Kisimul Group Limited

Tigh Lenach

Inspection report

29 Blacksmiths Hill
South Croydon
Surrey
CR2 9AZ

Tel: 02086576166
Website: www.kisimul.co.uk

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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

Tigh Lenach is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.

Tigh Lenach does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to six young adults with learning disabilities and/ or autism, all of whom had complex needs. There were five people using the service at the time of our inspection. All people were unable to communicate verbally.

This was our first inspection of the service since they registered with us in September 2016.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of our inspection. 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.

The provider had good systems in place to support people in relation to behaviours which challenged the service. The provider encouraged people to take positive risks to help them live meaningful lives. Staff received specialist training in relation to positive behaviour support and understood people's needs well in relation to this. There was a plan was in place to further improve training in relation to this area. People had 'positive behaviour support guidance' in place for staff to follow in helping them manage behaviours which challenged which were personalised for each person. People and staff were involved in recruitment. After passing the interview stage candidates spent half a day at the service working with people and staff while the management team assessed how well suited they were to supporting the individuals at the service.

People were protected from the risk of abuse as the provider had suitable systems in place to safeguard people. The premises were well maintained and spacious and met people's needs in relation to their disabilities well. People's medicines were safely managed. The service was clean and suitable infection control processes were in place.

Staff were suitable to work with people as the provider carried out recruitment checks. There were sufficient staff deployed to work with people and staff had sufficient time to develop good relationships with them.

Staff received training to help them understand their roles and responsibilities and were also supported with supervision and appraisal. Staff told us the management team were supportive, accessible and

approachable.

People received food of their choice and were supported in relation to eating and drinking where necessary. People also received support with their day to day healthcare needs. People received coordinated care when moving between services such as hospital admissions and when newly admitted to the care home. People were encouraged to exercise and some people had personal trainers to help maintain good health.

The provider had followed the Mental Capacity Act 2005 in assessing people's capacity to consent to their care. The provider applied for authorisations to deprive people of their liberty (DoLS) as part of keeping them safe and people all required constant supervision and staff support when leaving the service.

Staff were caring and understood people's needs well. Staff also knew the best ways to communicate with people. People were treated with dignity and respect. People were encouraged to develop their independent living skills.

People were supported to do activities they were interested in. Most relatives felt people had access to sufficient suitable activities although one relative felt the service could do more for their family member in relation to this. People were supported to maintain relationships with people who were important to them and relatives were encouraged to visit at any time.

People's care was planned and delivered according to their needs. People and their relatives were involved in their care plans. Care plans reflected people's physical, mental, emotional and social needs, their personal history, individual preferences, interests and aspirations. Processes were in place to develop end of life care plans as part of a programme run by the local hospice.

The registered manager, deputy, seniors and support workers had a good understanding of their role and responsibilities. Leadership was visible and capable and there was a clear management structure in the service. The staff team worked together in a supportive way.

The provider had good governance systems in place to audit and improve the service with frequent checks of the service in line with CQC standards. Systems were in place for the provider to communicate and gather feedback from people, relatives and staff. Relatives told us staff communicated well with them. Complaints and concerns were investigated and responded to appropriately by the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported to take risks in a positive way and staff supported people well in relation to behaviours which challenged the service.

People and staff were involved in recruitment decisions. Enough staff were deployed to work with people as part of keeping them safe.

The premises were clean and processes were in place to check infection control and the safety of the premises.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. People received choice of food and were supported to maintain their day to day health. People's needs were assessed.

Staff received training and support to help them understand people's needs.

The provider followed the MCA in assessing people's capacity in relation to the care they received. People were deprived of their liberty lawfully to keep them safe

The premises met people's needs in relation to their disabilities with ample space both inside the home and in the garden.

Is the service caring?

Good

The service was caring. Staff knew people well and developed good relationships with them. Staff treated people respectfully.

Staff knew the best ways to communicate with people.

Staff treated people with dignity and maintained their privacy. People were involved in decisions relating to their care.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and care met people's individual needs.

People were supported to access activities to help them live more meaningful lives.

People were supported to maintain relationships with those who were important to them.

Complaints and concerns were investigated and responded to.

Is the service well-led?

Good

The service was well-led. A registered manager was in post and leadership was competent and visible.

Good governance systems were in place to monitor and improve the quality of the service.

The provider communicated openly with people, relatives and staff and gathered their views and experiences of the service.

Tigh Lenach

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send to us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 10 May 2018. Our inspection was unannounced and carried out by one inspector.

