Integra Care Homes Limited

Integra Care Homes Limited - 105 Water Lane

Inspection report

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Date of inspection visit:
03 August 2016

Date of publication:
31 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 3 August 2016. The inspection was unannounced.

Integra Care Homes Limited are part of the Lifeways Care Group. Lifeways Care Group provide support services for people with diverse and often complex needs in community settings. Throughout this report, Lifeways Care Group will be referred to as the provider. 105 Water Lane is a residential care home for up to eight persons and is situated within a residential area close to local shops and amenities. The home consists of four self-contained flats. Until recently two people lived in each flat where they had their own bedroom with ensuite facilities and shared a lounge and kitchen. The first floor flats are accessed either by their own external front door or by walking through the ground floor flats and using the internal stairs. The service has a large garden which appeared to be well used by people. The home had two vehicles to assist people to access leisure, recreational and educational activities in the community. At the time of the inspection there were six people living at the service who had a range of complex needs including learning disabilities and autism. At times, some of the people who used the service could behave in a way that was challenging or harmful to themselves or to others.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs. One type of significant event is when the local authority approve an application to restrict a person's liberty to protect them from harm. Applications for a DoLS had been approved by the local authority for each of the six people living at 105 Water Lane but the provider had not notified the Commission.

Staff needed specialist training to help ensure they were suitably skilled in the use of physical interventions which the provider required staff to undertake on an annual basis. This training was out of date for the majority of staff.

Policies and procedures were in place to ensure the safe handling and administration of medicines. However, the information available for "as required" (PRN) medicines, could be more detailed to ensure people receive their medicines consistently.

Improvements were needed to ensure that all aspects of the environment enhanced people's quality of life and supported staff to deliver effective care.

Staff had received training in the Mental Capacity Act 2005 and they were able to demonstrate an understanding of the key principles of the Act. However staff had not always completed an assessment of

people's capacity to consent to some aspects of their care and support.

New staff had access to a comprehensive induction. Staff received regular supervision and arrangements were underway to ensure that all staff had an annual appraisal.

Although some people could display behaviours which challenged others, staff had taken steps to understand the potential triggers and had implemented methods to manage and de-escalate these behaviours in the least restrictive way possible. Risks were appropriately assessed and planned for and staff demonstrated a good understanding of these. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team. There were suitable numbers of staff deployed to meet people's needs safely.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs. Where necessary a range of healthcare professionals had been involved in planning peoples support to ensure their health care needs were met.

Our observations indicated that people were supported by staff who were kind and caring. Staff had a good knowledge and understanding of the people they were supporting.

People were supported to take part in a range of activities and make choices about how they spent their time.

Complaints policies and procedures were in place and were available in easy read formats. Relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with.

Relatives and staff spoke positively about the manager. There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 by sufficient numbers of staff who knew how to recognise and respond to abuse.

Risks were appropriately assessed and planned for and staff demonstrated a good understanding of these.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not completed all of the training relevant to their role.

Staff had received training in the Mental Capacity Act 2005 and they were able to demonstrate an understanding of the key principles of the Act. However staff had not always completed an assessment of people's capacity to consent to some aspects of their care and support.

Improvements were needed to ensure that all aspects of the environment enhanced people's quality of life and supported staff to deliver effective care.

People were supported to eat and drink in sufficient quantities and had access to healthcare professionals when this was required.

Is the service caring?

Good

The service was caring.

Staff were kind and caring but also gently challenging when this was required, which helped to prevent people's anxieties from escalating.

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed

examples of people's likes and dislikes which demonstrated they knew them well.

Is the service responsive?

Good

The service was responsive.

People's support plans were personalised and supported staff to deliver responsive care. Staff told us they could refer to people's care plans in order to understand their needs and it was evident that the care plans had been read by staff.

People took part in a range of activities in line with their personal preferences.

Complaints policies and procedures were in place and relatives were confident they could raise concerns or complaints and these would be dealt with.

Is the service well-led?

Good

The service was well led.

Relatives told us they felt the service was well run and were positive about the registered manager. Staff told us they felt supported in their role and were clear about their responsibilities.

There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Integra Care Homes Limited - 105 Water Lane

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.

