High Quality Lifestyles Limited

55 Sandwich Road

Inspection report

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Ratings

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

Overall summary

This inspection took place on 15 October 2015, was unannounced and was carried out by one inspector.

55 Sandwich Road is a privately owned service providing care and support for up to two people with different levels of learning disabilities. People also had some behaviours that challenge and communication needs. There were two people living at the service at the time of the inspection. The house is a detached property set in its own grounds. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The two people each had their own vehicle to access facilities and activities in the local area.

There was a registered manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health

Summary of findings

and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager was no-longer working at the service and was now the registered manager of another of the company's services. A new manager had been appointed and was in the process of registering with the CQC for 55 Sandwich Road. They were also the registered manager of another service. They had been managing the service for two months.

There were policies and procedures in place to protect people's finances. These procedures were in place to help people manage their money as independently as possible and spend their money to assess activities and going out in the community. The staff were not fully adhering to the company's policies and procedures when they took people out for meals. We found that, on occasions, staff took people out for meals and they were using people's money to pay for staff meals as well. Staff told this had been sanctioned by senior management. The area manager and new manager told us this should not be happening and immediately took action to reimburse people. Clear accounts of all money received and spent were available. Money was kept safely and was accessed by senior staff. People could access the money they needed when they wanted to.

Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed. The manager and staff knew how to respond if concerns were raised. The manager monitored incidents and accidents to make sure the care provided was safe. The manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information contained in the forms was used to adjust the person's support to meet their needs in a better way, the emphasis being on the reduction in the number of challenging incidents by supporting the person to have different, more effective ways of getting their needs met. The latest report indicated that there had been a reduction in the behavioural incidents. The manager was clear staff about the disciplinary procedures they would follow if they identified unsafe practice.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the manager had applied for DoLs authorisations for people who were at risk of having their liberty restricted. They were waiting the outcome from the local authorities who paid for the people's care and support. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

The care and support needs of each person were different and each person's care plan was personal to them. Most of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. People appeared happy and content with the care and support they received. However, some parts of the care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best and kept them safe. On the morning of the inspection potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible. Staff were able to tell us the action they would take to keep people safe. By the end of the day the manager had reviewed and re-written the care plans and risk assessments. There was now clear guidance in place for staff on how to care for people effectively and safely and keep risks to minimum. Staff were aware of the changes and knew what they had to do to make sure that people received the care and support that they needed.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People had key workers that they got on well with. The service was planned around people's individual preferences and care needs.

Summary of findings

The care and support they received was personal to them. Staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

Throughout the inspection we observed people and the staff as they engaged in activities and relaxed at the service. People could not communicate by using speech and staff understood the needs of the people they supported. Staff were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly.

Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond. Throughout the inspection people were treated with kindness and respect. People privacy was respected and they were able to make choices about their day to day lives.

People were involved in activities which they enjoyed and indicated that they wanted to do them again. Planned activities took place regularly. People had choices about how they wanted to live their lives. Staff respected decisions that people made when they didn't want to do something and supported them to do the things they wanted to.

People indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted and were involved in buying food and preparing their meals. If people were not eating enough they were seen by dieticians or their doctor.

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Staff had support from the manager to make sure they could care safely and effectively for people. Staff said they could go to the manager at any time and they would be listened to. Staff had received regular one to one meetings with a senior member of staff. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. When staff had completed induction training they had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and autism. We found that staff had not completed specialist training that were specifically related to people at the service, like epilepsy and Parkinson's disease. When we pointed this out to the area manager and the new manager they immediately sourced this training and booked it. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. People had their needs met by sufficient numbers of staff. Staff numbers were based on people's needs, activities and health appointments. People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way.

Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. Safety checks were done regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

Staff were able to recognise if people were unhappy about something and were able to explain what they would do to support people to make their concerns understood and known. People were taken seriously and action would be taken to resolve any concerns that they had.

Summary of findings

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out. The manager had sought formal feedback from people by using a questionnaire.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service. Staff told us that there was an open culture and they openly talk to the manager about anything. The provider had systems in place to monitor the quality of the service. The manager was aware of had submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Policies and procedures for supporting people with their personal funds were not being adhered to.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible. People indicated they felt safe living at the service. Staff knew how to keep people safe and protect them from abuse.

There were sufficient numbers of staff on duty at all times to make sure people received the care and support that they needed. Checks were carried out before staff started to work at the service to make sure they were safe to work with people.

The manager monitored incidents and risks to make sure the care provided was safe and effective.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good

The service was effective.

Staff had not received all the training they needed to support them to meet the needs of people but they knew what action to take if risks occurred. The manager immediately sourced and booked the training for the week after the inspection.

Staff had regular one to one meetings with the manager to support them in their learning and development. Staff had received an annual appraisal.

The manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

Summary of findings

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and respected.

People and their families were involved in reviewing their care and the support that they needed. People had choices about how they wanted to live.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

There was a complaints procedure in place. People were supported to raise any concerns. Their views were taken into account and acted on.

Is the service well-led?

Good

The service was well –led.

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The manager led and supported the staff in providing compassionate and sensitive care for people.

People indicated, and staff told us, that the manager was open and approachable. People were listened to and they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

55 Sandwich Road

Detailed findings

Background to this inspection

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

This inspection took place on 15 October 2015 and was unannounced. It was carried out by one inspector; this was because the service only provided support to a small number of people.

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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We assessed if people's care needs were being met by reviewing their care records. We looked at two people's care plans and risk assessments. People could not talk to us so we spent time observing them and communicated using body language and signs. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties like cleaning their bedrooms and doing their washing and engaging people in activities.

We looked at a range of other records which included three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We spoke with three members of staff, which included a team leader. We also spoke to the manager and the area manager. We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

We spoke with two visiting professionals who were involved with people.

We last inspected this service on 16 December 2013. There were no concerns identified at this inspection.

Requires improvement

Is the service safe?

Our findings

People indicated that they felt safe. They were happy, smiling and relaxed with the staff. People approached staff when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests.

There were policies and procedures in place to make sure people were protected from any financial abuse. These were not been consistently adhered to by the staff. Overall, people's money was managed safely and in their best interest. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff only. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to. However, on some of the receipts of people's spending, there were occasions when people ate out, and their personal money had been used to pay for a staff meal as well. People did not have the capacity to make this decision about spending their money in this way and the company policy stated, 'Service users' personal funds must only be used to purchase discretionary items and services for their own use and disposal'. Staff told us this practise had been sanctioned by a previous registered manager and the senior management team. The area manager and manger took immediate action to rectify this. They contacted the local safeguarding co-ordinator for advice, they also contacted care managers. The spent money was going to be immediately refunded to people. The area manager and manager were also going to escalate these concerns to senior management and check that this practise was not occurring in any of the other services.

People's money was not fully protected and people were at risk of having their money spent inappropriately. This is a breach of Regulation 13 (6) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were fully protected from all other abuse. People could be confident that if they were not happy with something the manager would recognise this and would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly.

Risks to people had been identified and assessed, but guidelines to reduce risks were not always available or were not clear. Some people were identified as being at risk from having unstable medical conditions like epilepsy. Other people were at risk from falling over or choking. There was limited information available to give staff the guidance on what to do if these risks actually occurred. Staff on duty were able to tell us the action they would take if risky situations occurred. By the end of the inspection the manager had taken action to address these shortfalls. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Staff had been informed by the manager of the action they had to take and had been advised to read the new guidelines. This reduced the risks of people receiving inappropriate care and support.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People accessed the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

Accidents and incidents were recorded by staff. The manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information contained in the forms was used to adjust the person's support to meet their needs in a better way. The emphasis was on the reduction in the number of challenging incidents, by supporting the person to have different, more effective ways of getting their needs met.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to

Requires improvement

Is the service safe?

use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practise remained safe. Medicines were stored securely. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor.

Some people were given medicines on a 'when required basis' this was medicines for pain like paracetamol. There was written guidance for each person who needed 'when required medicines' in their care plan.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. People required one to one support at times and required two staff when they went out on activities. The manager made sure there was enough staff available so people could do the activities they wanted. If people were going out during the day, staff numbers increased at this time. If people were going out in the evening then the numbers increased in the evening. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When there were not enough staff available staff from the company's other services in the local area covered the shortfall. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Good

Is the service effective?

Our findings

People indicated that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a wide range of needs. People's conditions were complex. The manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of courses related to people's health needs. There were shortfalls in staff training. Not all staff had completed the necessary training in epilepsy and Parkinson's disease. The staff were able to discuss people's conditions and the action they would take if someone experienced an epileptic seizure and what aids and support they had put in place to help people with their mobility and everyday activities. By the end of the inspection the manager had sourced training for staff and then sent us evidence that the training had been booked for the week following the inspection.

Staff told us that they felt supported by the manager. They said that since the new manager came to work at the service there had been a lot of improvements. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. Staff had regular one to one meetings with the manager. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively. Staff who had worked at the service for 12 months told us they had an annual appraisal. Performance of the staff was being formally monitored according to the company's policies and procedures. Staff had the opportunity to privately discuss their performance over the past year and identify any further training or development they required. There were records available to show that staff had received an annual appraisal.

