Robert Owen Communities

Robert Owen Communities - Laura House

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?	Outstanding
Is the service well-led?	Good

Overall summary

Robert Owen Communities – Laura House is a care home which provides accommodation and personal care for up to 16 people who may have care needs related to a learning disability or a physical disability. The provider is Robert Owen Communities (ROC), a Devon and Cornwall based organisation that supports people with learning disabilities. The home is located on a residential street and is divided into four areas referred to as three houses and one flat. House one accommodates up to six people, house two accommodates up to five people, house three accommodates up to four people and the flat accommodates one person. People who live at the home receive nursing care from the local community health teams.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 5 and 20 November 2015 and our first day was unannounced. At the time of our inspection there were 15 people using the service. People had a range of needs with some people being independent and others requiring more support with their mobility and care needs. Many people who lived in the home had highly complex needs and reduced mobility related to their disabilities. The service was last inspected in November 2014 and was found to be meeting the regulations we inspected.

People's needs, wishes, preferences and goals were central to the care they received. Staff made sure people were supported in an inclusive and personalised way to lead fulfilling lives. People were cared for in a homely atmosphere by a dedicated and caring staff team. People were treated as individuals and were supported to be involved in their care in a way that enriched their lives.

People living at Laura House required support to take their medicines safely. Staff had undertaken assessments to determine what people could do for themselves in relation to medicines and how they best liked to be supported. Each person's care plan contained information about the medicines they were taking, what these were for and what the possible side effects were. Records showed that staff did not record the stock of medicines in a way that ensured they could account for all medicines. When we showed this to the registered manager they took immediate action to rectify this.

People told us they felt safe and could talk to staff if they had any concerns. One person said "I feel safe here and my mum thinks I am too". Where people were unable to communicate using speech staff used photos, pictures and body language to understand people. This enabled people to raise concerns with staff if they wanted. Relatives told us they felt their loved ones were in a safe environment.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people.

Staff, people and relatives told us staffing numbers were sometimes low and there was a high turnover of staff at the home. This was an area which was being addressed by the registered manager and all steps were being taken to recruit staff and provide consistent agency coverage in the meantime to ensure people were safe and were cared for by people they knew.

Where accidents and incidents had taken place, the registered manager had reviewed their practice and involved people and healthcare professionals to ensure the risk to people was minimised.

People were cared for by staff who had received training appropriate to their roles and to develop their skills and knowledge. Staff told us their training benefitted the people they care for as they understood their needs and were able to meet those needs.

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Safe recruitment procedures were in place to ensure staff were suitable to work with vulnerable people.

Staff were adequately supervised and appraised to enable them to work to the required standards and to support them in their roles.

Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and sought consent from people before carrying out care. When people lacked capacity to make certain decisions at certain times processes were followed to protect people's rights. Where people's liberty was restricted in their best interest or for their safety Deprivation of Liberty Safeguards had been applied for and were awaiting authorisation.

People were supported to eat and drink enough throughout the day and people enjoyed mealtimes as social occasions. People ate at different times depending on their preferences and their daily activities. People had regular access to healthcare professionals such as GPs, physiotherapists, speech and language therapists, neurologists, nutritionists, district nurses, opticians and dentists. Where necessary staff sought specialist advice and knowledge in order to better care for people.

People and their relatives were very positive about staff's approach and attitude. One person said "They're nice. I get to do what I want". Relatives said "The staff are just fantastic". Staff demonstrated they knew people well.

Summary of findings

They could tell us about people's preferences, likes and dislikes and how people communicated. For example, one person was unable to talk and staff could tell us the different physical signs the person used to show they were happy or how they expressed they were uncomfortable.

Staff ensured that people found enjoyment wherever possible. For example, where a person required a haircut, staff organised for the person to travel by train to different hairdressers so they could enjoy the trip there and discover new places. This person's relative said "They sometimes take her on the train just so she can enjoy the ride and get lunch, they don't have to do that but they care about her". People were supported to feel included in events that took place at their home.

People were involved in decisions about how their care was delivered and also who cared for them. This was done by supporting people to be involved in staff recruitment by including them in an interview panel to select new staff.

People's privacy and dignity were maintained at all times and people's relatives told us they were encouraged to visit the home at any time day or night and they felt comfortable to do so.

People's care and care documents were highly personalised. People had been supported to be as independent as possible and lead a fulfilling life. People took part in a variety of activities based on their preferences. For example one person had access to technology which enabled them to participate in computer games using eye movements. This had enhanced their enjoyment and their development through interactive and sensory games. People's rooms reflected their likes and preferences and people had been consulted in the decoration of the lounges and dining rooms of the different houses. Multimedia, including computers, music systems and DVDs, was being used to entertain people, to assist with their care and to gain their feedback. Video footage of people was being used to train staff in how best to care for them and to gain people's physical reactions to different activities when they could not verbalise their feedback. People and their relatives had been consulted prior to this taking place.

