Consensus Support Services Limited

Courtwick Park

Inspection report

Courtwick Lane, Littlehampton,
West Sussex BN17 7PD
Tel: 01903 730563
Website: www.consensussupport.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 11 August 2015 and was unannounced.

At the previous inspection in January 2014, we found concerns across several areas of the regulation.

This included breaches of regulation related to cleanliness and infection control, supporting staff and notification of incidents. Compliance actions were set in relation to these areas. The provider sent us an action plan of how the compliance actions would be met.

At this inspection, we found that sufficient steps had been taken and that the requirements of those regulations were now being met.

Courtwick Park provides accommodation and personal care for up to twelve adults with a learning disability, autism and/or other complex needs.

There were seven people living at Courtwick Park at the time of our visit.

The accommodation was over three floors and consisted of seven bedrooms that were in use. There was a spare bedroom that could be used for emergency placements.

People had access to a communal lounge, dining room and the choice of three activity rooms.

Summary of findings

There was an enclosed garden to the rear of the home that had a trampoline, skittles, inflatable swimming pool, swing, covered area and vegetable area.

The home was run by a manager who was present on the day of our visit. The manager had been in post from March 2015 and was in the process of becoming registered with the Care Quality Commission.

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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

DoLS protects the rights of people ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

However, prior to the manager commencing in post, DoLS applications had been sent for everyone living at the service. This was a blanket approach and there was a lack of information about people in the completed forms. In addition the DoLS applications went sent before first establishing people's mental capacity to consent to care and treatment.

Therefore the provider had not acted in accordance with DoLS to protect people's rights.

We identified this as an area for improvement.

The home had taken steps to make sure that people were safeguarded from abuse and protected from risk of harm. Staff had received training in how to safeguard adults and knew what action to take in the event of any suspicion of abuse.

Medicines were managed and stored appropriately. Staff received regular training and their competency in giving medicines was assessed, to ensure people received their medicines as prescribed.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised.

The manager also carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People's needs had been assessed to make sure that there were enough staff on duty during the day and night to meet people's individual needs.

People's health needs were assessed and monitored. Health records were written in an accessible way. People were supported to have a balanced diet. Staff understood people's likes, dislikes and cultural preferences.

New staff received a comprehensive induction, which included specific training about supporting people with a learning disability and behaviours that may challenge.

Staff were trained in areas necessary to their roles and also completed additional specialist training such as how to communicate effectively and support people to make sure that they had the right knowledge and skills to meet people's needs effectively.

Each person who lived in the home had a different way of communicating their needs. Staff understood how to communicate in a personalised manner with each person who lived in the home. Staff spoke with people in a respectful manner, treated them with kindness and encouraged their independence.

People's care, treatment and support needs were clearly identified in their care plans and included people's choices and preferences. Staff knew people well and understood their likes and dislikes. Clear guidance was in place to identify the triggers and action to take when people displayed behaviour that may challenge themselves or other people.

People were offered an appropriate range of activities which included in-house activities and trips in the community. People were supported to keep in contact and visit friends, family members and people who were important to them.

Summary of findings

Staff understood the aims of the home, were motivated and had confidence in the management of the home. They said that there was good communication in the staff team.

Systems were in place to review the quality of the service and included feedback from people who lived in the home, their relatives and staff. Improvement plans were developed where any shortfalls were identified to make sure that improvements were made and sustained.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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.

Comprehensive checks were carried out on all staff before they started to work at the home and there were enough staff available to meet people's needs.

Medicines were managed safely.

Risks to people's safety and welfare were assessed and managed safely.

Good

Is the service effective?
The service was not consistently effective.

Staff were trained to ensure that they had the skills and knowledge to support people effectively.

Staff understood their responsibilities in relation to the

Mental Capacity Act 2005 and the importance of gaining people's consent. However the provider had not acted in accordance with Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

People were involved in planning their meals and received a varied diet.

The home assessed and monitored people's health care needs and liaised with other healthcare professionals to promote their health and well-being.

Requires improvement

Is the service caring?
The service was caring.

Staff knew how to communicate with people in an accessible way, according to their individual needs, so they could understand their choices and decisions.

People were supported to maintain their dignity and privacy.

Good

Is the service responsive?
The service was responsive.

