

Jemini Response Limited

Jemini Place

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Jemini Place is a residential care home providing accommodation and personal care for one autistic person at the time of inspection. The service can support up to six people. There were two bedrooms on the ground floor that had been adapted to become one unit comprising a bedroom and a kitchen/diner. There were four bedrooms on the first floor, and they were unoccupied at the time of inspection.

People's experience of using this service and what we found

Jemini Place was clean and tidy throughout. Some staff wore fabric masks. When we highlighted that this was not in line with government guidance this was rectified immediately and the home's infection, prevention and control policy was updated. Enhanced cleaning had been instigated as a result of the pandemic, staff had received additional training and the service had a visiting procedure that complied with government guidance.

There was a very large staff team in use for one person and staff worked across two different settings. This was not ideal and there was an ongoing recruitment programme. The person needed staff who knew them well and it was not considered appropriate to use agency staff. To mitigate this risk until enough staff were recruited, all staff were tested daily and meetings were held to ensure staff were consistent in their support of the person.

The person was protected from the risks of harm, abuse or discrimination because staff knew how to recognise and respond to any possible abuse. Recruitment practice was thorough and ensured only suitable staff worked at the service. There were suitable arrangements to respond to any risk to the person and to provide the person with their prescribed medicines.

There was a positive culture at the service and the registered manager and home manager worked closely with staff to ensure the person was supported appropriately and safely. There was a clear management structure and staff knew their individual roles and responsibilities.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture.

Right support:

- We were told that where the person used to live, they did not like having to wait to use the bathroom or kitchen and that they were very sensitive to the noises generated from communal living. Since moving to Jemini Place and having their own bathroom and kitchen this had a very positive impact on their wellbeing. They told us they were happy at Jemini Place. Where they lived previously, they had three to one staff support. This had been reassessed and reduced to two to one staff support.

Right care:

- Care was person-centred and based on what the person wanted to do each day. Although they had two to one staffing, it was recognised that they needed space to be on their own at times, to use the bathroom and to spend quiet time in their bedroom. There was advice and guidance in the person's care plan about how to support the person and to recognise the times when they might need reassurance and how to provide this.

Right culture:

- When staff came on duty, the person enjoyed selecting the staff photos and placing them on a board. There was clear advice that when handovers were carried out and therefore additional staff on the premises, this should not increase noise levels, so the person continued to feel safe and secure. There were pictures of the person doing the activities they liked to do. Each day staff gave them a choice of two of the activities. This was in addition to a wide variety of home-based activities. Staff told us that the registered manager was approachable and easy to speak with and there were regular opportunities to share their views about Jemini Place either in individual supervision or at staff meetings.

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

Rating at last inspection (and update)

This service was registered with us on 10/10/2018 and became dormant on 12/03/2019. The service became operational again in January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not had an inspection since it was first registered and was now operational again.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jemini Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

This was the first inspection of the service.

Inspection team

There was one inspector.

Service and service type

Jemini Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and the person is often out, and we wanted to be sure there would be at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the person living at Jemini Place and observed staff interactions with the person. We spoke with the registered manager, the home manager, the training manager, two staff members and a further two staff members briefly.

We reviewed a range of records. This included the person's care plan and medicine records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including audits and health and safety files were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training records and quality assurance records. We received feedback from one health and social care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Some staff wore fabric masks which was not in line with government guidance. The registered manager confirmed following the inspection that the infection control policy had been updated and all staff were now wearing masks in line with government guidance.
- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The numbers of staff working at the service over the past month was high. Whilst the home's contingency plan did not include reference to this, the home's winter 21 COVID policy set out the times when it could be appropriate for staff to work across two settings. Any staff working between two settings carried out daily and weekly testing. All staff had received training on infection prevention and control (IPC). Cleaning schedules were used to record all the cleaning carried out, both routine and additional touch point cleaning. Deep cleans were carried out by staff on a weekly rotation to ensure the highest level of cleanliness and hygiene was maintained. The home manager monitored that this had been done.
- We were assured that the provider was preventing visitors from catching and spreading infections. All visitors were asked to complete a test before they visited the home and were asked to wear PPE whilst on the premises.
- We were assured that the provider was meeting shielding and social distancing rules. Jemini Place has a spacious environment and there was only one person living at the service.
- We were assured that the provider was admitting people safely to the service. Only one person had moved to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Only one part of the building was in use at the time of the inspection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to make sure people were protected from harm or abuse. A staff member told us, "We are encouraged to say if we see anything wrong. We have looked at what went wrong in other settings and talked through different scenarios. We talk through incidents to check if they need to be referred to safeguarding and to learn from them and each other."