When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the manager to check that they were able to care for, support and meet people's needs. Regular staff meetings highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns and ideas were taken seriously by the manager.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. Sometimes they took people to go the garden when they were feeling upset or needed some 'space' away for others. People could not communicate using speech and had individual communication passports which were written in picture format to make them more understandable to people. For example, if a person was tapping their knee it meant that they were upset. The passports gave staff directions like make eye contact, be enthusiastic, keep to key words that people understand, do not offer more than two choices. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

The manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests.

The manager had applied for deprivation of liberty safeguards (DoLS) authorisations for people and these were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. People's capacity to make the decision about whether they were able to give consent to spend money to buy staff meals had not been considered.

Good

Is the service effective?

When this was pointed out to the manager they understood the impact and was immediately going to rectify the situation. The manager of the service had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). They were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

People had control of their care and support. Staff asked for people's consent before they gave them care and support. If people refused something this was recorded and respected. Before people did activities or went out staff checked with people whether they had changed their mind and respected their wishes.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People had attended an annual health reviews with their doctor. If a person was unwell their doctor was contacted. People were supported to attend appointments. Staff told us that they had a very good relationship with the local doctor's surgery. They said sometimes people would not leave the car when they needed to see the doctor; the doctor came to the car when it was appropriate.

Since the new manager came to post they had sought support people needed from professionals who visited people. Visiting professionals told us that prior to the new manager taking up the position the advice and suggestions they had made had not been implemented and they felt like 'they were wasting their time'. They told us that the new manager had actively sought their advice and input and had arranged meetings to discuss what could be done to improve the lives of people.

When people had problems eating and drinking they were referred to dieticians. Specialist aids had been provided to help people eat independently and safely. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. People attended the local learning disability services in the community to access resources like the sensory room. They had support from the occupational therapy team to develop their skills and promote their independence.

People indicated that they enjoyed their meals. They could choose what they wanted to eat at the times they preferred. People were shown meals on picture cards so they choose what they wanted. Staff included and involved people in all their meals. People went food shopping with staff. Staff told us that they did not go to the local large supermarket but took people food shopping in the smaller shops in the town centre as this gave people a wider experience of choosing and shopping for different foods at different places. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to. People often went out to eat in restaurants and local cafés.

Some people had specific needs when they ate and drank. Staff made sure that their food was cut up into small pieces and that there was a member of staff with them when they ate their meals. When people had lost weight they had been seen by their doctor and dietician. Advice had been given to supplement their foods with full fat milk, cheese and other high fat products. Staff were making sure this happened. People's weight was monitored to make sure it was increasing or stable. Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible.

Good

Is the service caring?

Our findings

People indicated they thought the staff were caring. People demonstrated that they liked staff. People choose to sit next to staff. They went and held staffs hands to guide them to places when they wanted something. People smiled a lot. People were very relaxed and comfortable in their home and with the staff that supported them. People communicated with the staff through noises, body language and gestures and staff knew what they saying and asking and responded to their requests.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people like to go out in the local area and others preferred to stay in their bedrooms. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to relay what they wanted. Staff responded quickly to people when they asked for something. Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to wait for them to respond.

People, when they were able, were involved in planning their own care and deciding what they wanted to do. If people had family then their views and opinions were sought in planning people's care. Some people did not have relatives who could support them. The manager told they would be accessing independent advocates to support people who did not have any one to speak up on their behalf. Advocates support people so that their views are heard and their rights are upheld The advocate are there to represent peoples interests, which they can do by supporting people to communicate their wishes, or by speaking on their behalf. They do not speak for any other organisation.

People had their own bedroom. Their bedrooms had recently been decorated and staff were in the process of supporting people to make sure the bedrooms reflected people's personalities, preferences and choices. People were choosing pictures of activities they had done and family members to put in frames to hang on their walls. People had equipment like radios, music systems and televisions, so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms or in the bathroom. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, when they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves up to date about the care and support people needed by reading people's care plans. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were assigned to people based on personalities and the people's preferences. Key workers and other staff met regularly with the people they supported to find out what they wanted to do immediately and in the future. When possible peoples' keyworkers were involved in their care and support on a daily basis. One member of staff told us: "Staff and clients get on well together. We like each other". Other staff said that they made sure that they included people in all aspects of the day; they said that they treated everyone equally and fairly.

Good

Is the service responsive?

Our findings

People were supported to be involved in the care and support that they needed when they wanted it. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done. When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. The manager and staff had endeavoured to re-establish contact with people's families to re- build family relationships. This had been successful for some and they now had more involvement with family members. The staff made sure that people were supported to send cards and gifts for significant events like birthdays.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, mobility, consent and eating and drinking.