People received care and support to meet their needs. Staff were knowledgeable about people's support needs, interests and preferences, in order to provide personalised care.

People had opportunities to access the local community and had activities and interests to occupy them when at home.

Information about how to make a complaint was available to people in an accessible format and staff knew how to respond to any concerns that were raised.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The service had effective quality assurance and information gathering systems in place.

The manager had frequent direct contact with people who use the service and their relatives, and with staff members. They were therefore able to seek and receive frequent feedback.

Staff members said they felt valued and that the service was well-led.

Courtwick Park

Detailed findings

Background to this inspection

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

This inspection took place on 11 August 2015 and was unannounced.

Two inspectors carried out the inspection.

We checked the information that we held about the service and the service provider.

This included previous inspection reports and statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important event which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including five care records, three staff files, the staff training programme, staff meeting minutes and rotas, medication administration record (MAR) sheets, risk assessments and other records relating to the management of the home.

On the day of our inspection we met with all seven people living at the service. Due to the nature of people's complex needs, we were not able to ask direct questions. We did however, observe people as they engaged with their day-to-day tasks and activities. We spoke with the manager, a team leader and three support workers. We looked around the premises and saw the communal areas of the home, activity areas and two people's bedrooms.

Good

Is the service safe?

Our findings

As a result of our inspection in January 2014, a compliance action was set due to concerns regarding the risk of infection. Overall, the cleanliness of the service required improvement. A full infection control audit had not been undertaken since January 2013.

At this inspection, we found that sufficient steps had been taken and that the requirements of infection prevention and control were being met. Monthly infection control audits were now being completed. The home was clean and hygienic. When being given a tour of the building there was an odour that was unpleasant in one of the activity rooms which the manager acted on promptly.

Staff followed safe practices so that people were protected against the risk of infection. Staff wore protective gloves and aprons when delivering personal care or food preparation. They knew how to wash their hands effectively before and after delivering personal care to people and were trained in this. One member of staff was in charge of the laundry and explained how soiled items of laundry were separately laundered in a red alginate bag at a high temperature in the washing machine. Staff used colour coded mops and buckets when cleaning different areas of the home or for cleaning up body fluids. Designated cleaning equipment prevented the risk of cross-contamination.

Staff were able to recognise signs of potential abuse and knew what action to take if they suspected abuse was taking place.

A member of staff told us that they would first report any concerns to the manager and added, “If I felt she wasn’t doing anything, I would contact the Area Manager”.

Staff at the home also had access to an external company who could work collaboratively between Courtwick Park and the local authority on any safeguarding issues.

Staff had been trained in safeguarding adults at risk and named different types of abuse that might occur such as physical, emotional, neglect and financial.

There was a copy of the local authority’s multi-agency safeguarding policy (April 2015) on display which was easily accessible to staff in the office.

Staff said they felt confident any concerns they raised would be listened to. However, they knew if their concerns were not taken seriously, they should refer them to operational manager and if necessary the Care Quality Commission. The telephone numbers for these organisations were available to staff, so that there would be no delay in reporting any serious concerns and to keep people safe. The company had a ‘whistle blowing’ procedure to enable staff to share their concerns in a safe way with non-operational management staff by using a company called Expolink. At this organisation individuals who choose to whistle blow were encouraged to shed light on poor practice and protected to do so.

People were not always able to say whether they were happy or unhappy with their care so all staff were trained in signs of abuse/neglect which would ensure that this risk was monitored and reported upon swiftly if necessary.

Risks to individuals were managed so that people were protected from harm. The risk assessments compiled a clear action plan on how to manage the risks and how often to review. Reviews occurred monthly and reflected if changes were needed. Staff said that risk assessments were reviewed as and when needed, but at least every three months. One member of staff explained, 'We evaluate their support plans and risk assessments'.

Accidents and incidents were recorded for people and, if needed, a body map was completed to show any physical harm that they had sustained. A member of staff told us that all accidents and incidents forms were seen by the manager and said, “We complete them, then they go through [named manager] and she looks at them and signs off”. Senior staff helped to draw up risk assessments and one told us, “I helped risk assess the person I support to go swimming”. Because risks were well-managed, people were supported to undertake activities of interest outside the home which supported their independence and preferences.