People were all non-verbal besides one person who could use some single words to indicate their needs. Because of this we carried out observations of people's body language, gestures and interactions with staff to find out more about people's experiences at the service. We also spoke with the deputy manager, a senior support worker, two support workers and the operations manager. We looked at care records for three people, staff files for three staff members, medicines records for four people and other records relating to the running of the service. We also viewed an email from a social worker which provided their feedback on the service.

After our inspection we spoke with three relatives to gather their views on the service and received feedback from a fourth relative via email. We also contacted six professionals and received feedback from one social worker. We also communicated with the registered manager as they were not available during the inspection day.

Good

Is the service safe?

Our findings

People were supported to manage their behaviours which challenged the service and this helped them live more meaningful lives. Relatives were positive about the service. One relative told us, "I'd rate the service Good as [my family member] has not been there long." A second relative told us, "They are the best in the area and they are better than Good." However, the relative told us they felt the service was not yet Outstanding." A third relative told us, "I'd rate the service Outstanding" and they told us they were impressed with every aspect of the service and the care their family member received.

The service was creative in the way it involved and worked with people to understand their diverse circumstances and individual needs, including in relation to behaviours which challenged the service. Staff worked closely with each person to develop a deep understanding of their needs. The provider's psychology team worked with people, staff and relatives to put 'positive behaviour support (PBS) guidelines' in place for staff to follow for each person. An email from a social worker stated they were especially impressed with the quality of the PBS guidelines. The service sought to continually improve by frequently reviewing the behavioural support plans in place to ensure they provided appropriate guidance for staff. Staff supported people to reduce behaviours which challenged by following these guidelines. Staff were skilled at identifying triggers and working in consistent ways with people to reduce risks relating to their behaviours. In addition staff received regular training, approved by the British Institute of Learning Disabilities (BILD), in positive behaviour support. However from the December 2017 'stakeholder survey' a suggested improvement from one relative was in relation to training in behavioural management and the provider had an action plan to provide more training to staff in relation to this. Staff told us they felt confident in supporting people in relation to behaviours which challenged the service as the training they received was good quality. In these ways the service had a solid approach to promoting people's safety.

A person was at risk due to self-injurious behaviour. The provider worked with a range of professionals in investigating the reasons behind this and how best to support the person. Staff told us the persons' self-injurious behaviour had previously prevented them from visiting their family home for various reasons. The person's relative told us, "They recently introduced home visits which have been so successful… we are so grateful." However, the team had experienced what they called a 'great success' as the person was now able to visit home regularly, and with few incidents, with staff. In an email to the managers a relative described a recent home visit as "amazing" and "perfect" and asked for their "biggest thanks" to be passed on to staff for supporting their family member to visit home. Staff told us this success was achieved through staff building relationships with the person and their relatives, learning to understand triggers in relation to the person's behaviours and also how to support the person well. For example, staff understood one trigger for this person was hot temperatures. We carried out our inspection on a hot day and noticed staff placed fans all around the service which they told us was to help keep the person cool. As another example, in building a good relationship with their relatives staff ensured they carefully recorded details of any injuries the person sustained through their self-injurious behaviour and reported these to their family. The provider also sought prompt support from the GP about some injuries and staff told us the GP was usually able to visit the person at their home the same day. In this way staff built trust with the relatives and provided personalised support in relation to risks around their behaviours.

The provider also adapted the building to reduce risks relating to their self-injurious behaviour. Staff showed us their bedroom and we saw, while it was tastefully decorated and personalised with their possessions, corners and some sections of walls were padded. In addition the provider had sourced a specialised robust bed to reduce their risk of harm from a behaviour they had involving jumping.

The provider supported the person in managing their self-injurious behaviours so they were able to take positive risks such as accessing college. For around six months the person was educated by a personal tutor at the service. Through supporting the person to manage their self-injurious behaviour better, and through working closely with the education team, the person was able to access college earlier this year. Staff used their knowledge of the person's needs to help them achieve success at college and maintain their placement. Staff understood the person could not tolerate waiting for activities to begin. Because of this staff arranged with the college to transport the person directly to activity centres around the county. For example, if the person was scheduled to attend a college swimming lesson staff would take the person directly there to avoid the person waiting for college staff to leave for the activity. In this way staff helped the person manage risks relating to their behaviours which challenged well. Staff accommodated the person's intolerance to waiting in their daily routine as this was a trigger to behaviours which challenged for them. Staff supported this person to prepare for their day at their preferred time, although ensuring they were the last person to be supported in the service. This meant the person did not have to wait for other people to be supported before their daily activities could begin.

