Salisbury Support 4 Autism Limited

Albert Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
● Albert road provides a supported living service to people living in their own flats or shared accommodation within seven 'supported living' schemes. The aim is for people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements.

● Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 27 people were receiving personal care.

● Each supported living scheme had a manager in post, and a registered manager oversaw the seven schemes.

● 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 mental health needs using the service can live as ordinary a life as any citizen.

People's experience of using this service:
● At the last inspection, we found that the provider did not have effective arrangements to protect people against the risks associated with the management of medicines. However, at this inspection, the provider had made improvements and people were receiving their medicines safely and as prescribed.

● There were systems and processes to help protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence. Employment checks were in place to obtain information about new staff before they could support people.

● Care plans and risk assessments were reviewed and updated whenever people's needs changed. People and relatives told us they were involved in the planning and reviewing of their care and support and felt valued.

● The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents and lessons were learnt when things went wrong.

● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

● Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Act. The provider had liaised with the local authority when people required Court of Protection decisions about being deprived of their liberty in the receipt of care and treatment. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

● People were protected by the provider's arrangements in relation to the prevention and control of infection. The provider had a procedure regarding infection control and the staff had specific training in this area.

● People's health and nutritional needs were recorded and met. Where possible, people using the service were supported to shop for ingredients and cooked their own food. Staff supported people to attend medical appointments where support was required.

● People were supported by staff who were sufficiently trained, supervised and appraised.

● A range of activities were arranged that met people's individual interests and people were consulted about what they wanted to do.

● Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive and included people's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

● People told us, and we saw staff supported them in a way that considered their diversity, values and human rights. People confirmed they were supported and encouraged to be involved in the running of the service and felt valued.

● Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

● People, relatives and staff told us that the registered manager was supportive, approachable and hands on. Staff were supported to raise concerns and make suggestions about where improvements could be made.

● The provider had some systems in place to monitor the quality of the service and where issues were identified, these were addressed promptly.

Rating at last inspection:
● At the first inspection of the service on 27, 28 and 29 March 2018 the service was rated requires improvement in the key questions of 'safe', 'well led' and overall. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well led to at least good and they sent us this. During this inspection we found the service had made the required improvements and met all the Regulations.

Why we inspected:
● This was a planned inspection based on the previous rating.

Follow up:
● We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-led findings below.

Albert Road

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was carried out by one inspector and an expert by experience who undertook telephone interviews with people who used the service and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was absent at the time of our inspection and the operations manager assisted us.

Notice of inspection:
We gave the service two working days' notice of the inspection site visits to discuss the inspection plan with the operations manager and make arrangements to visit some supported living settings. This was needed so that people who used the service were consulted and agreements sought from them for a home visit from an inspector, or to be contacted by telephone.

What we did:
Prior to our visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

The inspection site visit activity started on 1 May 2019 and ended on 2 May 2019. At the office location, we reviewed five staff personnel records and training files, incident and accidents records, audits and a sample of policies and procedures. We also visited three of the schemes, spoke with people living in their homes

and met with the scheme managers and staff, reviewed support plans and checked medicines management. We spoke by telephone with two people who used the service, five relatives of other people and three members of staff. We emailed three social care professionals who were involved in placing people with the service but did not receive a reply.

Good

Is the service safe?

Our findings

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

● At our last inspection on 27, 28 and 29 March 2018, we found that the provider's arrangements to protect people against the risks associated with the management of medicines were not always effective. At this inspection, we found that improvements had been made, and people who used the service received their medicines safely and as prescribed.

● The provider had a policy and procedures about how to manage medicines in a supporting living service, and staff were familiar with these. Staff received training in medicines administration and had their competencies regularly assessed.

● Some people required support with their medicines. Each person had a medicines profile which included an up to date photograph, allergy status, diagnosis, a list of prescribed medicines and administration instructions.

● Each person's file included a medicines risk assessment and a risk management plan and these were up to date. People's records included a ''How I like to take my med'. This stated how the person wished to take their medicine, for example with a particular drink.

● We looked at the medicines administration records (MAR) charts of the people being supported with their medicines in various settings. We found that these were signed correctly and there were no errors in the recording of medicines. Where people were prescribed medicines to take 'as required' (PRN), a PRN protocol was in place. Staff kept a running count of these and this corresponded to the number of tablets in stock.

● There was information about some of the medicines people received to ensure staff knew what they were for and their possible side effects.