- The person supported was not able to tell us they felt safe, but we observed they appeared very relaxed and content in their surroundings. We saw that when they wanted time on their own this was respected and when they wanted staff support, they came out of their room to actively look for support. Staff told us the person liked to know what was happening and in what order and this made them feel secure.
- All staff had received safeguarding training and knew how to recognise signs of abuse.

Assessing risk, safety monitoring and management

- Risks to people were well managed. Positive behaviour support (PBS) plans guided staff on how to support the person when they expressed emotional distress. Records referred to strategies to use and as a last resort, to specific restrictive interventions.
- There was detailed advice on how these should be carried out, apart from one manoeuvre. Some, but not all of the staff we talked to were able to tell us about this strategy. However, records showed this strategy was very rarely needed and there would always be a more experienced staff member on duty who would lead the manoeuvre. The registered manager told us this would be reiterated to all staff.
- A staff member told us the person did not like dogs and this made them feel unsafe. Staff pre-empted this by always being aware of surroundings and if a dog was near, they automatically stood close either side of the person to make sure they felt safe. This was clearly recorded in the person's plan and staff told us the advice worked well.
- Risk assessments had been completed for all activities the person took part in to consider any possible risks and how they could be mitigated or minimised.
- The person's needs in the event of a fire had been considered and there was a personal emergency evacuation plan that described the support they needed.
- The person lived in a safe environment because the service had good systems to carry out regular health and safety checks including checks on gas and electrical appliances safety.
- Maintenance checks were carried out and where shortfalls were identified they were put on a maintenance plan and addressed.

Staffing and recruitment

- There were enough staff to meet the person's needs safely. There was a core of ten staff who worked in Jemini Place. However, there had been a need to increase the staff team as the person supported required two to one staffing throughout the day. Staff were used from another service within the organisation to cover shifts and for sickness and annual leave. It was not considered appropriate for agency staff to work at the service. The rota for the month of August showed an additional 10 staff worked from the other service and a further six staff worked on night shifts.
- We spoke with the registered manager about the numbers of staff used in relation to consistency for the person supported and from an infection control perspective. The registered manager recognised that the high numbers of staff used was not ideal for one person. Recruitment was ongoing and they were working hard to maintain consistency. At the height of the pandemic they had stopped the movement of staff between homes. However, in order to meet the person's needs and to ensure they were supported by staff who knew them well, this had been restarted.
- There was a waking and a sleep-in staff member at night. Staff told us there were enough staff to meet people's needs safely.
- There were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately. The home's policy was that two staff had responsibility for supporting the person with their medicines.
- The registered manager had identified a problem with the medication administration records (MAR). Handwritten records were being used and the registered manager had requested that the pharmacy provided typed MARs. The local medicines optimisation in care homes (MOCH) team were providing support as needed to address this problem.
- The person supported took some medicines on an 'as and when required' basis (PRN) for example, for pain relief or anxiety. These were not located at the time of inspection, but updated protocols were sent to us after the inspection. The protocols described specific advice on when these medicines should be used.
- There was guidance for staff on how the person liked to receive their medicines.
- Staff had received training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

Learning lessons when things go wrong

- The person supported used to live in another service run by the organisation. It had been assessed that the service was no longer meeting their needs as they had been affected by a number of environmental factors that could not be changed. Staff told us that since moving to Jemini Place, the care and support had been adapted to meet the person's needs, noise levels had significantly decreased, and the person did not need to wait to use their kitchen or bathroom facilities. These small measures had a massive positive impact for the person.
- Staff used the dining room in the main building to document records. It was recognised that when the remainder of the home is fully operational, this would not be appropriate. As this had been the practice since the person moved to the service, staff and the management team were beginning to look at ways of altering the person's living space to ensure they and staff had enough space to be together and to be apart as needed. This was going to take time to introduce.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was only one person living at the service. This person had moved from another service within the organisation, so all records were transferred to the service and then reviewed and updated to consider any risks at Jemini Place. As the move was within the organisation the person continued to be supported by staff who knew them well.
- Two people had been assessed as compatible to move to Jemini Place, but the registered manager was clear that this would be a slow process as staff recruitment would need to be carried out and staff suitably training provided before they could move in.