The provider supported another person to take positive risks and to help manage their anxiety. Their relative told us, "After a couple of weeks [at the service] he was calmer. We noticed he was sitting still for much longer periods than before. Sitting still is quite a big thing for him." The relative told us how the provider understood and met their family member's needs in relation to their anxiety well. Due to the person's anxiety they experienced difficulties in a college setting as this increased their anxiety and also their behaviours which challenged. The provider liaised with social and education services and the person was currently trialling home tutoring. As another example of positive risk taking, the person found transitioning to new activities, new environments and new staff increased their anxiety often led to them displaying behaviours which challenged. Staff gradually built trust with the person and the consistency of the staff team and their approach with the person meant their anxiety was reduced and they were able to participate in more activities.

A person posed some risks to others when accessing the community due to their behaviours which challenged. There had been one incident in 2016 soon after they moved to the service. The provider immediately reviewed the support the person received to allow them to continue to remain at the service, access the community and live a full life while maintaining the safety of others. The provider liaised with their relatives and social services about the incident and increased the levels of staff support. The person's social worker told us the provider had modified their approach to ensure a flexible response to the person's needs to protect him and people in the community. Since the incident the person agreed to have two staff hold their hands at all times in the community. The provider found an alternative to the person's regular gym sessions as part of reducing risks. The provider identified a personal trainer who specialised in working with people with learning disabilities and autism and the person has been receiving individual sessions at the home each week since the incident. Staff understood the risks posed by the person and the service had not experienced any similar incident since this time.

When the person first came to live at the service they displayed challenging behaviour frequently. Staff told us in the past year and a half they had settled very well and their challenging behaviour reduced substantially. Staff reported each incident of challenging behaviour and the provider's analysis showed for one person there had been no incidents requiring restraint in the seven months prior to our inspection, a

significant reduction since they came to live at the service. The provider told us this big improvement in their behaviour was down to the consistency of staff who supported the person who had learnt to understand their needs and the support they required to manage their behaviours. For another person the provider was closely monitoring their behaviours in relation to a different condition they had to see whether they were linked, in liaison with other professionals, as part of supporting them with behaviours which challenged.

Staff told us one major trigger was if the person was unable to communicate with people so staff worked with speech and language therapists to identify the best ways to communicate with the person. After trying various strategies staff found the best ways to help the person communicate, which consisted of pictures and allowing the person to lead staff to what they wanted.

Staff also told us the person historically responded more positively to staff of the same gender as them and of a similar ethnicity to them. Staff found incidents of behaviour which challenged were much reduced when they were supported by people of their preferred gender and ethnicity. Because of this the provider ensured at least one staff member of their preferred gender and ethnicity worked with them at all times during the day. With this deep understanding of the person's needs staff were able to manage their behaviours which challenged well. The person's social worker told us the person's mother reported staff support made a significant difference to the person's mood and behaviour and there had been fewer occasions when medicine was required as a last resort to help them become calm.

Staff managed risks fire risks relating to a person's behaviours creatively. Staff identified the person enjoyed posting pieces of paper in radiator slots. The provider requested the maintenance team construct a box with similar slots so the person could continue this activity safely.

People were actively involved in decisions about the staff who provided their care. Staff confirmed after they passed the interview stage they then spent half a day at the service working with people the service and staff to learn more about the role. The registered manager consulted people and staff afterwards to gather their experiences and views of the candidate to help inform their recruitment decision.

People were supported by staff who the provider checked were suitable to work with them. Staff completed an application detailing their work history and then the provider obtained references from former employers. The provider checked for any criminal records as well as staff identification, and the right to work in the UK. All staff completed a probationary period during which the provider monitored their performance.

Staff developed positive and trusting relationships with people that helped to keep them safe and the staff team was relatively consistent. Staff had sufficient time to develop relationships with people. Relatives told us the service was also well staffed and confirmed their family members developed good relationships with staff who kept them safe. The provider told us three people were assigned one staff member each to work with them each day. One person with higher support needs required two staff to support them throughout the day. Four waking night staff were present at night to provide any support people required. In this way people received individualised care and support to keep them safe at all times. The provider assessed people's staffing requirements in consultation with social services who had agreed these levels were required. Rotas showed levels of staff were relatively consistent each day. When staff were off sick the provider provided cover through overtime and bank staff. Agency staff were not used as part of providing people with consistency of staff who knew how to keep them safe. The staff member assigned to work with each person played the lead role in helping them to manage any behaviours which challenged the service, helping to keep them calm and occupied in activities they enjoyed. Additional staff were scheduled to support people on planned activities or appointments if necessary. During our inspection we observed

people received the individual support they required to maintain their safety and quality of life both in the home and the community.