●There were regular medicines audits which were thorough and detailed. These audits looked at all areas of medicines management such as storage, staff signature, daily count, record keeping, disposal and return of unused medicines and management of PRN medicines.

Systems and processes to safeguard people from the risk of abuse

● Staff received training in safeguarding and this was regularly refreshed. The provider raised safeguarding concerns with the local authority where necessary and informed the CQC by sending statutory notifications. There had been a number of safeguarding incidents in the second half of 2018, in particular at one of the supported living settings. The provider had analysed this and the operations manager was able to explain the reasons for this situation. They also showed us an action plan which demonstrated how they planned to make the necessary improvements. Senior managers conducted internal investigations and worked with the local authority's safeguarding team and CQC to make the necessary improvements. Following

investigations, we saw that appropriate action was taken and there had been a reduction in the number of concerns.

● A new manager had been employed to run the scheme which had experienced concerns. Staff at the scheme told us things had greatly improved since the new manager had started. The scheme manager told us, "It has not been easy, and it's not perfect, but we are improving. It's a happier place."

● People told us they felt safe and well cared for. Their comments included, "Yes, I feel safe", "The staff love and treat you well" and "They are very good." Relatives echoed this and said, "Every time we visit, my relative is safe", "There is always someone there", "Security is good", "Staff are on the premises all the time" and "I know my relative is safe."

● There was a safeguarding policy and procedures in place and staff were aware of these. Information about safeguarding and important contact details were provided to people who used the service, including in an easy read format. Staff at each supported living scheme demonstrated they knew what action to take in the event an allegation of abuse was made and were provided with important telephone numbers. This included notifying the registered manager and logging the details of the incident. Staff were provided with a flowchart to help them escalate significant issues, according to the level of the concern, for example, low level, moderate or significant.

● Staff received training in safeguarding and this was regularly refreshed. One staff member told us, "We don't have any concerns. We are able to identify something before it becomes a problem. We de-escalate a situation which could potentially get worse. We engage the person, we listen to them" and another said, "I have never seen anything of concerns here, but if I did I would report it to the manager or CQC. I am happy and I have no concerns. It is amazing."

Assessing risk, safety monitoring and management

● In the second half of 2018, there had been a number of incidents at one of the schemes, in relation to health and safety and risk to people who used the service. We saw that the provider had taken appropriate action, including undertaking thorough investigations and informing the local authority's safeguarding team. For example, where a person had accessed some chemicals in an unlocked shed, all measures had been taken to help ensure this did not happen again. The scheme manager told us they had tightened their processes and health and safety checks and had provided additional training to staff.

● Where there were risks to people, these had been assessed. We looked at a range of risk assessments and saw these had been developed during the initial assessment and follow up reviews. Risks were rated low, medium or high and included a description and level of the risk, and control measures in place to mitigate these. Areas assessed included health and wellbeing, mobility, language comprehension, financial, family contact, personal care, meal preparation and stranger awareness. They also included risks when out in the community such as transport and travelling.

● One person who used the service was at risk of harm when handling sharp or hot objects. We saw the risk assessment reflected this and there were systems in place to reduce the risk. For example, staff to wait until the person was happy and calm before undertaking any tasks which may involve the use of these objects. Another person was at risk of harm when going out alone in the community. We saw that measures in place included ensuring two staff members were with them for any outing.

● There was a health and safety policy and staff were aware of this. There were regular safety checks

undertaken at each of the supported living schemes. These included water temperatures, fridge and freezer temperatures. They also checked window restrictors, fire safety such as fire extinguishers and first aid boxes.

● There was a fire safety policy and procedures in place. People had Personal Emergency Evacuation Plans (PEEPS) in place and these were person-centred. They included guidelines so that people would be supported to evacuate safely in the event of a fire. The management team carried out regular audits of all fire equipment such as smoke detectors and fire extinguishers. Senior staff carried out regular fire drills and these were recorded. We saw that date, time and comments were recorded and any actions to be taken. For example, where PEEPS needed to be updated, we saw that this had been addressed.

Staffing and recruitment

● Each scheme had a locality manager running the service. We looked at the rotas for each scheme and saw that there were sufficient staff deployed to meet the needs of the people who used the service according to their care plan. The rotas indicated that all shifts were covered.

● Each person had an individual package of care that had been determined during their pre-admission assessment. Staff were deployed to ensure they provided the support as detailed in the care package. The operations manager told us that where a person's needs increased, a review was organised and where necessary, additional hours were allocated. The records we viewed evidenced this.

● Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed. One staff file contained only one reference. We raised this with the operations manager, who, after contacted their head office, was able to provide evidence of a second reference. All other recruitment files we viewed showed that all checks were appropriately carried out.

Preventing and controlling infection

● There was a policy and procedures about infection control, and staff were aware of this. These included information about safe practices such as hand hygiene, environment, disposal of waste, spillage and contamination with body fluids and personal protective equipment. People were protected from the risk of infection and cross contamination. Staff were provided with personal protective equipment such as gloves, aprons, hand washing facilities and sanitisation gels to help ensure infection was prevented and controlled. There were systems for reporting maintenance concerns and records showed these were completed in a timely manner.

Learning lessons when things go wrong

● The registered manager told us that lessons had been learned when things went wrong. They told us, "'We have a duty of care to the people we are supporting and we owe it to them to improve things. We have had such harsh learning, but things have significantly improved. I will support my team 100%. It is all about the service user."

● They also referred to a period of time where there was a deterioration in the standards of care which resulted in a number of safeguarding concerns, and said, "We made all staff at [Scheme] redo the care certificate. Other scheme managers have been supporting with audits such as medicines audits, and quality audits." They added that they had closer monitoring systems and following any incidents, looked at what went wrong. They said, "One person had several incidents a day so we looked at how to support [them]

better, learning about health and safety, looking at risks, and these have dramatically reduced." They added that they had improved communication, checked that staff understood training they undertook and offered staff 'on the spot' support.

● The provider had employed a behaviour specialist who supported staff and people who used the service across all the supported living schemes.

● Incidents and accidents were recorded and analysed by the manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. These were discussed with staff to ensure measures were in place to prevent reoccurrence. Following any incidents and accidents, support plans were reviewed and updated and the care plans we viewed supported this. For example, we saw that a person who used the service had been referred to the GP and mental health services when they displayed behaviours that challenged.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
● 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The supported living scheme managers told us people were consulted about all aspects of their care and support, and we witnessed staff verbally seeking people's consent throughout our inspection, such as what they wanted to do or eat. However, in one of the schemes we visited, people had not signed their care and support plans to evidence they had been involved. Care plans and hospital passports were written in a person-centred way and in the person's voice, but all of these were signed by staff, so we could not be sure people had been involved and consulted. We discussed this with the scheme manager, who, although they stated people were involved, admitted that they were not asked to sign documents even though some were able. There were no consent forms available in any of the records. They told us they would improve this going forward. The operations manager later confirmed and showed evidence that people were consulted and involved in decisions about their care.

● At other schemes we visited, we saw that care and support was being delivered in line with the principles of the MCA. Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. Consent was sought before care and support was offered and we saw evidence that people were consulted in all aspects of their care and support. People had their mental capacity assessed before they started using the service. We saw evidence that, where a person lacked capacity, decisions were made in their best interests. Records were either signed by the person or their representatives as required.

● Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Act. The provider had liaised with the local authority when people required Court of Protection decisions with regard to being deprived of their liberty in the receipt of care and treatment. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed before they started using the service and care plans were developed from these assessments. People who used the service had been referred and were funded by the local authorities who commissioned their care based on their individual needs. The operations manager told us they assessed people once they had been referred and before they started using the service, to ensure their needs could be met. Assessments were detailed and thorough and included every aspect of the person's care and support, their choices and wishes.

Staff support: induction, training, skills and experience

● People were supported by staff who had the appropriate skills and experience. New staff were expected to complete an induction period where they spent time shadowing more experienced staff. The induction period included an introduction to their workplace, such as policies and procedures, housekeeping, and introduction to the people who used the service. New staff were required to undertake training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Upon completion, staff were assessed to ensure they were ready to start working unsupervised.

● Staff told us they were well trained. One staff member stated, "I have done so many training courses. It has benefited me in so many ways. We know how to support the residents better because of new knowledge." Staff received regular training the provider identified as mandatory. This included safeguarding and Mental Capacity Act 2005 (MCA), administration of medicines, first aid, manual handling and mental health. They also received training specific to the needs of the people who used the service, such as dysphagia, makaton, autism and sexuality. We viewed the provider's training matrix which confirmed that all planned training up to now had taken place.

● People were supported by staff who received regular supervision and appraisal. Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. One new staff member told us, "I have had three supervisions since starting. It has been wonderful. My goals, my targets etc." A yearly appraisal provided an opportunity for staff to look at their achievements, any difficulties they might have encountered and discuss their plans for the year ahead.

