responsive, effective and meeting their individual care needs.

The registered manager said that many of the behaviours that were first shown when people had moved in had greatly reduced. They put this down to the consistent and supportive approach of staff in supporting people in a very individualised way. It was evident that there was not 'a one fit all' approach was used. Information was shared with us in the form of a graph and records relating to behaviours that showed these had greatly reduced for some people. These trends were kept under review and used to adapt the positive behaviour support plans.

Each person had a file containing achievements. This included a brief overview of each person and photographs. There were some excellent examples where the service had supported people to self-manage their own emotions and feelings. One person had been supported through college and had completed their

examinations. Staff told us they had supported the person to negotiate a shorter timetable to help with their attendance. This person told us they were now on an internship and successfully got a work placement. Another person who had spent years in psychiatric hospitals was now learning to develop positive relationships with the people they lived with and staff. Staff told us over the last four years this person will now actively seek out staff and participate in activities, which previously they did not like to do. An example, was given where they enjoyed football and rugby matches. Initially this person only stayed for 20 minutes but recently attended the whole match. This was a significant accomplishment for the person. Another example was where they made contact with their television provider to discuss an issue supported by staff. Although to many this was a small accomplishment for this person it was a major achievement where they were able to talk with a stranger to resolve an issue.

There were many examples where the staff had supported people to gain independence from having control over their medicines to going out on their own. This included using public transport with staff support and working up to one person accessing this independently. It was evident staff sought out the interests of the person enabling them to grow in confidence for example a person enjoyed gardening. They were supported to go to garden centres and was now looking after the garden at Red Roof. For these people these achievements were major milestones.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff were able to communicate, with them as effectively as possible. Information was produced for people in user friendly formats such as easy read, photographs, pictures and symbols. People were supported with personal IT such as hand-held devices to use for fun and interest. For some these helped with communicating their needs to staff. Communication was seen as vital in supporting people, not only listening to what they were saying but reading people's body language. From these conversations with staff it was evident they had got to know people well enabling them to pre-empt if a person was not happy.

Comprehensive care plans clearly described how people should be supported in all aspects of daily living and their personal preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review, when care needs changed and were updated involving the person, their relatives and their key worker.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed and adapt the plan of care if required for the person.

Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. They also said that slight changes were communicated to staff throughout the shift to enable them to monitor a person's well-being. They told us this ensured a consistent approach as they were kept informed of people's changing needs. Staff told us there was good communication with other staff and the management of the service.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. We saw there

had been three complaints in the last twelve months. These had been responded to appropriately and action taken as a result. In response to one of the complaints an area of the service had been sound proofed as concerns had been raised by a neighbour. Staff confirmed this been successful in reducing further complaints.

Relatives confirmed they knew how to complain and would have no hesitation in speaking with the registered manager or the deputy manager. One relative said, "Nothing is too much trouble. They sort out any small niggles straight away so they do not become complaints".

The service had also received compliments from professionals. This included comments such as, "Staff work well and appear to have a lot of respect for the manager" and another professional stated, "How well we are supporting X, it is like a new X (name of person).

Good

Is the service well-led?

Our findings

The registered manager told us the management team worked shifts alongside staff, which enabled them to build positive relationships with people and staff. The registered manager told us this gave them and the deputy manager the opportunity to observe the support provided and lead by example. Staff told us the management team had created an open culture within the home, where people and staff felt safe and confident to express their views. The registered manager promoted a positive, inclusive environment within the home. The registered manager was very passionate about promoting people's independence based on their dreams and aspirations. Care was tailored to the person.

Staff told us that the management team were flexible and their support was increased during challenging periods. Observations confirmed the registered manager and management team were highly visible within the home and provided clear and direct leadership to the staff. Relatives confirmed they had good relationships with the staff and management. One relative told us, "We have a very open relationship and would have no hesitation in contacting X (the manager) or the deputy manager". Another said, "X (name of manager) is very good and very supportive". They said their relative would only go out with the registered manager or the deputy and they regularly provided this support. This was also confirmed in conversations with the registered manager who regularly put time aside to support this person.

The provider information return completed by the registered manager clearly described the five values of the provider and how these were put into practice. The provider had five principal values, which were; to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of their service and to be trustworthy and reliable. Staff were able to explain what these values meant to them and how they applied them while supporting people. One staff member told us, "It is an amazing place to work, no day is the same. They told us the team worked well together to meet people's needs. Another member of staff told us, "I enjoy coming to work, it is all about the people that live here and I find it really rewarding". They told us all the staff were passionate and wanted to make a difference to each person.

Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about their role in supporting people to lead the life they wanted.

Resident meetings were held monthly to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings. Discussions were held around the environment, staffing, activities and quality of the service. The meeting encouraged people to talk about what they liked about the home and what they did not like. The meetings were service user led with one of the people living in Red Roof chairing the meeting.

Staff told us monthly meetings were held where they were able to raise issues and make suggestions

relating to the day-to-day practice within the home. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home.

The registered manager compiled monthly reports in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. Staff confirmed the area manager regularly visited to speak with people, individual staff and the registered manager. The area manager was visiting on the day of the inspection and had also been in the home day before helping with interviews. Records were maintained of these visits and action plans developed where necessary to help with improvements.

A two-day quality inspection was completed every six months by the provider's quality assurance team. Additionally, expert auditors (people who live in other services run by the provider) made unannounced visits to the home. The recent two day inspection had identified some areas that required improvement such as care documentation being on the correct template and gaps in some records. The registered manager said an action plan would be developed. They said that with staff recently leaving it had meant they had worked alongside staff, which meant time in the office had been reduced. They said it was important that people had continued to receive the care they needed.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager told us that learning from accidents was discussed during handovers and team meetings to prevent any further risks. From the incident and accident reports, we could see that the registered manager had sent us appropriate notifications. A notification is information about important events, which the service is required to send us by law.

The Provider Information Return (PIR) had been completed by the registered manager and returned within the specified time frame. We found the information in the PIR was an accurate and comprehensive assessment of how the service operated. Improvements had been clearly documented in respect of enhancing the service to people living at Red Roof. For example, developing a service user led newsletter to share with friends and family and to continually review activities to ensure they were appropriate.