People's medicines were managed safely by staff. Only staff trained in medicines management who were assessed as competent were permitted to administer medicines to people and the provider ensured clear responsibility for medicines administration on each shift. We checked medicines records and medicines stocks and found people received their medicines as prescribed and staff recorded administration appropriately. The provider ensured two staff checked all medicines received into the home and their findings were recorded to ensure a clear audit trail. The provider put in place protocols for staff to understand why people may require 'as required' medicines. Staff had a good understanding of when people may require 'as required' medicines, although the guidance for staff to refer to could be improved to include signs people may require these medicines. Guidance was in place for staff regarding when people may require 'homely remedies' which the GP had approved. Homely remedies are medicines which can be purchased over the counter. Medicines were stored safely and storage temperatures were monitored to check they were suitable. The provider had checks to identify any medicines errors and took robust action in response which the deputy manager told us usually included retraining staff.

People were safeguarded from abuse and improper treatment. Relatives told us people were safe at the service. In the December 2017 'stakeholder survey' all respondents felt people were kept safe. Staff were confident about reporting any concerns and understood how to 'whistleblow' if necessary and the provider had a dedicated line for this purpose. The registered manager had appropriately reported any allegations of abuse to the local authority safeguarding team and put measures in place to reduce the risk of similar incidents. These measured included increased support for a person when in the community to reduce the risks to others. The provider shared learning from any safeguarding incidents or other incidents. Such incidents were discussed at regular meetings for senior managers and learning was then shared with other managers and staff. Our discussions with staff showed they had a good understanding of how to safeguard people at risk, including the signs people may be being abused and how to respond to these. Staff received training in safeguarding to refresh their knowledge.

People received care in premises which were safe and well maintained. We observed the service was in a good state of repair and staff confirmed any repairs were promptly carried out. The provider had systems to reduce risks relating to fire safety, gas safety, electrical installation, electrical appliances, water hygiene, water temperatures and falls from height in line with national guidance. A maintenance team was present during our inspection carrying out day to day repairs and staff told us repairs were always carried out promptly. The provider had a programme of redecorations and repainting was scheduled for parts of the service in the next few months.

Risks relating to infection control were managed well. Staff received training to understand their responsibilities in relation to infection control. We observed the service was clean and cleaning schedules and infection control audits were in place to monitor cleanliness and infection control risks. Infection control practices in relation to food storage and preparation were also suitable.

Good

Is the service effective?

Our findings

People received food of their choice and received any additional support they needed with eating and drinking. Relatives told us people were provided with food in line with their cultural needs. One relative told us, "They cook some of the traditional foods we eat. I also send in food he likes and then staff carry on providing it once they've seen what it is." Staff held meetings with people each week to help people choose their meals for the following week. Staff showed people pictures of different meals and people were encouraged to choose those they wanted to eat. Staff monitored people's weight each month and took note of any fluctuations. People's dietary needs and preferences were recorded in their care plans and staff understood and respected any food intolerances.

Although staff were supporting a person lose weight their relative told us staff could have managed their weight gain better initially. The relative told us, "[My son] got into bad habits early and gained an enormous amount of weight. Staff couldn't say no to him. They're getting their arms around it now but they still struggle around food." Staff told us when the person first came to the service they overate as it was the first time they had unlimited access to food. To help them manage their weight the provider offered the person structured meal and snack times which helped manage their preference for routine in line with their autism and obsessive compulsive disorder (OCD). The person was also provided with their own cupboard in the kitchen in staff placed sufficient food for the person's snacks. The cupboard was labelled with their picture to help them identify it and they had unrestricted access to it, although they soon adapted to eating snacks only at set times. The provider also supported the person to access a dietitian. The dietitian made recommendations including portion reduction which staff were aware of and followed.

People were supported with their healthcare needs. A relative told us, "Staff always take my son to his hospital appointments." Our discussions with staff showed they understood the signs people displayed when they may be experiencing pain and staff told us they always took prompt action to ensure people received medical attention. Records showed people had regular access to healthcare services they required including their GP, dentist, opticians, and psychiatrists. People had 'health action plans' in place which detailed people's healthcare needs and how staff should support them to maintain their health.