Supporting people to eat and drink enough to maintain a balanced diet

● People's nutritional needs and likes and dislikes were recorded in their care plans. Where people had specific nutritional needs, there was an action plan in place. For example, where a person's health was at risk due to weight gain, we saw they had a healthy eating plan in place.

● People were consulted about the food they liked and supported to shop for the ingredients and cook their meals if they were able to. One person had 'Guidelines for cooking'. This was a document which stated the support they required to cook their meals. For example, what to do before the activity, such as choosing the recipe and gathering the ingredients and utensils needed. There was a step by step procedure to follow to ensure the activity was successful, such as 'Remind [person] that [They] needs to take [their] time', 'Inform [person] that you are going to support [them] to cook' and 'support [person] to set the timer for when [they] need to check the food'.

Staff working with other agencies to provide consistent, effective, timely care

● Staff worked with relevant healthcare and social care professionals to ensure people's needs were met. They accessed information and advice from them and ensured they followed plans with regards to people's specific needs. For example, one person had a plan of care for epilepsy which had been developed with

relevant advice from the GP and consultant.

Supporting people to live healthier lives, access healthcare services and support

● Upon assessment, people's healthcare needs were identified and recorded in their care plan. Where necessary, the provider liaised with the GP or the local authority and obtained a referral for the relevant healthcare professional. Some people had health action plans in place. These were recorded in an easy read format and included all aspects of the person's healthcare needs and how to meet these, according to the person's wishes, and communication needs. For example, which words the person used when feeling unwell. They also included the person's health conditions and any risks associated with these and medicines prescribed. For example, we saw that a person with dysphagia had a separate action plan to manage the risk of choking, and the Speech and Language Therapy (SALT) team were involved. Dysphagia is the medical term for swallowing difficulties.

● People were supported to attend healthcare appointments and to maintain good health. Visits to healthcare professionals were recorded and included the reason for the appointment, prognosis and action to be taken. These included GP and specialists such as eye specialists and dieticians. We saw evidence that people's healthcare needs were met.

● People had 'hospital passports' in place. These are documents which contain a summary of the person's likes and dislikes, their background, healthcare needs and how to meet their needs. These contained all the information needed in case of admission to hospital, so staff would know how to meet the person's individual needs and know about their conditions and how best to support them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People were complimentary about the care and support they received and said that staff treated them with kindness and respected their privacy, dignity and human rights. One person told us staff were "Just caring" and another said they felt, "Always respected." All but one relative agreed and said, "They are respectful", "They understand my relative and have patience" and "They respect [my family member] and are very polite." However, one relative disagreed and said, "Staff are not caring, there is no interaction, it's just basic needs met." We raised this with the operations manager, who told us they would liaise with all relatives to ensure any concerns were addressed without delay.

● People's social and cultural needs were recorded. People's care plans included information about their gender, marital status, religion and ethnicity. However, when we looked at the support plan for a person for whom English was not their first language, we saw that the 'Social and cultural needs' and 'Communication' sections did not refer to their language needs. We discussed this with the scheme manager who told us they had become aware of this and were in the process of looking at all the support plans to ensure they fully reflected people's needs. They added that they were working with the staff team to ensure people's care and support was holistic and looked at every aspect of their needs.

● The operation manager told us they discussed sexuality needs with people who used the service. They said, "We have made links with the local authority who put on a forum, so we could build relationships with services and tap into resources in order to support people with their individual needs in terms of sexuality, Mencap said they had limited resources, so we are looking at more resources. It's a basic human right."

● We saw a number of examples where people were treated kindly and respectfully and were supported to engage in the day to day running of their home. For example, we saw people supported to make their own drinks, and to help with daily tasks, such as washing up and tidying up. There was banter and friendly chats between staff, the managers and people who used the service.

Supporting people to express their views and be involved in making decisions about their care

● People were allocated keyworkers. Keyworkers are members of staff who are responsible for one or a small group of people. Every month, keyworkers had a meeting with people who used the service. This was to discuss all areas of the person's support, give them the opportunity to express their views, if they were happy, what they wanted to do and actions required to make this happen. People were also encouraged to express their views and speak with staff if they had any concerns.

● Where possible, people were involved in making decisions about their care and support, and we saw evidence of this. People told us they were consulted in all aspects of their care and were happy. People were given the opportunity to share their views and concerns through regular meetings, and individual sessions with their keyworkers. We saw that minutes of the meetings were provided to people in an easy-read format.