This was an unannounced inspection undertaken by one inspector on 3 August 2016.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with the registered manager, the deputy manager and five support staff. We also reviewed the care records of three people, the records for two staff and other records relating to the management of the service such as audits, incidents, policies and staff rotas.

Due to the complex needs of the people using the service, we were unable to ask them for their views about the care they were provided with. However we were able to spend time observing interactions between staff and people and following the inspection we spoke with three relatives and obtained the views of three health and social care professionals about the care provided at 105 Water Lane.

The service was last inspected in June 2014 when no concerns were found in the areas inspected.

Good

Is the service safe?

Our findings

Relatives were confident that their relatives were safe living at 105 Water Lane. One relative explained how their relative could display behaviour which challenged others, they said, "Yes there have been one or two incidents but they have always been dealt with safely…. [The person] is safe, if I wasn't confident about this, he wouldn't be there".
Another relative said, "It's the safest place he has ever been". This was echoed by a third relative who said that the service had given their relative a "Stability he has never had before, he feels safe". Our observations indicated that people felt safe and comfortable in the presence of their support workers.

Staffing was currently adequate to meet people's needs. The numbers of staff on duty was determined by people's care needs assessment and the commissioners of people's placement within the service. At present, each person was assessed as needed one to one care. On the day of our inspection there were six staff on duty and a team manager. The registered manager was also based within the service Monday to Friday. At night there were four waking staff with one being based in each flat. In addition there was one member of staff sleeping in who could be called upon to assist in the event of an emergency. Some people were assessed as needed two to one staff when in the community and so where necessary additional staff were rostered to ensure people had the extra support they needed to undertake activities. All of the relatives we spoke with told us the staffing levels were suitable. Staff also told us staffing levels were adequate to meet people's needs safely. A health care professional told us, "I believe the staffing resources are adequate for the needs of clients". The service had currently recruited four new staff but still had four staff vacancies. Agency staff were used to cover any gaps in the rota, but most were very familiar with the service and had been working within the home for some time and so knew the people and the strategies in place to support them well. The registered manager explained that if necessary they could ask for additional resources. For example, one of the people using the service could display behaviour which challenged others in clusters. During such a period, the registered manager said she could request an additional staff member and that this would be provided. We are aware that due to the reduction in numbers of people using the service and their assessed hours as determined by the commissioners of the service, changes are planned to the staffing. The changes will mean that at times there are for example only three staff on duty between 8am and 9am. The changes will need to be monitored carefully to ensure that this does not place people at risk or for example, mean that there are insufficient staff available to manage physical interventions safely.

Relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. Interviews took place which were competency based. The provider has also assured us they intend to undertake a full audit of all historic recruitment checks to ensure these had also been completed in a robust manner.

Systems were in place to identify and reduce risks to people. Staff completed a 'risk screen' which identified the risks to people's wellbeing. Support plans were then put in place which described the measures that were required to manage the risks such as poor road sense or the risk of being financially or physically abused. We saw evidence to suggest that staff were not risk averse but rather supported people to remain as independent as possible within their abilities. For example, the registered manager told us how one staff

encouraged one person to be involved in making a hot drink, but that once the drink had been made, staff emptied the kettle immediately to avoid the person using the hot water to harm themselves or others. Supporting people in the community could at times be challenging due to their complex needs. However, staff had carefully planned how this might be achieved as safely as possibly by for example, going at less busy times of the day. Whilst the service was secure with locked external doors and a secure garden, each person had a 'Missing Person's Plan'. A health care professional told us "Staff implement the least restrictive approach when needed and they attempt to access the community with the service user with challenging behaviour". Overall staff were generally well informed about the risks to each person and told us the risk assessments provided them with the information they needed to manage the risks and protect the person or others from harm.

Some of people within the service could at times express themselves through displaying behaviours which could challenge others which included physical aggression towards others or towards objects. Where this was the case people had positive behavioural support plan in place. These included a description of the potential behaviours, the possible triggers or the circumstances that might make the behaviours more likely to happen. Detailed information was available about the what purpose the behaviour served for the person and the actions staff could take to help people when they were anxious or upset and thereby prevent behaviours escalating. Some people did at times require staff to undertake physical interventions which might include the person being restrained by staff for a period of time to protect them or others from harm. Where physical interventions were required staff used an approach accredited by the British Institute of Learning Disabilities (BILD). The support plans viewed were clear and stressed the importance of taking the least restrictive actions first and of only using these techniques as a last resort.