The provider trained staff in safe restraint techniques and the risks associated with each technique. The provider had agreed in advance the types of restraint which were permitted to be used for each person. This information was on display in the form of a clear table in the office. Staff understood which type of restraint was permitted for each person. Staff made clear records each time a form of restraint was used to set out the reasons why it was used, what was tried prior to restraint, the type and length of restraint and the outcome. Staff were also trained to spend time providing emotional support to people after the restraint. Staff confirmed they would try other less restrictive options prior to using any restraint.

People were supported by staff who received the supervision and training needed to understand people's needs. The provider's induction for staff without diplomas in health and social care followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received individual

supervision every two to three months with their line manager. Staff also received an annual appraisal to review their personal development in the previous year and to set goals for the coming year. The staff training programme in place was comprehensive and tailored to enable staff to best meet the needs of the people using the service. A rolling training programme was in place and each month staff attended a training day on a different topic at the provider's training centre. Topics included positive behavioural support, learning disabilities and autism awareness, mental health awareness, fire safety and infection control. Staff were complimentary about the quality of the training.

The 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. Records showed the provider assessed whether people lacked capacity in relation to their care in line with the MCA. Assessments were decision specific for each person and identified people lacked capacity in relation to areas such as administration of medicines, managing their finances and the use of restraint. The provider made decisions in people's best interests when they identified people lacked capacity through consultation with relatives and others involved in people's care. For example, the provider assessed a person lacked capacity in relation to staff administering their medicines including covert medicines. The provider carried out a best interests meeting which included gaining written authorisation from the GP to administer the medicines covertly to the person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider applied for authorisations to deprive people of their liberty appropriately and recorded the details of these, along with any conditions in people's care plans for staff to be aware of. Our discussions with staff showed they understood DoLS and the reasons people were deprived of their liberty as part of keeping them safe.

The service provided ample space for people to choose where they spent their time. Some people preferred to spend time alone or with fewer people around and this was aided by the large size of the service and the range of communal areas. There were four lounges, a large kitchen dining area and a large garden. The provider was in the process of building a fenced sensory garden for people to enjoy. A separate building in the garden area provided a fully equipped art room and a room which the provider was developing in to a sensory room. We observed people moved freely around the service and gardens throughout the day. A secure electronic gate meant people were unable to leave the service without staff support, in line with their DoLS authorisations.

The provider assessed people's needs well. Prior to a person being admitted to the service the provider met the person, their family and the staff from the service which supported them. The registered manager read professional reports to gain a fuller understanding of any social or clinical needs. However, this assessment process had not informed the provider about a particular risk relating to a person's care which later became apparent. The provider told us they had reviewed their processes to ensure this area of risk was queried during their assessment processes for all other people. The provider's psychology team was available to support the registered manager in the assessment process when necessary. People spent time at Tigh Lenach to become familiar the service and for staff to get to know them better.

Each person had a 'hospital passport' in place to help them when receiving hospital care. The provider helped people receive coordinated care when moving between services such as into hospital for short admissions. The provider ensured each person had a 'hospital passport' in place. Hospital passports are

documents for people with learning disabilities to inform hospital staff about the person, their needs and the best ways to support them. The provider told us they planned to transfer information into 'my care passports' which are similar documents to hospital passports but are designed for a range of healthcare settings.

Good

Is the service caring?

Our findings

People were supported by staff who were caring. One relative told us, "My son is happy there…He has good relationships with staff although he has his favourites. They have continuity of staff too." A second relative told us, "It's very good. We wanted [our family member] to live there and it's impressive how they understand [our family member] so well. Staff are caring and respectful." A third relative said, "The staff have worked tirelessly with [my family member] to ensure that his care needs are met and that he is happy. The staff are unfailingly gentle and kind with him, whilst still managing to set boundaries for him and to help de-escalate difficult situations."

People received care in a way which was meaningful and not task-based. There was a visible staff presence at all times due to the high staffing levels, as people were assigned at least one staff member to work with them each day. The high staff levels meant staff had the time they needed to care for people in a meaningful way and make a positive impact on their quality of life. Staff told us they did not have to rush in their roles and had plenty of time to interact with people. Our observations were in line with this. We observed staff interacting with people in an attentive but leisurely manner. Staff allowed people time and space to engage in solo activities of their choosing or encouraged people to engage in activities led by them. Staff told us they enjoyed their roles and one new staff member told us they recently chose this career to feel they were making a difference to people's lives. The provider planned the rota to match people with their preferred staff. A female member of staff was always scheduled to support a female person with their personal care. A male who had a strong preference was always supported by one or more males from their preferred ethnic background.