●The operations manager told us they worked with staff to ensure they involved people in all aspects of daily life. They stated, "We support people to do the housework and they love the praise. It's about making staff 'ablers ' rather than just 'carers'." There were regular relatives' meetings where they were encouraged to raise any concerns. We viewed the minutes of the last meeting and saw that important information was shared, including areas of concerns and action taken to address these. We saw evidence from the meeting that relatives were happy about the service and how their family members were cared for.

Respecting and promoting people's privacy, dignity and independence
● People told us staff respected their privacy and dignity. One staff member stated, "We always knock before entering their room and seek consent." Staff supported and encouraged people to remain as independent as they could and promoted this, with the view of them possibly moving out into the community.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Following a number of incidents where people had displayed behaviours that challenged, the provider had employed a behaviour support specialist who worked across all the schemes where their input was needed. One of the scheme managers told us, "[Behaviour support specialist] is amazing. [They] have made a huge difference and we are very lucky to have [them]" and "That has been great, and really helpful." The behaviour support specialist gathered all the incident reports, behaviour charts and records of the person and analysed these for patterns and triggers.

Following this, 'Positive behaviour plans' were put in place and these were detailed and personalised to each person. For example, one described a phrase which the person enjoyed hearing, so staff were advised to say this to them. Where a person displayed a particular behaviour, their support plan stated for staff to 'divert [person's] attention by engaging them with an activity'. The manager told us that, where there was a relapse in behaviour, the specialist looked at possible new triggers, such as new staff, upsetting events or any changes in the person's daily life which might have upset them. Based on their findings, they reviewed and updated the guidelines. Managers we spoke with told us this had made a huge difference to the way the staff managed people on a day to day basis, and this had contributed to the reduction of incidents. A member of staff told us, "I don't see people as challenging. I listen to what they really want, and that helps." Keyworker records indicated that one person had made improvements to their life, such as engaging more with staff, being more positive and engaging in outdoor activities.

● People's care plans were detailed and personalised. They included a 'pen picture' of the person which stated their physical description, ethnicity, diagnosis, healthcare needs and any behaviours that may challenge. We saw evidence that care plan reviews were undertaken regularly and any changes to people's condition or needs were recorded in their support plans. There were detailed guidelines for staff in a range of areas where a person may need support, for example, going out in the community in the house vehicle, lunch out and shopping. Keyworkers completed individual monthly records about the person they supported. We saw these were recorded in a respectful manner and included any social activities the person had undertaken.

● People had 'Communication passports'. These included details about the person, their family, likes and dislikes and how to communicate with them effectively and understand their individual ways of communication. For example, body language and facial expression to express how the person was feeling.

● People were provided with activities funded by the local authority. Some people went to day centres on nominated days where they undertook activities and met other people who used services. They also had the opportunity to engage in other activities such as going shopping or visiting places of interest. One person

told us, "I go bowling, cinema, arcade, stuff like that." Each person had their own activity planner, and were receiving input from family members who took them out regularly.

● Each person who used the service had a personal pictorial activity planner. These were personalised and included what the person had expressed they wanted to do. For example, one person's planner included going for a drive every day, going shopping, being visited by family each week, and daily tasks which included laundry, painting and shredding paper.

Improving care quality in response to complaints or concerns

● The provider had a policy and procedures for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service and were available in an easy-read format. The provider kept a log of all the complaints they received. This included a date, summary of the complaint, date the acknowledgment letter was sent, complaint response and closed date. We saw evidence that complaints had been taken seriously and addressed appropriately by the provider. Where necessary, concerns were reported to the local authority's safeguarding team and CQC, and appropriate action was taken. For example, a relative had made a complaint about the care of their family member. We saw that this had been investigated in line with the provider's policy and procedures, and the complainant had been responded to in a timely manner.

End of life care and support

● The operations manager told us they were currently working on updating their policy regarding end of life care. Currently care plans did not contain details about people's end of life wishes. The operations manager told us they were in the process of reviewing care plan templates and said they were ensuring the new ones would include an end life section. They added they planned on improving this area in the near future.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● At our last inspection of 27, 28 and 29 March 2018, we found that although there were systems in place to assess and monitor the quality of the service, these had not always been effective and had not identified the issues we found during our inspection, such as concerns about the way in which medicines were managed. At this inspection, we found that improvements had been made.