Accidents and incidents were reported to and monitored by the manager. Information about accidents and incidents were also analysed by the operations manager monthly, so that any trends or patterns could be identified and action could be taken to reduce the occurrence of any of these events.

Some people had been assessed as having behaviours that might challenge themselves or others and clear and

Good

Is the service safe?

detailed guidance was in place about the triggers that staff should look out for. Positive strategies that staff should follow were in place to reduce the risk of any of these behaviours occurring or escalating. Staff demonstrated that they understood how to follow this guidance and we observed it in practice.

For example a staff member re-directed someone to an activity when they became agitated and this calmed the person and gave them an activity of interest to focus on instead. In this instance it was singing songs known to the person that they enjoy. Another example was when a staff member re-directed someone to an area to make use of sensory equipment they had.

Generally staff felt that there were sufficient numbers of suitable staff to keep people safe and meet their needs. However, some staff felt that an additional member of staff would improve the levels of support they could provide to people.

One member of staff said, 'We have one guy who really needs 1:1 support, but is not funded for this. We always support him though and know where he is'.

Another member of staff felt there were not always sufficient staff due to sickness, emergencies, annual leave or holidays and staff would have to be brought in at short notice, such as agency staff. They said, 'We try as much as we can. We ring other staff, then agency. We know in advance if people's needs are covered'. Staff did not feel people were put at risk on these occasions.

There were people who had been assessed as requiring high levels of staff support to keep them safe. Two of the seven people who lived in the home required one to one support. Five members of staff were allocated on the duty rota each day between the core hours of 9.30am and 9pm.

The manager and deputy manager worked shifts in addition to the five staff on duty in that time frame. At night time there were two waking night staff.

Our observations were that there were enough staff to support people in the home and for people to go out in the community. The duty rota matched the staffing levels that we saw on the day.

Safe recruitment practices were followed. Disclosure and Barring Service (DBS) checks were undertaken to ensure that new staff were safe to work with adults at risk. Staff files showed that two references had been sought and employment histories checked before new staff commenced employment.

Most of the core number of staff had worked at the home for a number of years, with a few staff that had been recruited within the last three months to a year. Staff told us that there was nearly now a full staff team with a new manager which had improved staff morale and their ability to consistently support the people who lived in the home.

Medicines were managed so that people received them safely. Staff received training in the administration of medicines and this was refreshed annually. Medicines were stored in a room dedicated for this purpose. Some people came to the room to have their medicines administered whilst others had their medicines taken to them by trained staff.

There was a 'medication protocol' in place for each person which explained what each drug was prescribed for and any adverse signs and symptoms that staff needed to look out for when administering people's medicines. Some people had their medicines in food, such as yogurt, to help them swallow it more easily. There were no medicines given covertly.

A member of staff said, "We always offer a glass of water, even after yogurt, to make sure it's gone down". Controlled drugs were kept securely. These had been recorded appropriately and stock levels tallied. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations.

Medicines were audited monthly and the manager also undertook spot checks.

The last audit was undertaken in July 2015 and showed there were excessive amounts of one medicine for one person. Action was taken and unused medicines were sent back to the pharmacy.

The manager carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was fit for use.

These included making sure that the water was maintained at a safe temperature, that fire equipment was in working

Good

Is the service safe?

order, that the risk of a potential fire occurring had been minimised, that electrical and gas appliances at the home were safe and that infection control protocols were being followed.

Each person had a personal emergency evacuation plan (PEEP), which set out the specific physical and emotional requirements that each person had to ensure they were safely evacuated from the home in the event of a fire, during the day and at night.

Environmental risk assessments were also in place to minimise the risks of people living and working in the home from hazards such as slips, trips and falls.

Requires improvement

Is the service effective?

Our findings

As a result of our inspection in January 2014, a compliance action was set because staff had not received regular supervisions or had annual appraisals. At this inspection, we found that sufficient steps had been taken and that the requirements of staffing were met.

Supervision and appraisal are processes which offer support, assurances and learning to help staff development and highlight any performance issues. Staff had regular supervisions at least every couple of months and staff records confirmed this. Issues such as policies and procedures, people staff supported, learning and development, aspirations and goals were discussed. Following each supervision, action points were identified and followed up at subsequent supervision meetings.