Following an incident where physical interventions were used, an incident form was completed. These were monitored by the registered manager so that they could review antecedents to the incident, the behaviours involved and the consequences of the incident. This helped to identify triggers or trends and helped to ensure the behaviour management strategies in place remained effective. We did note that some of these incident forms needed to be more detailed. They did not for example, always note which staff had been involved in the incident or how long the incident had lasted. This is an area which needs to improve. The registered manager told us that all incident forms were shared with the provider's area manager and positive behaviour support team who would also review the information to ensure further actions or recommendations were made where necessary. Following an incident staff told us they were offered the opportunity of a debrief during which the management team checked to see if they had any concerns about the incident with regards to how staff had managed this or about the impact on the person.

There were policies and procedures in place to ensure the safe handling and administration of medicines. The registered manager told us medicines were only administered to people by staff who had been trained to do this and arrangements were underway to ensure these staff had an annual review of their skills, knowledge and competency to continue to administer medicines safely. Each person had a medicines folder which contained an assessment of the support the person needed to manage their medicines, a risk assessment and a medicines administration record (MAR). We reviewed three people's MARs. These contained sufficient information to ensure the safe administration of medicines to people safely. Medicines were stored safely in a locked medicines cabinets which were located in people's flats. We did note that the keys to the medicines cabinets were kept in a key cupboard in the main office. At times, neither the key cupboard or main office were locked. We brought this to the attention of the registered manager who told us they would in future ensure the key cabinet was locked within only designated staff having access to this. Room temperatures were being taken daily to ensure the medicines were being stored within recommended temperature ranges. The home treated some medicines with additional security measures as if they were controlled drugs. They were stored separately in a locked cabinet inside the metal cupboard

in the medication room. They also maintained a CD register. We checked the balance of two such medicines held in the cabinet against the register and found that they tallied. Controlled drugs are medicines that require a higher level of security in line with the requirements of the Misuse of Drugs Act 1971 as there can be a risk of the medicines being misused. Whilst some information was available for "as required" (PRN) medicines, we found that this could be more detailed. We spoke with the deputy manager about this who took action to improve this information was improved. A health care professional told us staff were "Able to recognise adverse reaction to a new medication".

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures which helped to ensure staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. All of the staff we spoke with were aware of the organisations whistle-blowing policy and were clear they could raise any concerns with the manager of the home, but were also aware of other organisations with which they could share concerns about poor practice or abuse. One member of staff told us, "There is a lot of emphasis on making service users safe, if nothing happened, I would go to [the area manager] or to the Care Quality Commission".

Requires Improvement

Is the service effective?

Our findings

Relatives told us that people received effective care. One relative told us the service "Absolutely meets [their relatives] needs. It's the longest place he had been without needing to move on…..they have had a stability they have never had before". Another relative told us the staff were "Fantastic, I love them all, they work really hard", they said "I cannot speak highly enough about the staff". We observed staff working in a professional manner and communicating with people effectively according to their needs. From reviewing people's records and speaking with staff and the registered manager, we were able to see that the service was achieving some positive outcomes for people. For example, one person had been supported to visit their family for the first time in five years. Staff were also effectively working alongside the multi-disciplinary team to provide a range of strategies to reduce the number of behaviours displayed by another person and to seek a suitable educational placement for another person using the service.

Some areas, however, required improvement. Two health care professionals told us training was an area that could improve to help ensure that staff fully understood the needs of people using the service and provided an appropriate response to behaviours. The training records showed that some staff were not up to date with all of training that the provider deemed to be essential to meet the needs of people using the service. For example, on an annual basis staff were required to complete refresher training in how to safely use physical intervention to de-escalate behaviour which might challenge others. This training was out of date for all but four of the staff working at 105 Water Lane. We spoke with the registered manager about our concerns. They told us that this training had lapsed as the provider was changing the method staff were to use when managing incidents or behaviour which was challenging to others. However they made prompt arrangements to schedule additional training for staff on the 16 and 17 August 2016. We also noted that many of the people using the service were living with autism but only a limited number of staff had undertaken training in this area. The registered manager told us that arrangements had been made on several occasions to provide this training, but that it was cancelled by the trainer. They will pursue a new date with the trainer.