● In the latter part of 2018, there was a deterioration in the quality of the service at one of the supported living schemes. This resulted in an increase in safeguarding concerns, and incidents and accidents. Through the provider's internal investigations, they identified the issues and had taken appropriate action in line with their procedures. They had also recruited a new manager for the scheme. The operations manager told us, "We're always honest and transparent. If something is not right, we fix it. I love my job and I like to think people are happy. I have drafted improvement plans for the services. It won't happen overnight. It's about looking at what worked and what did not work. We put in place all sorts of resources, such as behaviour support when that was needed."

● We saw evidence that the provider had put more robust systems in place to improve the standards in all the supported living schemes. For example, scheme managers carried out audits in each other's settings. We met with a manager who was visiting another scheme at the time of our inspection. They told us, "I definitely have noticed a big improvement, especially in the management of medicines." We checked their completed audits and saw these were thorough and accurate. They added they were working closely with the behaviour specialist and staff and said, "We start intervention when we see people becoming anxious. Since I have started coming here, I have seen quite a lot of improvements in all areas, like paperwork, one to one supervision with staff, etc. I think [Manager] is doing a good job. [Operations manager] supports us as well here.

● The behaviour support specialist told us, "I have updated the training we provide for staff. This is going really well. I have created presentations, so managers can use these for meetings with relevant professionals, and they have all the correct information. I have noticed a difference with staff and how they manage behaviours. They also feel supported and their skills are going up. They are more motivated" and "I am a massive fan of positive behaviour."

● We saw evidence that the registered manager undertook regular audits of each supported living scheme. These looked at all aspects of each service, for example people's care plans, internal audits, staff records,

including if their supervision, training and appraisals were up to date. Where improvements were needed, the scheme managers told us they put an action plan in place to ensure they made the necessary improvements. For example, where staff had not received regular supervision in one of the schemes, the manager had taken action and had a plan in place to ensure this was addressed. They told us, "I feel supported by [Registered manager]. He's always at the end of the phone if I need him. The other senior managers also support me and visit at least six monthly. [Registered manager] visits often and does our audits."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The operations manager told us they had regular meetings to promote effective communication within the schemes. They said, "We have management meetings every five weeks, we have individual services' meetings and senior managers' meetings. [Scheme's name] has had more due to the issues we had. We encourage staff to advocate for people, work with them, organise what each person actually wants. We get to know each person. We have family meetings. We have a forum for parents every six months, so they have the chance to discuss their family members. Some people don't know what support is out there, so we try to provide that information."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There were regular staff meetings where a range of items were discussed such as teamwork, medicines, people who used the service, delegation of tasks and training. We saw evidence that staff meetings were regular in all the schemes we visited. Staff signed and dated the minutes to evidence they had read and understood these.

● People and relatives were consulted, and questionnaires were sent to relatives and staff to obtain feedback about the service. Questionnaire were available in pictorial format to help people who needed support to understand. The questionnaires we viewed indicated people were happy with the service.

● The operations manager told us they liaised with the registered manager and scheme managers to ensure they accessed a range of resources for people who used the service. They said, "We work with a local night club for people with learning disabilities, so it is a more protected environment. We are supporting someone to attend. We liaise with other providers of services for people with learning disabilities, one person is going every week to participate in activities. We have links with colleges where we have taken people to be assessed for courses. We link with an urban farm. Some people go and do volunteer work there." They added, "We look at potentially people moving out into the community, so we try to support them to develop their skills and independence and help them progress."

● People and relatives were complimentary about the scheme managers and the registered manager. One person who used the service told us, "[They] are very nice. Nice person." Relatives' comments included, "[They] are very caring", "[They] are lovely, great and pleasant" and "Very easy going."

● Staff we spoke with told us they felt supported by the registered manager and their own line manager. Their comments included, "We do get support from our manager. If we don't understand something, she talks to you and helps you. Very approachable. No problem whatsoever. Other senior managers are also supportive", "[Registered manager] developed me so I felt confident. It's been amazing working here. I look forward to coming to work. I just enjoy the environment, the way they work and organise things" and "It's well organised. I do feel supported here. [Registered manager] has been like my mentor."

Continuous learning and improving care; Working in partnership with others

● The operations manager told us they checked the CQC website regularly for news and updates and the registered manager attended providers forums organised by the local authorities. These often included workshops and information which was shared with staff during staff meetings or supervision.

● People received a guide to when they started using the service. This included everything they needed to know about the provider and the scheme they lived in and was available in an easy read format. This also included the provider's contact details if they wanted to make a complaint.