People and their relatives were confident if they made a complaint this would be dealt with. One relative said "Laura House have always dealt with things. I feel comfortable going to the manager".

ROC had clear vision and values for the service and this was reflected in staff practice. Relatives said the service's ethos was always demonstrated by staff practices. One relative said "The ethos of it is very person centred and caring and respectful". There was an open culture in the service. The registered manager told us they sought people's views and continually sought to improve the service. People and their relatives confirmed they were able to speak with staff and management about anything and at any time. Staff were encouraged to challenge and question practice and were supported to share their ideas to improve people's quality of life.

ROC continually strived to deliver outstanding care by recognising where improvements could be made in consultation with people and then taking action to make these improvements. The service undertook a number of self-assessment evaluations and sought outside views. Where concerns had been identified action was taken to respond to this. As part of their quality assessment, ROC organised for external volunteers to conduct unannounced audits. One of these inspections had taken place between our first and second inspection visits. The registered manager and senior carers regularly monitored staff skills, performance and knowledge.

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?
The service was safe.

People were supported to take their medicines as prescribed by staff who were competent in medicine administration.

People were protected from the risk of abuse by staff who knew how to recognise signs of possible abuse and knew the process for reporting their concerns.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people.

Good

Is the service effective?
The service was effective.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People's rights were respected. Mental capacity assessments had been carried out and where a person lacked capacity to make an informed decision, staff acted in their best interests.

Where necessary the provider had made Deprivation of Liberty Safeguards in line with legislation.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Good

Is the service caring?
The service was caring.

Staff went above and beyond to increase people's happiness and wellbeing.

People's comfort and enjoyment was prioritised.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People received highly personalised care which reflected their preferences.

People's views were sought in innovative ways.

Outstanding

Summary of findings

People had their individual needs regularly assessed and consistently met.

People and their relatives were encouraged to make complaints and felt comfortable doing so if they needed to.

Innovative steps were taken to ensure people had fulfilling lives filled with inclusive activities and stimulation.

Is the service well-led?

Good

The service was well led.

The service promoted an open and person centred culture.

The service had a set of values which were visible and imbedded. These put people first and promoted respect and improvement.

Staff were supported by strong, visible management which lead by example.

Systems were in place to continuously review the service provision and strive to improve.

People's feedback was sought in inclusive ways and this was used to improve the service.

Robert Owen Communities - Laura House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 visit took place on 5 and 20 November 2015 and the first day was unannounced. The inspection was carried out by two adult social care inspectors on the first day of inspection and one adult social care inspector on the second day of inspection. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. We spoke with two people who lived in Laura House, most people who lived in the home were unable to share their experiences with us. During our inspection people were coming in and out of the home going about their daily lives. Due to this we did not conduct a short observational framework for inspection (SOFI) but we used the principles of this framework to undertake a number of observations throughout the home. This helped us understand the experiences of people when they were not able to communicate with us. We sought feedback from 17 healthcare professionals who worked with the home and spoke with four of them. We spoke with two relatives of people who used the service, the registered manager, the nominated individual for the service and three members of staff.

We looked in detail at the care provided to six people, including looking at their care files and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Good

Is the service safe?

Our findings

People living at Laura House required support to take their medicines safely. Staff had undertaken assessments to determine what people could do for themselves in relation to medicines and how they best liked to be supported. Staff had created detailed profiles relating to people's preferred medicine routines. Some people had specific epilepsy protocols in place which gave staff clear direction on how to identify signs people were becoming unwell and how staff should use medicines to respond to these.

People's care plans contained information about how people who could not speak communicated they were in pain. Staff told us how they would identify when people were in pain and knew how best to respond to this with the use of medicines. Staff monitored people's vital signs such as their temperature, blood pressure, respirations and pulse rate. Staff knew how to respond should people's vital signs be out of their normal range and followed specific guidance from doctors in relation to the administration of medicines. Each person's care plan contained information about the medicines they were taking, what these were for and what the possible side effects were.

Staff responded to people's changing medicine needs. For example, one person has become more anxious and their heart rate had increased. Staff had identified this and referred the person to their doctor and their psychologist who conducted a medicine review. People's medicines were stored within their own bedrooms and within two locked cupboards. Where medicines required storing at a specific temperature this was maintained and checked daily. One person was being supported to administer their own medicines. This person had been helped to do this by being given easy to use, colour coded, medicine administration records (MAR). The person was proud to show us how they took their medicines and said "They've helped me to take my meds". Records showed that staff did not record the stock of medicines in a way that ensured they could account for all medicines. When we showed this to the registered manager they took immediate action to rectify this.