We reviewed the other training provided. On a three yearly basis staff were required to complete training in fire safety, first aid, infection control, food safety, health and safety and moving and handling. Whilst this was generally up to date, we did note that for some staff this was also out of date. Safeguarding people and training in the Mental Capacity Act 2005 was also completed on a two yearly basis. Training was a mixture of online and face to face learning. Staff told us they felt the training provided was adequate.

Arrangements were now in place to ensure that new staff received a comprehensive induction which involved undertaking essential training and learning about the needs of people using the service, key policies and procedures. A support worker told us their induction had been "Really good with so much support". Another said, "There was a two week induction, I did all the training…they made sure I was very comfortable before being left working alone". They confirmed it had included opportunities to shadow more experienced staff and learn about people's routines, risk management strategies and communication methods. The induction was in line with the Care Certificate which was introduced in April 2015. This sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to

demonstrate. The induction records relating to staff who had been employed at the service for some time were less comprehensive and evidenced that staff were not always completing the Care Certificate in a timely manner. This is an area which needs to continue to improve.

Staff told us they felt supported and that they received regular supervision. A staff member told us, "Yes supervision is useful, it is an opportunity to raise issues that need to be taken into account". Another said, "Supervision is very good, they make time to listen". Arrangements were underway to provide each staff member with an appraisal. Appraisals help to ensure that the management team are able to assess the ongoing competency of staff and support them with their career development.

We noted that some improvements were needed to ensure that all aspects of the environment enhanced people's quality of life and supported staff to provide effective care. For example, one of the ground floor lounges was dark and had limited natural light. Paintwork in a number of areas needed to be renewed and a number of items of furniture were broken with doors or drawers missing. Staff had to walk through the ground floor flats to access the first floor flats. Staff told us that the layout of one person's flat could at times make it difficult to respond to incidents of behaviour which challenged. There was some use of pictures and other art to make the environment feel more homely although there was a lack of soft furnishings. For example none of the windows had curtains. Whilst privacy screening was in place on the windows, in some areas this had worn away. We were aware that some of the people using the service could at times display behaviour which resulted in the destruction or damage of furniture and fixtures which provided an ongoing challenge for the service, however we felt additional measures were needed to manage this more effectively and in a person centred manner. We spoke with the registered manager about the environment. We were told that following two people moving on to other services, there were plans in place to reduce the overall occupancy to five people and make a range of internal alterations to enhance the environment for the people living at the service. The plans include redesigning the layout of the home to include three single person flats and one shared flat for two people. A range of internal improvements were also planned including repainting all of the rooms and refitting the kitchens. We were advised that this work is due to begin in September 2016.

The Mental Capacity Act (MCA) 2005 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. Staff had received training in the MCA 2005 and they were able to demonstrate an understanding of the key principles of the Act. Staff understood that it was important to assist people as far as possible to make their own decisions and we observed staff helping people for example to choose which soup they would like for lunch by showing them the options. We observed staff supporting another person to communicate their wishes using a the Picture Exchange Communication System (PECS). Staff also used the system to provide a consistent tool to help the person be involved in making decisions about their daily schedule. This helped to reduce their anxieties and reduce the risk of the person displaying behaviours which challenged others.

Where key or significant decisions about people's care and support needed to be made we were able to see that staff had undertaken mental capacity assessments to establish whether the person was able to consent. For example, staff had undertaken a mental capacity assessment with one person to ascertain whether they could agree to the use of a five point harness whilst out in the car and to having restricted access to their kitchen. However some areas could improve. The Positive behaviour support plans seen contained a statement that they had been 'completed by an Area Behavioural Specialist due to the person's lack of capacity to understand its contents or necessity'. The agreement to a behaviour management plan is