A member of staff said, 'I have supervisions regularly every six to eight weeks'.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received training organised by the provider and from external companies. They were able to follow training on-line through the provider's 'e-academy' and also received face-to-face training.

Examples of training topics included Infection Control, Safeguarding of Vulnerable Adults, Health and Safety, First Aid and Conflict in Challenging Behaviours. Staff were also able to undertake qualifications in health and social care. One member of staff told us that they had completed a National Vocational Qualification Level 3 in Health and Social Care and hoped to proceed to Level 5. These are work based awards that are achieved through assessment and training.

Candidates must prove that they have the ability and competence to carry out their job to the required standard.

Staff are also trained in Autism Spectrum Conditions which is person centred led, the training is delivered about a person using the service who the staff are supporting rather than a generalised overview.

Team meetings were held monthly and these were an opportunity for staff to contribute agenda items for discussion, such as staffing levels, training, suggestions on how the service could perform better and discussing policy updates and implementations. The minutes reflected discussion and learning points for the service to be effective. An example of this was the use of positive behaviour support.

Some people displayed behaviours that might result in harm to themselves or other people. Staff were trained in the use of physical restraint. Physical restraint was only used to protect people as a last resort. One member of staff explained, "Sometimes one of our service users may need escorting away from others, if he's challenging". Staff demonstrated they understood how to put these methods into practice and used them safely and effectively during our visit. Staff used a calm and measured approach which ensured that physical restraint was only utilised where people posed an imminent risk of harm to themselves or others.

Records were kept of when physical restraint had been used, which indicated what physical intervention had been followed. The service had trained positive behaviour support mentors who monitored whether the intervention was frequent or infrequent.

Positive behaviour support training for staff included methods to de-escalate situations to avoid the use of restraint.

Applications had been completed for people under the Deprivation of Liberty Safeguards (DoLS). DoLS protects the rights of people ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The previous registered manager had completed DoLS applications for everyone living at the service and these had been sent to the local authority for authorisation.

However, there was a lack of information about people in the completed forms. The DoLs applications were sent as a blanket approach rather than a person-centered application based on individual needs. The applications did not establish the reason for the DoLS and people's individual circumstances.

People's ability to understand and consent to their care and treatment had not been assessed prior to the DoLS applications being made. This meant that the provider had not acted in accordance with the DoLS and therefore people were at risk of their rights not being upheld.

Requires improvement

Is the service effective?

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the relevant requirements of the Mental Capacity Act (MCA) 2005 and were able to put what they had learned into practice. One member of staff referred to people's capacity to make decisions and said, "I always assume the person has capacity and don't make assumptions." The member of staff provided an example for one person about how they chose what clothes to wear after they had a bath.

There was a 'making decisions support plan'. This plan was in people's care records. This plan entailed guidance for support staff on how to effectively communicate with the person over day to day decision. Because staff followed the principles of the MCA, people's decision-making was maximised so they had control over their lives and their rights were protected. Because staff had training in areas specific to people's care needs and safety, the staff understood how to meet their needs and respond to changes.

The manager understood the principles of the Mental Capacity Act 2005. She explained the circumstances in which best interest meetings had been held with relevant professionals and relatives to make a decision on people's behalf, when they had been assessed as lacking the capacity to do so.

Best interest meetings were organised when needed, to make a more complex decision on a person's behalf if they did not have the capacity to make that decision. One such meeting had taken place to make a decision for one person to receive a general anaesthetic in order to have a clinical procedure carried out.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Menu choices were depicted pictorially so that people could understand and make decisions about what they wanted to eat and drink. Care staff cooked the main meal of the day which was served in the evening, as the majority of people were out during the day. Seven people lived at the home and each person chose the menu on one day each week.

If people did not like the menu choice then alternatives were available, such as filled jacket potatoes or sandwiches. People could also help with the cooking and a member of staff said, "Some people like to cook, others not". Some people had a soft food diet or their food was blended. Advice had been sought from a speech and language therapist in line with good practice.

We observed people having their lunch and they were asked what they wanted to eat. One person was eating blended food and staff supported people to eat, where needed. The lunchtime experience was relaxed and unhurried.

The home had reliable procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs and medical history. Each person had a "Health Action Plan" which focused on their health needs and the action that had been taken to assess and monitor them.