People who were able to speak with us told us they felt safe at the home and with the staff and felt comfortable raising concerns if they had any. One person said "I feel safe here and my mum thinks I am too". One healthcare professional said "The residents are well cared for and I feel all their needs are met in a safe environment". People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. They felt the registered manager would listen to their concerns and respond to these. The service had a whistleblowing policy and staff told us they knew about the policy and the procedures to follow. Staff knew how to escalate their concerns outside the home, for example to the area manager, the local authority and the Care Quality Commission. One member of staff said "I would know what to spot, all the managers are approachable and they listen". The registered manager sat on Robert Owen Community (ROC) safeguarding board and kept up to date with best practice. Where safeguarding issues had been raised in the past the provider had taken action, had learned lessons and had involved people in the process. Staff were encouraged to speak about safeguarding concerns in an open way.

Staff, people and relatives told us staffing numbers were sometimes low and there was a high turnover of staff at the home. The registered manager told us there had been high staff turnover and high staff sickness. They told us they were recruiting new staff and always tried to get the same agency staff to cover at the home when this was needed so that people living at Laura House became familiar with them. During times of increased staff sickness the manager had a plan in place to manage this which involved calling on emergency staff and agency staff. One member of staff said "Staffing is an issue but they are doing everything they can". During our inspection we saw there were sufficient members of staff in the three houses assisting people to meet people's needs. Staff were not rushed and remained calm and attentive to people.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. People living at Laura House were involved in the recruitment of staff and new staff remained under observation until the registered manager was happy with their practice.

Laura House provided support and accommodation to people who had highly complex needs. A large number of people had limited mobility and most people required a high level of support. Because people had complex needs staff had ensured they understood and managed the risks

Good

Is the service safe?

to each person's health and welfare. For example, one person had some problems with swallowing. Staff sought advice from the speech and language therapist (SALT) and had worked with them to put a plan in place. This was recorded so that all staff knew how to ensure this person was kept safe.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people. Where accidents and incidents had taken place, the registered manager had reviewed their practice to ensure the risk to people was minimised. For example, following one person suffering a fall they were referred to the physiotherapist. Their mobility assessment and working policy had been updated to reflect the changes required. Staff could tell us how the person's mobility needs had changed following the fall and how they protected them from suffering further falls.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire procedures and hoists. There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that told staff how to safely assist them in the event of a fire.

Good

Is the service effective?

Our findings

People living at Laura House had needs relating to their health, their mobility and their communication. Staff benefitted from training and support which helped them to meet the needs of each person. Comments from staff included "I had the right support I needed to learn", "I have had so much training" and "There were things put in place for me to be able to do my job". Staff received regular training to make sure they knew how to meet people's needs. Staff also received further training to take on lead roles and develop the learning and knowledge at the home. For example, one staff member had been provided with training to become a continence assessor. This member of staff had also undertaken further fire training and had become a fire warden. A second member of staff had been supported to obtain a certificate in the care of people with epilepsy from the Epilepsy Society. This member of staff had shared their knowledge with the rest of the staff team and had created profiles for the people in the home who had been diagnosed with epilepsy. People therefore benefitted from individualised epilepsy plans based on best practice. A third member of staff had been supported to obtain further training and qualifications in aquatic physiotherapy. A number of people in the home attended hydrotherapy sessions and this member of staff ensured people's sessions were therapeutic and followed up to date guidance.

Staff were supported to gain further qualifications and develop their career. For example, one member of staff who had been supported to become a team leader said "They really invested in me. I was able to do an NVQ3, a Preparing to Teach in the Lifelong Learning Sector qualification and an external leadership and management award through Skills for care". Staff had been supported to gain further experience in other areas of care which had impacted on the people who lived in Laura House. For example, one member of staff had been supported to gain experience in supported living services delivered by Robert Owen Communities. They had shared their knowledge with the wider staff team and had arranged for a person who was working towards living in supported living to be befriended and supported by a person already living in their own flat. This made the person much more comfortable about moving out when they were ready to do so and eased their transition.

People were supported by staff who had received regular supervision. During supervision, staff had the opportunity to sit down with their line manager to talk about their job role and discuss any issues and further training wants and needs. Staff said "I just had my appraisal and I get supervision all the time". Staff were supported by a structured management system that ensured there was always a manager on call to assist with any issues. Staff had access to an online management tool which detailed which manager was on duty. This meant that if staff had an issue when the registered manager was not working they were able to contact the duty manager who could give advice.