a significant and complex decision but there no documented mental capacity assessment or best interests consultation. This is an area that could improve.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the Mental Capacity Act 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. All six people were subject to restrictions and appropriate applications for a DoLS had been approved. However registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs. One type of significant event is when the local authority approve an application to restrict a person's liberty to protect them from harm. Applications for a DoLS had been approved by the local authority for all of the people living at 105 water lane but the provider had not notified the Commission. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration. Staff were able to tell us what people's support needs were in relation to their diet. For example a staff member explained to us how they supported one person to regulate how much they drank and to have regular snacks due to concerns about their low blood sugar. They were also aware that the person needed to be supervised closely when eating to prevent the risk of choking as they had a tendency to eat their food very quickly. Two choices were cooked each day, but if people wanted an alternative we were told this would be made available. We saw that staff had created an individualised menu for one person who was not eating well based on their known likes and dislikes. Records were maintained of what people ate and these showed that they were being supported to maintain a healthy and varied diet. People were weighed on a monthly basis. We noted that in two cases the person was losing weight but it was not clear from the records what actions staff were taking to address this.

Where necessary a range of healthcare professionals including GP's, psychiatrists, community learning disability nurses, speech and language therapists and dentists had been involved in ensuring that people's health care needs were met. People had a health action plan which contained details of their medical appointments, the outcome of these and any required actions. Records showed that staff had worked effectively with the clinical team to review one person's medicines following a cluster of incidents of behaviour which challenged others. Another person had been referred to their doctor when staff noticed they were pale and seemed low in energy. Tests showed the person had low blood sugar and they are now having regular snacks throughout the day. Two health care professionals told us that in relation to the person they supported staff had an "Understanding of the physical health needs and had complied with the importance of monitoring fluid intake". Each person also had a hospital passport which was used to share key information with medical staff about the person's needs, their communication methods and behaviours in the case of admission to hospital.

Good

Is the service caring?

Our findings

Relatives told us they were supported by staff who were kind and caring. One relative told us, "Staff are very compassionate and very supportive in the right way". Another relative said staff "Genuinely cared". All of the staff we spoke with said their colleagues were all kind and caring. One said, "I would report it if there were any issues". A health care professional told us, "The staff listen to the wants, needs and conversation of the clients with patience and concern, I have never witnessed negative responses or inappropriate reactions from staff to clients even in challenging situations". They added that the staff were "Considerate and caring". During our inspection the atmosphere within the home was positive, with staff engaging people in conversations and using pictures and symbols to communicate effectively. We observed that staff responded positively when people hugged them. At one point we saw a person and their support worker sat on the sofa with their arms around each other. This appeared to be calming and reassuring for the person. Staff were equally aware, however, that for another person they supported, touch could be a trigger for them displaying behaviours which might challenge. Staff consistently supported people in a calm and respectful manner. Where necessary staff spoke firmly but not unkindly to ask people not to behave in a certain manner so that this did not impact on others using the service. This also helped to prevent people's anxieties from escalating.

Staff appeared to respect people's choices and preferred daily routines. People were able to move freely around their home and garden and could choose whether to spend time in their rooms or in the communal areas. Staff told us how they offered people support but if this was declined their wishes were respected, but the support would be offered again later. People's support plans described how people exercised choice and control in their lives. For example, one person's plan said they would take the staff members hand and lead them to things they wanted. In relation to personal care, their support plan said, 'Staff need to wait for me to ask for a shower'. A staff member confirmed this happened in practice. The registered manager told us, "Its important to give them [people using the service] the opportunity to do what they want, they have ways of letting us know….everything we do caters for them, we accommodate what they want, this is their home".

Staff showed they had a good knowledge and understanding of the people they were supporting. Staff were able to give us examples of people's likes and dislikes which demonstrated that they knew them well. We were given examples of the types of food people liked to eat and what activities they enjoyed as well as their daily habits. This information was also reflected in people's care plans. Staff described how people communicated and people's care plans confirmed these communication techniques. For example, staff understood whether a person was agreeing to receive care or for example agreeing to the inspector seeing their room.

Formal meetings were not held with people using the service, but they were assigned key workers who worked closely with them so that they became familiar with their needs, likes, dislikes and preferences and with their goals and progress toward these however small they might be. A relative told us, "One of the best things in my life was when [their relative] made me a cup of tea". They told us their relative's key worker was "As close to [the person] without being a family member and not crossing professional boundaries". They

praised the way in which the key worker was 'proactive' and 'came into work on days off during events to help give [the person] structure and routine.