Staff support: induction, training, skills and experience

- Staff were suitably trained to meet the person's needs. A staff member told us the training was, "Amazing." They said they had found induction to the service to be brilliant, with training and shadow shifts making sure all learning needed was done in advance of working with people.
- The training manager told us that new staff were allocated a buddy when they started to work at the home. They were given a very detailed new starter pack. They attended a reflective supervision, and this was followed by two weekly supervisions whilst induction was completed. At the end of their probationary period they completed another reflective supervision to monitor the progress made. A continuing development plan was then drawn up to look at any continuing development plans to check what support the staff member might need to reach their goals.
- A staff member told us, "During probation we had two weekly supervision, now its monthly, but we can chat if ever we need to or have a concern." They also told us they appreciated the "Welfare checks after any incidents and knowing someone is checking on you." Another staff member told us they had attended a supervision meeting recently. They said their line manager was, "Definitely supportive and very approachable."
- The training manager told us that for a period of time they had no trainer to do the positive behaviour support (PBS) training but they had recently attended a course and were going to feedback to the registered provider that they felt the course was 'really good.' If agreed, staff who needed to attend this training would be enrolled.
- There was an expectation that all staff attend PBS training, annual protecting rights in a caring environment (PRICE) training and training on behaviours that challenge. Apart from the PBS training most of the staff were up to date in these areas. PRICE is a nationally recognised training provider in the management of behaviours that challenge. All staff also had the opportunity to complete training on autism awareness and could go on to study further at an intermediate and advanced level.

- Reflective supervisions were carried out to assess the effectiveness of recent training on oral care and on autism awareness. Staff told us they had found these courses very good and that they had given them greater understanding and had a positive impact on the support they provided.

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

- The person received a balanced diet. They made their own breakfast and were given support as needed to make lunch.
- The person was also involved in food preparation for their evening meal. There was a choice of meal at lunchtime and there were pictorial images that the person could choose from and place on the menu. In the evening there was no choice and a two-week menu. Whilst the menu was based on the person's favourite foods, we discussed this with the registered manager who agreed to look into ways of offering more choice and flexibility to the evening menus.
- As the person had their own kitchen, they could make drinks as and when they wanted to throughout the day.
- Staff had received training on nutrition and hydration and knew about the person's dietary needs.