Essential information, including medical history, was recorded about people on 'communication grab sheets' in the event of an emergency, for example, if a paramedic needed to be called. A member of staff confirmed that they supported people to visit their GP and said, 'I would notice if their behaviour changes or something wasn't right. We see they're okay and think about why, if they seem unwell. We tell a senior or the manager, then a GP is called if needed'.

The health action plan included details of people's skin care, eye care, dental care, foot care and specific medical needs. These plans were written in a way which helped people to understand their content and be involved. For example, for a person with a specific health care need, information and pictures were used to explain their condition and the medicines they needed to take to keep them in good health.

A record was made of all health care appointments including why the person needed the healthcare visit and the outcome and any recommendations. People's weights were recorded monthly so that prompt action could be taken to address any significant weight fluctuations. In addition each person had a "Hospital Passport".

This provided the hospital with important information about the person and their health if they should need to be admitted to hospital. The home had links with health care professionals, including the chiropodist, dentist, psychiatrist, speech and language therapist and

Requires improvement

Is the service effective?

community learning disability team. These professionals were used for advice and support about specific medical and health conditions affecting people to ensure they were providing effective support.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People were cared for in a person-centred way and one member of staff explained this was about, “Being personal to the individual. Treating them as an individual, not as a group”. People living at the service had limited verbal communication skills, but they were included in meetings to review their care.

A member of staff told us how they understood one person, “You can tell his likes and dislikes through verbal signs”. People were able to indicate their preferences through verbal signs or by physical gestures. One person was offered a set of choices by the member of staff supporting them and these were going for a walk in the garden, doing a puzzle or having a book read to them. After each choice offered, the person indicated whether they agreed or not and decided they would like to go for a walk in the garden, supported by staff.

From our observations, it was clear that staff knew people’s likes and dislikes extremely well.

One person experienced a seizure on the day of our inspection. A member of staff told us that they could recognise the signs that this person would exhibit prior to having a seizure. This person was supported safely and sensitively by care staff during and after the seizure.

This action ensured the persons privacy and dignity were maintained due to other people being around at the time of episode.

They were reassured in a warm, comforting way and encouraged by staff to sit quietly until they felt better. A drink was offered, but refused by the person and this choice was respected.

People’s privacy and dignity were respected and promoted. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice.

A member of staff said that when they supported people with their personal care they, ‘Make sure the doors are shut. I take people to the toilet when checking their pads’.

They added it was also important to ensure people the privacy they needed and that they had their own space and said, ‘One guy likes to have personal time’.

People’s needs were recognised in terms of their cultural or religious beliefs. One person was supported in their particular beliefs and lifestyle by staff who knew the various aspects of this religion and worked with the person’s family to achieve this.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support, as much as they were able. A member of staff told us, 'We need to make sure they maintain their independence and have freedom of choice'.

They went on to tell us how they supported one person to look after their own personal care such as washing and cleaning their teeth independently.

People were encouraged to be as independent as possible and a member of staff gave an example: 'Making their own cups of tea. We support, we don’t take over'. Some people expressed themselves through signing and knew the signs to ask for ‘food’, ‘toilet’, ‘biscuit’ and ‘cake’.

A member of staff said, 'I try to encourage them to remain as mobile and independent as possible, even if it takes half-an-hour longer'.

The staff supported people to maintain contact with friends and relatives. This included helping people to send friends and relatives cards, to speak to them on the phone, and to arrange home visits. Staff positively supported friendships that people had outside the home.

The home had received compliments, one from a family member who wrote that they appreciated the method of how a bed was made for their relative. One was from a visitor who stated ‘deserved credit and respect to staff for their patience and care’ and one from a family member thanking the service for supporting their daughter to attend a family party.

On the day of our visit staff communicated with people in an appropriate manner according to their understanding. They communicated with some people using Makaton, and other people using short words and phrases. Makaton uses speech with signs (gestures) and symbols (pictures) to help people communicate. We heard one member of staff speaking in a steady and quiet voice to a person who could become anxious. The staff member asked the person short simple questions, in a soft voice, to direct this person to the activity in hand and helped them to remain calm.

Good

Is the service caring?

The manager communicated with people according to their individual needs which showed that they knew people well.