Relatives were welcomed at the home or people were supported to visit them in their own home. Where people did not have close family or visitors we saw that staff had made referrals to formal advocacy services to ensure that people had every opportunity to express their choices and wishes. All of the relatives we spoke with told us they felt involved in their family members care.

The provider had a comprehensive dignity and respect policy which provided staff with clear guidance about how to put privacy and dignity principles into practice on a daily basis. We saw evidence that staff were mindful of people's privacy and dignity. We observed staff knock on people's doors before entering. Some of the people using the service could act in a manner that compromised their dignity. We observed that staff responded promptly to this and encouraged the person to return to the privacy of their room. One staff member had just been appointed dignity champion and was going to be taking the lead on ensuring that people received dignified care. It was planned that they would provide 'dignity supervisions', supporting staff to continue to understand and respond to challenging behaviour in positive ways. People were encouraged to respect one another for example we saw staff asking one person to make less noise so as not to upset their flatmate.

Good

Is the service responsive?

Our findings

Relatives told us that staff provided person centred care and that the support was responsive to their relative's individual needs. One relative said, "We have watched him grow as a person, he can do things now he couldn't do when he went there". Another relative said, "They [the staff] know him better that we do….[the person] goes to the shop like a normal man, if he wants to make something they help him". The relative explained that the person was not stopped from doing things as he had in previous places he had lived, they said, "He is treated like a human".

People's support plans were personalised and supported staff to deliver responsive care. Each person's support plan contained information about them as a person and their daily routines. For example, people had a 'One Page Profile' which described 'what people like about me' and 'what's important to me'. We were aware that one person valued going out for drives in the car and having the opportunity to run around in safe open spaces. This information was noted in their support plan. Records were kept of people's special interests, but also the things they disliked. One person was noted to like loud music with a beat. The staff member supporting them that morning was aware of this and had chosen a music channel on the TV for the person to watch. They appeared to be enjoying this.

People had a very detailed positive behaviour support plans. These included information about the behaviours that others might find difficult and what might make these more likely to occur such as communication challenges or issues related to, the lack of, or presence of too many sensory factors. The provider's speech and language therapist (SALT) had worked alongside staff to devise a sensory programme to support the person's sensory needs to reduce their levels of anxieties. Staff were aware of the need to offer this person regular sensory experiences such as using a weighted ball or snake, but also sensory snacks. 'My rules' were listed for one person which described what staff should and should not do when supporting the person to help reduce the risk of them becoming anxious. 'Motivators' or the things that might make the person act differently were also listed. Staff told us they could refer to people's care plans in order to understand their needs and it was evident that the care plans had been read by staff.

Staff completed daily records detailing what people had eaten, what aspects of personal care had been completed and the activities they had taken part in. The forms included a record of any behaviours the person may have displayed and whether staff had needed to use any physical interventions to manage these. This meant that it was possible to effectively monitor aspects of the care and well-being of the people who were supported by the service.

The registered manager told us that until recently the annual reviews had not always been completed consistently but that this was now an improving picture. We saw records which showed that staff had been involved in a detailed review of one person's support along with their relatives and relevant healthcare. Staff told us that support plans were updated promptly as people's needs changed or in light of any recommendations from health or social care professionals. All of the relatives we spoke with told us that they felt fully involved in their relatives care and were kept informed about matters relating to their care.

People took part in a range of activities in line with their personal preferences. Within the home, people chose to do activities such as using the trampoline, watching the TV, sensory activities, puzzles, household chores and crafts. Outside of the home, people went for walks, visited the beach or the New Forest. One person particularly enjoyed trips to a fast food outlet. Staff ensured that people were supported to have a presence within the local community. The service had arranged with a local swimming pool to hire the whole pool for an hour which most people attended and seemed to enjoy. People were supported to visit the local shops and buy their own toiletries. Staff told us that people living at the service were well known within the local community and that they had developed good relationships with the local shop keepers they visited.

Complaints policies and procedures were in place and were available in easy read formats. There had not been any formal complaints within the last 12 months, but relatives told us they were confident they could raise concerns or complaints and that these would be dealt with. One relative said, "I am very aware of how to complain, but have not needed to". Another said, "I absolutely feel they would do something about concerns, they respect you as a relative".