Staff understood people's needs and preferences well. Staff understood people's backgrounds, routines, needs and preferences well. People benefited from a low turnover which meant staff got to know people well. People received individual support from staff throughout the day which also helped build relationships. Each person also had a 'keyworker' who worked closely with them to check their care was meeting their needs. Staff gave us many examples of how information they knew about people helped them provide care in a compassionate way. As one example, staff understood a person's need for pressure to help them feel calm. The person enjoyed wrapping themselves in weighted blankets to help themselves relax. In addition the person also often requested staff apply pressure to them directly. Staff told us how the person sat on the floor in front of them and asked staff to push and hold their shoulders and they often did this. As another example staff told us how a person enjoyed a particular sport and we observed them leading the person to play this sport in the garden at several points in the day which they enjoyed. We observed staff responded in a caring way to a person with anxiety who became anxious frequently through the day. Staff provided reassurance in a calm manner and responded appropriately to the person's repeated requests.

People had choice in how they received care. For example, we viewed people's bedrooms and saw all rooms were tastefully decorated but only three people's rooms were personalised with their possessions. Staff told us two people preferred not to have personal items in their rooms and would place any items brought to their room outside of the room to indicate this. A relative confirmed this was the person's choice and they were in agreements with the service in the lack of personalised items in the rooms.

People were treated with dignity and respect and their privacy was maintained. In the December 2017 'stakeholder survey' all respondents felt people were respected by staff. We observed staff were always respectful of people in the way they spoke to and interacted with them. Staff were discrete in providing personal care to people. Staff supported people to maintain their appearance which included dressing in clean, age-appropriate clothes suitable for the warm weather. We observed one person looked a little unkempt. Staff told us there were some difficulties in supporting the person to wash their hair but this was usually done three times a week. We spoke to the person's relatives and they told us visited often and had no concerns about their family member's personal care or appearance.

Staff knew the best ways to communicate with each person. One relative told us, "Staff have worked particularly hard on his communication skills which are very limited." The provider worked with speech and language therapists to find the best way to communicate with people. Staff found the 'now and next' communication method worked very well with one person. In this method staff placed a pictured of the activity the person was currently engaged in under the word 'now' and a picture of the activity the person was about to transition to under the word 'next'. Staff then used the pictures to explain to the person the change in activity they were about experience. This helped the person transition to new activities and helped reduce any anxiety caused by the person not understanding they would be changing activity. We observed one person used some Makaton and single words to communicate their needs which staff. Staff told us they had tried various other communication methods with the person and had found encouraging them to lead staff to what they wanted was one of the best methods. Staff also used pictures to help people make choices and understand what was planned for the day. Staff held a weekly 'residents meeting' where people were encouraged to choose their meals and activities for the week through selecting pictures. Some people had pictorial activity schedules in their bedrooms which staff used to explain to people the plan for each day. People's care plan's contained detailed information for staff to refer to in enabling communication.

People were supported to develop their independent living skills. Staff told us they encouraged people to be involved in household tasks such as laundry, cleaning and cooking as far as possible. Staff also told us they encouraged people to wash parts of their bodies themselves when providing personal care. People's care plans contained details of abilities in different areas and the support they needed from staff. People were encouraged to attend college or receive home tutoring to further increase their independent skills and abilities.

Good

Is the service responsive?

Our findings

People's care plans were carefully designed to meet their emotional needs, individual preferences and interests. An email from a social worker after a review earlier in the year confirmed a person's needs were being met by staff and her support was personalised. Care plans reflected people's whole range of needs and helped increase choice and control in their lives. The email from the social worker confirmed they were impressed by the quality of the care plans. Even though people were unable to express their needs and wishes verbally the provider still involved people in developing their own care plans. The provider met with people before their care began to find out more about them, carrying out observations of the way they preferred to interact with people. The provider also involved relatives in developing people's care plans, consulting them on their family member's background, needs and wishes and ensuring this information was reflected in their care plans to guide staff.