People's preferences of how they received their personal care were individual to them. What people could do for themselves and when they needed support from staff was included in their care plan. People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. There was information about what made people happy, what made them unhappy and what made them angry. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best. Some people had been assessed as having behaviour that could be described as challenging. Staff had received accredited training on how to support people with their behaviours. The support plans focused on how to manage the behaviours positively and to give support in a way that was less likely to cause the behaviour. These plans were person centred and bespoke for each person. For example, making sure that staff were aware of the situations that may lead to a behaviour and anticipate what the person wanted before the behaviour actually occurred. The plans explained what staff had to do to do if a behaviour did occur. One plan said, 'Don't put your hands in your pocket, don't put your hands behind your back. Stand in a relaxed non-confrontational manner. Give eye contact but do not stare. Encourage and support person to go somewhere private l like the garden'. The support described was aimed at providing alternative strategies to reduce any negative behaviour. Staff were consistent in how there managed behaviours. Staff told and records of incidents showed that negative behaviours had reduced.

People were supported to develop their independence skills in some way. Staff completed daily records and these included what activities people had participated in. Staff said they had got to know people and encouraged them to do as much for themselves as possible. People had 'goals' (skills or tasks identified that people were learning to become more independent in) One person had achieved the goal of making a drink with prompting from the staff. Staff explained how this had progressed from the person initially watching, and then taking it step by step until they were able to do it with minimum input. Another person was

Good

Is the service responsive?

in the process of sorting out their laundry and using the washing machine. People's progress was monitored to support people to develop skills and independence at their own pace.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. People had timetables of activities to give a basis for the choices available. Some activities were organised on a regular basis, like going swimming and attending a music group. People were occupied and enjoyed what they were doing. Staff were attentive to know when people were ready for particular activities and when they had had enough. Staff told us that since the new manager came to the service, activities for people had increased and were more meaningful to people. Staff said they had recently taken people clothes shopping in the city centre, they said that this had never been done before and they were unsure about how people would be in crowds and busy shops. They said that the people really enjoyed it, had a 'great' time and engaged in choosing and buying their own clothes. Some people really enjoyed going for a walk in the local area and staff supported them to do this when they wanted to. There were visits to places like the zoo and sea life centre. Staff were in the process of supporting people to book a holiday, the plan was to go to Butlin's.

Staff felt confident to pass complaints they received to the manager. Concerns from people were resolved quickly and informally. When complaints had been made these had been investigated and responded to appropriately. The service had a written complaints process that was written in a way that people could understand. It was available and accessible. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong. They would then try and resolve the issue.

Good

Is the service well-led?

Our findings

At the time of the inspection the new manager had been in post for two months. The previous registered manger had left the service in August 2015. The new manager was not yet registered with the Care Quality Commission (CQC) but was in the process of doing so. They were already the registered manager for another service within the company. People indicated and staff told us they were very happy about the appointment of the new manager. Staff said that there had been a lot of improvements for people in the short time the manager had been in post. Staff told us the service was well led. They had confidence that the new manager would take their role seriously and make sure that people were safe and receive everything they wanted and needed.

Visiting professionals said they were confident in the new manager's skills and abilities to lead and drive improvements within the service. They said the manager was proactive and had already contacted them to arrange meetings to discuss peoples care and support needs. Visiting professionals and staff said that the manager was approachable and supportive and they could speak to them whenever they wanted to. People indicated and staff told us the manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff approached the manager whenever they wanted to. There was clear and open dialogue between the people, staff and the manager.

Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the manager. The manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities.

Our observations and discussions with people and staff at the service showed that there was an open and positive culture between people, staff and the manager. The service's visions and values were to support people to be as independent as possible while keeping them safe. The manager and staff were clear about the aims and visions of the service. Staff were aware of and agree with the set of values' which outline the expectations of staff in their actions and behaviours towards everyone who uses the service and each other to promote and put into practice values such as compassion, dignity, equality and respect.

People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The manager had got to know people well in a short space of time. They communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another.

There were effective systems in place to regularly monitor the quality of service that was provided. There was a 'handover sheet' which was completed at the end of each shift. This was a check list to make sure staff had done everything that was expected of them while they were at work. It contained information on for example, any appointments that people had attended and the support they required for the day. The amount of petty cash and people's money that was spent was checked. There were checks to make sure people had received their medicines when they needed them and that all records had been completed. Cleanliness throughout the home was looked at and all equipment checked to make sure it was safe and in working order.

People's views about the service were sought through key worker meetings and reviews, and survey questionnaires. The manager audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The regional manager, who was the providers' representative, visited monthly to check that all audits had been carried out and supported the manager and the staff team. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant

Good

Is the service well-led?

we could check that appropriate action had been taken. The manager was aware that they had to inform CQC of significant events in a timely way. No notifiable events had occurred at the service in the last 12 months.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People's money was not fully protected and people were at risk of having their money spent inappropriately. Regulation 13 (6) (c).