Good

Is the service well-led?

Our findings

Relatives told us they felt the service was well run and were positive about the registered manager. One relative said, "[the registered manager] keeps me informed, always gets back to me". Staff told us the service was well led. One staff member said, "I have worked in many places, I find this place to be among the best….I feel confident that I can go to the management if I have a concern or question and they will sort it out". Staff told us they felt supported in their role and were clear about their responsibilities. There was evidence that the provider had a range of policies and procedures in place to guide and support staff and that staff had read these. Staff told us they did not have to wait for supervision to discuss any difficulties or concerns they might have. These were recorded as 'job chats'. One staff member said, "Everybody knows what is expected of them, I enjoy coming to work". Another staff member said, "It can be quite stressful at times, but if you have had a heavy shift, they try and place you in a quieter flat the next day, that helps". Health and social care professionals were positive about the leadership of the home. One said, "The home manager and team managers work well together and they ensure new information is shared within the team, so far the recommendations that we have put in place are followed". A second professional told us, "There appears to have been an improvement in the quality of care, management and goals over the last few months….efficiency has improved with detailed responsibility carried across the staffing levels".

Staff told us that the registered manager spent time observing and supporting the delivery of care and that this helped to ensure that they were aware of people's needs and of the challenges within the service. We observed the manager had developed good relationships with each person. They appeared to be familiar to people who lived at the home and were able to tell us in depth about people's individual needs. This demonstrated the registered manager played an active role in the running of the home. Staff and relatives told us that the management team were nurturing a culture within the home which encourage people to be as independent as possible within their capabilities . We spoke with the registered manager about this, they told us that achieving independence was one of the organisations main values. They explained that they did at all times try and strike a balance between keep people safe and encouraging them to try new things or achieve their goals. The staff we spoke with also seemed committed to achieving good outcomes for the people they supported. They spoke of the importance of providing "Individualised care" and encouraging people to be integrated within the local community. One staff member said, "There is a culture here of lets get these guys to improve their lives". A relative told us about how staff had helped their relative to improve their life by supporting their relative to visit the local supermarket despite this in the past not being possible due to the person's behaviours. They told us "They have managed [their relatives] behaviour in a way I never thought possible".

Surveys were undertaken with relatives. This provided an opportunity for them to provide feedback about the service provided and make recommendations about how it might be improved. There had been a very low response to the most recent survey, although the feedback received had been positive. The relatives we spoke with had identified very little that they felt could be improved about the service other than the physical environment for which there was already an improvement plan in place.

Staff meetings were held on a regular basis. Issues discussed included staffing and training matters, the

importance of documenting the support that had taken place, activities and updates to people's behavioural support plans. The meeting minutes showed that staff were able to discuss any concerns they might have and were able to contribute to the development of the service to toward people's support plans.

There were some systems in place to assess and monitor the quality and safety of the service. The registered manager undertook monthly medicines audits and checks of people's finances. They reviewed accidents and incidents to ensure that trends or patterns were identified so that remedial actions could be taken. These were then also reviewed by the area manager and the provider. The area manager undertook monthly audits of the quality of the service which reviewed areas such as the internal appearance, staffing levels and whether activities were taking place as planned. Where areas for improvement were noted, an action plan had been devised to address these. For example in June 2016, the audit had noted that some rubbish had needed to be removed from the garden. To address this a skip had been ordered to facilitate this. Additionally, the provider's quality department conducted a quality audit although the most recent one of these had been completed in April 2015. The audit had identified a number of areas which required improvement. We were able to see that many of these had been addressed. A range of health and safety checks were undertaken to identify any risks in relation to areas such as fire, gas and water safety. Checks were made to ensure electrical items were safe to use. The provider also had a business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home. Each person had a personal emergency evacuation plan (PEEP) which set out the help they would need to safely evacuate the building. The service did not currently feature on the provider's website and the provider had not developed a service specific service user guide for people living at 105 Water Lane. The registered manager was addressing these issues with the provider.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that the Commission had been notified when applications to restrict a person's liberty had been authorised by the Local Authority.