The provider supported each person transition to living at the service in a personalised way which helped reduce the risks associated with behaviours which challenged. A relative told us, "I was very impressed with the transition, we sorted it out together." However, a different relative was less impressed with the transition process. People were offered a serious of visits and overnight stays and this process took several weeks for some people who required more time to adjust. Due to one person's need for consistency and routine staff allowed a person to transition to living at the service without disrupting their daily activities or their bedroom environment. The person went to college as usual in the morning. The provider arranged for the contents of their bedroom to be transported to the service and laid out in exactly the same way they insisted on in their family home. This meant when the person finished college and went to live at the service they experienced as little disruption as possible. In addition the provider arranged for the person to move into the service on the same day as a person they already knew. In this way risks relating to their behaviours which challenged were reduced as the transition process was carefully designed to help them remain as calm as possible. However the person's family member told us the transition period was poorly managed overall and their behaviours sharply became worse when they moved into the service. The relative told us, "He's still not up to where he was before he moved into the home."

People's quality of life was improved in the way the provider tailored activities towards individual needs and preferences, although one relative told us their family member needed more activities, although they had an activity programme in place. The relative told us, "I've visited many similar homes across the UK and I've seen incredible places do much more. [My son] needs structure and stimulation and they could do a much better job of finding activities for him." Improving structured activities was an area identified for action in the December 2017 'stakeholder survey' due to the feedback received. A different relative was satisfied with the level of activities their family member had. The relative told us, "They keep [my family member] active. She goes to the shops in the morning to get milk and bread. She's included in the running of the home." A third relative told us their family member had enough to do and said, "[My son] is always out and he loves going on drives." Some people visited a trampoline club each week, swimming, cycling and sessions with a personal trainer at the service. One person was supported to take part in a meaningful, structured activity programme whereas before their circumstances meant they had limited access to activities. The person took part in bowling, cinema and various activities social in the community including a weekly club for local

people with learning disabilities. As the person was interested in tennis the provider purchased equipment and set up a tennis court on the lawn.

A person enjoyed picking surfaces such as floors and walls due to their sensory needs. The provider constructed a bespoke item for them, a solid wooden box on which they pasted stickers for the person to peel off. Staff encouraged the person to engage in their preferred activity with this box which at the same time discouraged them from damaging the property. We observed the box and staff told us the person enjoyed spending time picking the stickers off daily. The person also enjoyed tearing the clothes they were wearing due to their sensory needs. The provider provided the person with a range of materials to tear to protect their clothes as a creative way of supporting them, although this had had limited success.

Staff understood a person was particularly enjoyed the sensation of touching water. Because of this staff told us they ensured the person was provided with ample time in the shower to play with water. In addition the person was supported to access local swimming pools. The provider told us they were arranging trips to the swimming pool the person knew well from their youth as their relative suggested this could enhance their enjoyment of swimming even further.

An art therapist worked with people weekly encouraging them to express themselves through art and people enjoyed this activity. At first one person was unwilling to engage in their activities. However the person came to greatly enjoy the activity when the art therapist tried different ways of working with the person. The person also enjoys weekly aromatherapy now when at first they were not interested in this. Staff told us the person now leads staff into the aromatherapy room to show their keen interest in accessing the available sessions.

A person's needs in relation to their menstrual cycle were well understood by staff. During our inspection staff told us earlier the person had been shouting repeatedly and they recognised this was due to menstrual pain so had administered paracetamol to them. The person soon became more relaxed and stopped shouting. Several hours later the person began to shout in the same way and staff told us they understood the paracetamol had worn off so they immediately administered more.

Staff encouraged people to maintain relationships with those who were important to them and to develop friendships if they were interested in this. Relatives told us they could visit at any time and staff always encouraged their visits. Staff encouraged people to make cards and gifts to celebrate significant events as Mother's Day. People were encouraged to celebrate special days such as their birthdays in the way they preferred which often included eating out with other people from the service. People were given the opportunity to attend social events held at the other local services in the organisation and spend time with people living there. People were also encouraged to attend social gatherings arranged by local charities for people with learning disabilities and autism which included discos.

A programme was in place to support people to consider their preferences at the end of their life. The provider was undertaking a programme at a local hospice to train staff in understanding how to provide high quality care to people at the end of their lives. As part of the programme staff would consider how people may like to receive care at the end of their lives through liaising closely with their families.

Complaints and concerns were investigated and responded to appropriately. A relative told us, "I've never had to complain but we have confidence in the whole organisation." In the December 2017 'stakeholder survey' all respondents felt confident in raising concerns with the service. The service had received a number of complaints from neighbours. The provider investigated each concern and complaint and responded appropriately to the complainant. In addition in April 2018 the provider hired a local sports club to meet

with neighbours to discuss their concerns about the service. We viewed an email from a relative sent to the registered manager after the meeting in which they expressed support for the service in particular for the managers in remaining, "calm, professional and polite at all times." Minutes of the meeting showed the provider responded to each concern raised and agreed to provide feedback on issues where they needed to gather more information.