Each person had a communication passport, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. The passports gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty, and angry or in pain. They also contained information about how staff should respond. For example, one person's communication passport explained that if a person was anxious they would need staff to gain their eye contact and distract them with a drink or an activity such as a song.

Staff ensured they gave people as much freedom as it was safe to do so. Two people were observed walking around the home and in the garden. Staff kept a discreet eye on this person so that they could see them at all times, but did not always follow them, to make sure they had their own personal time.

People were supported to be as independent as possible and to take responsibility for aspects of the household routine such as making drinks and preparing meals.

People's abilities to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. At the front of one person's care plan it was recorded that the person liked specific music and a particular type of food, but they could also become anxious and unsettled.

When staff spoke about people they focused on the positive aspects of their character and described their enjoyment in supporting people to get the most out of their lives. People were involved in their care plan according to their understanding and abilities.

One person showed us their plan of care and pointed to the words and pictures that were important to them.

This meant that this person had been involved in the development of their plan of care.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Many people chose to go out during the day and were supported by staff in a variety of activities. People had access to a resource centre, 'Stepping Stones,' on site which was owned by the provider and also used by people at other services close by. Stepping Stones had a television, sofas, cooking facilities, arts and crafts and computers for people to use.

The centre comprised a large activity area which could be used for sports activities, for parties or as a 'chill-out' space if people wanted to be away from others. There was a kitchen where people were supported to cook meals or have a baking session.

Activities were not always organised or planned in advance and some people decided what they wanted to do spontaneously on the day according to how they felt. People enjoyed shopping for food at a local supermarket and were supported by staff to purchase food of their choice, then prepare a meal. Some people liked to help the staff, for example, one person helped staff to fold the clean laundry and put clothes away.

Courtwick Park was surrounded by extensive grounds which people could access. Part of the garden had been given over to growing fruit and vegetables and people were encouraged to help with the gardening. There was a trampoline, garden seats and a swing that people enjoyed using.

Information about what activities people liked to take part in was recorded in their care plans. During our visit to the home people were occupied in household tasks, watching what was going on and spending time in the garden.

People were asked throughout the day if they wanted to go out in the community. People went out to the shops, for a drive, a meal, a walk and to visit family members and friends. One person was supported by three care staff to a hospital visit and then for a meal on return.

Each person was supported by a keyworker who co-ordinated all aspects of their care. One member of staff explained it was about, 'Making sure his toiletries are there, putting together an activity plan and communicating with his parents weekly. I recently got him an electric wheelchair'. Relatives kept in touch with people and were supported by staff in this.

People's needs were assessed before they moved into the home. Where a person's care was funded by the local authority, an assessment was obtained from the funding authority so that a joint decision could be made about how people's individual needs could be met. These assessments formed the basis of each person's care plan.

Care plans contained detailed information and clear directions about all aspects of a person's health, social and personal care needs to enable staff to care for each person.

They included guidance about people's daily routines, communication, well-being and activities they enjoyed. Each person had a one page profile so staff could see at a glance what was important to the person and how best to support them.

Pictures were used in people's care plans to help them understand their content and be involved. One person showed us a map in their care plan which detailed how they travelled from their home to an activity they took part in. Some of these plans were being reviewed by the service improvement manager at the time of our visit to ensure they were personalised and that an accurate plan was maintained for each person.

Information about people's daily routines, likes, dislikes and preferences were contained in their care plans, which were written in a person-centred way. Detailed guidance was in place for staff to support people who presented behaviours that could result in harm themselves or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour.

People's moods and behaviours were observed and recorded together with any lessons learnt from any incident that could inform future ways of positively supporting the person. People's well-being was discussed at staff meetings, reviewed by the manager and health professionals were involved as appropriate.

People's concerns and complaints were encouraged, explored and responded to in good time. A member of staff said that they recorded complaints and compliments

Good

Is the service responsive?

which were kept in a folder dedicated for this purpose. Formal complaints were dealt with by the manager who would contact the complainant and take any necessary action.

Due to people's complex needs, they were unable to communicate their experiences about living at the home. We observed one person voice some concerns to the manager on the day of our visit. The manager listened carefully to what this person had to say and outlined the action they would take. The person was satisfied with the response that they received.