Adapting service, design, decoration to meet people's needs

- Accommodation on the ground floor had been adapted to meet the needs of the person. Two bedrooms had been altered to form one unit. One room was used as a bedroom and this had an ensuite bathroom. The second room was a kitchen/dining room. There was also an additional area that included a television and a beanbag.
- The ground floor unit was not separated from the main house but it had a separate entrance to the unit and access to the garden area from the bedroom so the person living there or staff had no need to walk through the main house.
- The rest of the property was currently unoccupied, apart from one room that was used as an office. We were told the property would be adapted as and when needed based on the assessed needs of potential occupants.
- There was a large garden to the rear of the property. A section of the garden was used by the person living at Jemini Place, but the garden required further development to make it generally more user friendly. A new gardener had recently been employed. As there are no immediate plans to admit new people to the service this had low impact.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- All staff had received training on oral care. A staff member told us they had found the training very interesting. They had worked in care for a number of years and had not had previous training in this area.
- Staff were given specific direction and guidance to complete an oral health assessment tool for the person supported.
- A referral had also recently been made for a speech and language assessment and an occupational health assessment. When appropriate, appointments were made for the person see healthcare professionals such as the GP or psychiatrist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- Staff ensured that the person was involved as much as possible in decisions about their day through the choices they made in relation to food and activities. We were told that if having been given information, it was assessed the person lacked capacity to make an informed decision, a best interests meeting would be held to ensure those involved in their life had an opportunity to share their views on the way forward. We saw that decision specific assessments had been carried out to determine the person's understanding of a range of matters from medicines to restrictive interventions.
- The person was asked for their consent before personal care was undertaken. We saw staff offered the person choices of activities. There was easy read literature available for the person about the MCA.
- Records showed that a DoLS application had been made to the local authority supervisory body in line with agreed processes. This ensured the person was not unlawfully restricted.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a team of staff who supported the person. We were told that agency staff were not used so the person was always supported by staff who knew them well. Staff were caring in their approach and they checked regularly with the person to make sure they were meeting their needs and wishes.
- Staff told us about the person's needs and how they made choices. They were knowledgeable of the person's interests, what they liked doing and how they liked to be supported.
- Staff checked with the person first to make sure they were happy to talk to us. They also told us in advance of speaking with the person that if the person started doing or saying particular things it meant they did not want to continue talking so this helped us to have an understanding of how the person was feeling about us being there.
- Staff communicated well with the person and in a way, they could understand. When the person could not understand what was being said they explained in a different way to aid understanding. The person smiled to show their understanding.
- A health professional told us, "The staff appeared to be very caring and certainly knew how to reduce any stress the person was experiencing."

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

- The person made choices and decisions throughout their day. This included decisions about the food they ate and their activities.
- In the person's previous placement, they found waiting for a bathroom or the kitchen to be free a challenge. Staff told us that since moving to Jemini Place, this had been a big positive. The person was able to have a shower when they wanted and use the kitchen as and when needed to meet their needs.
- The person's bedroom was decorated and personalised in a way that suited them.
- The person told us they liked living at Jemini Place. We asked if their bed was comfortable and they nodded their agreement.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff checked with the person before entering their bedroom. A staff member told us, the person liked to invite people into their room, but they also said when they wanted their door closed and wanted privacy and this was respected.
- A staff member told us the person's "Independence has soared since moving to Jemini Place." In addition to being involved in food preparation, they also put their laundry in the washing machine and helped with

cleaning and hoovering their bedroom and the kitchen. The had specific goals that were carried out daily to help with developing skills and independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- As there was only one person living at Jemini Place, the care provided was very much centred around the person and the support they needed to live.
- Some aspects of the care plan had not been updated since the person moved from their previous home. However, all staff had worked with the person at their previous home, so they knew them well.
- Meetings had been held to discuss how the person had settled into the home, to identify any potential problems that could occur and to ensure an agreed approach could be used. A recent meeting had also been held to ensure all staff were consistent in their approach and to discuss environmental changes.
- In addition to goals to improve independence in daily living skills, the person also had a goal to develop skills in tying shoelaces. Staff recorded daily any progress made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew the person well and how they communicated. The person's communication needs had been fully assessed.
- The person supported had a hypersensitivity to sound and light and wore ear defenders when there were people around. There was advice that if the person referred to particular movie characters this meant they needed reassurance. There was also advice to guide staff on communicating for example, to use short sentences and simple language.
- There were easy read versions of the complaint procedure and other important information that was displayed. Pictorial boards were used to aid communication and to offer choices in relation to food and activities. Staff picture boards were used to ensure the person was aware of who was supporting them each day. The person used a calendar that included activities they were looking forward to, for example visits to see family or special days out. This helped the person understand when things would happen.
- Social stories were used to explain situations that were new for the person as a tool to aid their understanding. For example, to explain trips to the dentist or to explain changes to the environment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us that although the person liked their own space, they also loved to be with others. To ensure the person did not become lonely, they arranged visits to the person's previous home so they could meet and interact with their peers. They also had regular contact with their family members. All activities were included in their calendar as they liked to know what was happening and when.
- Staff had a list of places the person liked to visit. There was a pictorial image of the person in each of these settings. In order to provide variety and over dependence on visits to any one area, staff gave the person a choice of two activities each day to choose from. The person then chose their activity and placed the image on a board.
- The person had a wide range of interests. In addition to planned outings, the person also liked to go shopping, they enjoyed activities in the garden, spending time in the sensory room and baking.