Good

Is the service well-led?

Our findings

The registered manager had been managing the home since November 2017 and had previous experience of managing similar services within the organisation. Relatives and staff were positive about the registered manager. A relative told us, "[The registered manager and Deputy] are great." A second relative told us, "We're very impressed with the whole management." A third relative said, "The registered manager has initiated some very positive changes. Communication is vital and we have seen a huge improvement from November last year." Staff told us they were approachable and always listened. One member of staff told us, "Management are great, they are assertive but relaxed and so welcoming." The staff member described a management style which encouraged staff to take ownership in their role with an expectation of high standards. A different staff member told us, "You don't feel there's a hierarchy because all the management team are accessible…they are never belittling." The staff member told us how the managers always respected staff and coached staff to perform well in their role. Our inspection findings and discussions confirmed the registered manager had a good understanding of their role and responsibilities, as did the deputy manager, senior care workers and support workers.

Leadership was visible and capable across the service. The registered manager was supported by a deputy manager. Staff were particularly complementary of the deputy manager and told us they frequently asked them to share their views on the service to check their working conditions remained good and they continued to enjoy their roles. The staff were organised into three teams, each led by a senior support worker. A relative told us, "[One senior in particular] is easy to talk and connect with." A senior was always on shift to lead and support their team. Staff understood their responsibilities during each shift as a clear shift plan was in place. The seniors were responsible for line managing staff which included carrying out support and supervision and checking staff delivered care to people in the best ways possible each day. Staff received a handover on starting their shift so they were aware of any significant events since they last worked, knew how people had had spent their time in the previous shift and whether there were any concerns to be aware of. Staff were assigned clear responsibilities each shift using a written shift plan and staff were each assigned to work closely with a person throughout their shift. Staff confirmed they worked well as a team and were supportive of each other.

The provider had good systems in place to oversee the service and ensure quality of care. The service was supported by an operations manager who provided guidance to the management team and staff at the service. The operations manager visited each week to carry out informal checks of the quality of care and to supervise the registered manager. The provider had a dedicated compliance team to assess quality in all their services. A member of the compliance team visited the service unannounced each quarter to carry out an inspection in line with the CQC key lines of enquiry (KLOEs). The registered manager developed plans from these visits to make any identified improvements. In addition the seniors carried out monthly 'site sweeps' which included observing the quality of care, speaking with people and staff and checking medicines and also that records were accurate, up to date and sufficiently detailed. Records showed the audits identified only minor concerns which the management team soon rectified and good practices were noted. The senior compliance officer described the most recent audit as "excellent" in an email we viewed. A recent audit carried out by the local authority which reflected a well-led service and any minor concerns

identified were used by the management team to improve the service.

The provider communicated openly with people, relatives and staff and gathered their views on the service as part of quality assurance. Relatives told us staff communicated well with them and kept them up to date of any significant issues in relation to their family members. One relative told us, "They always answer when I call and act on my requests. Staff give me updates and ring me if anything at all happens." A second relative told us how well staff communicated with them in relation to a health condition a person developed. The provider sent out annual satisfaction surveys for relatives. In the December 2017 'stakeholder survey' many positive comments were received. Some areas for improvement were identified and the provider had an action plan in place regarding these. As people were unable to share their views verbally the provider had process in place to find out about their experiences. As part of the regular audits of the service auditors observed people and staff interactions with them to check whether people's needs were being met and they appeared content. The auditors also checked people received care in accordance with their care plans. The provider held weekly staff meetings with the staff on shift each Monday to ensure feedback from staff was encouraged and used to monitor and improve the service. The provider also held two staff meetings a year for the whole team to share any organisational developments and to ensure good lines of communication. The provider also produced a newsletter to update stakeholders on service developments.

The provider worked openly with key external organisations. However, a social worker told us communication required some improvement as the provider had not always let them know of key information in relation to an incident involving a person. The provider liaised with the safeguarding team in relation to any safeguarding concerns. Staff worked closely with healthcare professionals involved in people's care.

The provider submitted notifications to CQC such as any allegations of abuse and authorisations to deprive people of their liberty. However, there the provider did not always notify CQC without delay of these significant events which meant the provider did not always support us in our function of monitoring and assessing the service.