Views of the people using this service are sought through a annual questionnaire which they are supported to complete by a member of staff, an advocate or member of family. Monthly 1:1 key worker meetings also occur which is when a allocated staff member meets with the person each month to discuss their views on the care they receive, activities they would like to do in the future and discuss any changes occurring in the service – this may be décor, staffing or new people moving in.

Staff said that if a person told them something was upsetting them, they would try and resolve things for the person straight away. If they could not do so, they would report it to the manager. Staff told us most people could not verbalise their concerns, but changes in their behaviour would alert them that something was not right with them that might need further investigation. To help people understand the complaints procedure, it was available in easy read and picture format.

The complaints procedure for visitors and relatives included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. The manager made a record of any complaints, together with the action they had taken to resolve them. There had been one complaint in 2015 which was compliant to the company policy, it did detail the issue, it had a date that it was responded to, it detailed action taken in response and there was a positive outcome which had been signed by the manager.

Good

Is the service well-led?

Our findings

People were involved in developing the service and could help interview new staff. For example, one person had asked questions at interview for candidates seeking employment at one of the provider's other services which was next door. The manager told us that they had contacted people's relatives to ask what questions they would like their family members to ask of new staff, however, no relatives had responded.

The home had a whistleblowing policy and staff knew what to do if they had any concerns. One member of staff confirmed they had read the policy and guidelines on whistleblowing and said that the manager would be their first port of call or, failing that, the area manager.

When asked about the culture of the home, one member of staff said, "I think it's good. 99% of staff are here for the guys, to make things better and see everything runs smoothly". Staff were asked for their views about the service by the provider on an annual basis. One member of staff said that they fed back that they thought the home was in need of refurbishment. They said that they thought the gardens were managed better now that a new manager was in post and had organised gardeners to look after the grounds.

Good leadership inspired staff to provide a quality service. This was demonstrated through information being provided to staff which covered CQC's key lines of enquiry under the areas of 'Safe', 'Effective', 'Caring', 'Effective' and 'Well Led'. These words had been written on cards which were pinned up on the walls around the office. Under these words, there was a wealth of information available to staff to read and look at freely. For example, in the area of the office devoted to 'Safe', a flowchart displayed advised staff on what action to take if they suspected abuse was taking place and who to contact. Under 'Effective', the five principles of the Mental Capacity Act were written-up.

Quality was integral to the service's approach and one member of staff said that they were proud to work at Courtwick Park. They said it was about, "Going home every day and know that I've made a difference, especially when people smile". Staff told us that in addition to monthly audits, the service undertook a more comprehensive annual quality audit.

The aims of the service were displayed at the home and on the company's website.

Staff said that there was good communication in the staff team, that they worked well together and staff meetings were regularly held. Staff demonstrated that they enjoyed their jobs and supporting people in their care.

The views of people who lived at the home were sought at individual keyworker meetings and service user meetings. The last service user meeting was in July 2015. Evidence of what people's views were on the décor of home was documented in these minutes.

As a result of this meeting the home was painted the colours chosen by the people who lived there. This improved the service because the feedback from the service users was the décor was tired looking and out of date.

The views of people's relatives and staff were sought through annual questionnaires. There had been a low response to questionnaires from relatives. The manager had phoned a relative who responded that if they had any concerns about the care at the home they would get in contact.

Questionnaires for all staff who worked for the company had been sent out in March 2015.

Responses from the previous year showed that positive actions had been taken for staff with regard to their training.

There were effective systems in place to regularly monitor the quality of service that was provided. Each month aspects of care were audited such as medication, care plans, health and safety, infection control, fire and equipment. Having these robust systems supported the manager in identifying areas that required attention. This Identifies areas that are going well and where this can be shared in the other services.

The operations manager visited monthly to check that all audits had been carried out. They completed an improvement plan which set out any shortfalls that they had identified on their visit.

This plan was reviewed at each visit to ensure that appropriate action had been taken. During their visit they looked at records, talked to people and staff and observed the care practice in the home. A detailed report was

Good

Is the service well-led?

produced about all aspects of care and treatment at the home. The report highlighted that some care plans and risk assessments needed updating, this was then responded to by the manager. The next audit showed this action had been taken within an adequate timescale and they were completed to a good standard.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider had not acted in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards to ensure people's rights were protected. Regulation 13(5).**