Improving care quality in response to complaints or concerns

- There was a detailed complaints procedure and an easy read version.
- We asked how the person would show unhappiness and were advised that this would be through behaviours. For example, an incident had occurred because the home had run out of marmite. The person could not initially express this verbally, this was expressed through an incident that then occurred. Once the incident was analysed staff were able to identify and address the problem.
- Whilst the incident had not specifically been recorded as a complaint the registered manager felt this would be a good way to demonstrate how the person had a voice and to continue to support the person to make their needs and wishes known.

End of life care and support

- No end of life care assessment had been completed as the person living at Jemini Place was young.
- The registered manager confirmed that a number of staff had enrolled onto end of life training for a course in September 2021 and there were plans for further staff to enrol in the future.
- Following this training they would assess the person's needs and wishes in relation to end of life care. The person's relatives would be involved in any assessment/plan of care.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Jemini Place had been a dormant service and there was no one living there for a couple of years. The service became active again in January 2021. There was only one person living at the service. There were plans to admit further people to the service, but the registered manager confirmed that this would not happen until further recruitment was carried out, new staff received training and an environmental factor for the person living at the service had been addressed.
- As there was only one person living at the service, quality monitoring systems were kept to a minimum. All the normal procedures for monitoring health and safety, infection control, and medicines were carried out but there was very little analysis required or needed as there was only one person.
- The home operated as a satellite from one of the other services in that staff worked across both services and staff meetings were held jointly. Whilst this was effective in the short term, we were advised this would change once the size of the home increased. Meetings had also been held in May and in August 2021 to ensure all staff were consistent in supporting the person and to identify any areas for improvement. Minutes showed staff shared their views along with any concerns they had.
- Satisfaction surveys with the person, their family, staff and visiting professionals had not yet been carried out and we were told these had been planned to be done in September 2021. The registered manager told us they regularly checked with the person that they were happy, and they knew by the progress they had made that environmentally the new service had been a great success for them. They also told us they spoke regularly with the person's relatives to monitor how they were feeling about the support provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.
 - The registered manager was open and knowledgeable about the service, the needs of the person living there, where improvements were required, and how they were hoping to develop the service further.
 - The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. Notifications were submitted to the CQC, as required.
- Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- There was a registered manager in post. He was also the registered manager of another three homes within the organisation and he divided his time between the homes. At Jemini Place there was also a home manager who had responsibility for the day to day running of the service. The home manager told us they spent 1.5 days a week at Jemini Place with the hours staggered over two days. There were plans to also appoint a deputy manager. We were told the registered provider visited the service weekly and attended monthly manager's meetings.
- There was a detailed handover between each shift to ensure staff were informed about the previous shift and clear about their role for the next shift.
- Staff told us they felt well supported by their managers, they were clear about who they needed to go to for support and valued the support they were given. A health professional told us, "The manager was very welcoming and pleasant."

Continuous learning and improving care; Working in partnership with others

- The organisation had a range of measures in place to demonstrate how they were continually developing staff and working alongside other professionals to ensure people received the best care possible. The home was about to roll out additional training for all staff. The first, 'Belonging and Relationship Building' to help staff to build and maintain lasting and empathetic relationships with the people they support. The second training on Person-Centred Active Support (PCAS) to help people to achieve their goals and objectives in a measured and ethical manner. It was hoped that both sets of training would have a very positive impact for the person and the staff who support them.
- The registered manager told us a staff member would also be training in TEACCH. The TEACCH approach tries to respond to the needs of autistic people using the best available approaches and methods known for educating and teaching autonomy. There were plans for the staff member to work alongside the organisation's autism consultant to develop the staff team's understanding.
- In addition, the organisation offered advice and support via a life coach for staff undertaking development or struggling in any way, through referrals from management or self-referral. The life coach offered supervision and development to the management team alongside wellbeing sessions every, one to two months.
- The organisation had a person-centred planning (PCP) development plan that including having a standardised approach across all settings within the company, giving staff structure and set targets for staff to complete the documentation. At the time of our inspection the health and well-being section was being completed.