Staff had good knowledge of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff sought consent from people before carrying out care. Staff used different communication methods to help people to understand information and to gain their consent. Staff used verbal speech, pictures, photographs and signs. When people lacked capacity to make certain decisions at certain times appropriate processes were followed. For example, one person's diet had been changed following a best interest decision meeting attended by the person, their relatives, staff at the home, a dietician, a physiotherapist, their GP and a speech and language therapist. One relative of a person who lacked capacity to make decisions said "We are always consulted when a decision needs to be made and our views have always been listened to. Where specific decisions were needed we got involved with the GP and staff at Laura House".

Staff supported people with day to day decision making and had a clear understanding of the principles of the MCA. They respected people's rights to make decisions as far as they possibly could. Records confirmed people and their relatives had been consulted about people's care. One relative said "They consult her. They respect her decisions". People were explained the MCA and there was a poster within a communal area which stated "Why MCA? Would you want someone assuming you couldn't make a

Good

Is the service effective?

decision?" We saw staff seeking people's involvement throughout our inspection. For example, staff asked a person if they were happy for us to look at their care records and waited for their reply before giving them to us.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The provider was following the requirements under DoLS. Relevant applications had been made to the supervisory body and these were awaiting authorisations. DoLS applications had been made following a comprehensive mental capacity assessment and an application of the 'acid test', which identified if a person was not free to leave on their own and were under constant supervision. Most people who lived in Laura House were under constant supervision and were unable to leave on their own for their own protection.

People were supported to have enough to eat and drink. At lunchtime most people ate in the dining rooms of the different houses. Each house organised people's food in different ways relating to people's needs. For example, the people in one house each had separate meals, chosen according to their likes and dislikes and presented in ways that met their needs . This included percutaneous endoscopic gastrostomy (PEG) feed, which consists of people receiving their food in a liquid form through a tube and food that was of a mashed consistency to aid swallowing. Another house organised a weekly menu which took into account people's likes and was created by people during a weekly meeting. We saw people being asked for their preferences and these being responded to. Staff spent a lot of time sitting with people and assisting them with their food where this was needed. People were encouraged to eat and staff spoke with them throughout their meal. People ate at different times depending on their preferences and their daily activities. The lunchtime experience was not rushed and staff had time to chat to people and assist them in the way they needed.

People were supported to drink enough to maintain good health. For example, one person had been assessed as needing to drink 1500mls a day. Their care documents stated that should they drink below this amount they should receive a top up of water through their PEG in order to keep them adequately hydrated. Staff told us this took place and records confirmed this.

Staff helped people to receive care and consult with healthcare professionals, such as GPs, physiotherapists, speech and language therapists, neurologists, nutritionists, district nurses, opticians and dentists. Staff sought advice from healthcare professionals when required. For example, staff identified that one person was not themselves and seemed uncomfortable. Staff contacted the doctor on a number of occasions and took this person to hospital. Staff had demonstrated they knew this person very well and they sought a number of professional opinions in order to discover the root of the problem and help the person to be more comfortable. This person had required an operation which had helped them with their discomfort. Staff sought specialist advice and knowledge in order to better care for people. One healthcare professional told us that staff attended specialist conferences and meetings to improve their knowledge in order to better support people.

People's day to day health needs were met by staff who knew them and their needs well. For example, staff could tell us about a person's nutritional needs, the consistency their food needed to be, what foods they needed to avoid, which foods they enjoyed and how to minimise their risk of choking. Healthcare professionals said "The care worker I met was able to tell me what my patient's food likes and dislikes were. This was helpful in planning our aims and goals" and "I met the team lead, who updated me on day-to-day support needs of my patient, her patient centred care plan, weight history and daily menu plan. (Staff member's name) was aware of the need for modified consistency diet and the risk of choking/aspiration with unsuitable foods".

People received highly personalised care and lived in a very personalised environment. People's room reflected their likes and preferences and people had been consulted in the decoration of the different houses. There were beautiful photos of people and their loved ones around the home, in their bedrooms, lounges, dining rooms, hallways and stairwells which made the environment seem homely.

Good

Is the service caring?

Our findings

People and their relatives were very positive about staff's approach and attitude. One person said "They're nice. I get to do what I want". Relatives said "The staff are just fantastic" and "We think it's amazing. I feel like their priorities are in the right place. Everything is centred around the people who live here".

Staff treated people with respect and kindness. For example, staff addressed people by their preferred names, showed physical affection and spoke with respect. People responded to this by smiling and one person had special nicknames for different staff members. Staff knew people well. They could tell us about people's preferences, likes and dislikes and how people communicated. For example, one person was unable to talk and staff could tell us the different physical signs that indicated the person was happy and how they expressed they were uncomfortable. Staff spent time talking with and engaging people individually as well as in groups. For example, some people were taking part in an art session on the first day of our inspection. People visibly enjoyed their interactions with staff and appeared comfortable and relaxed.

Staff cared for people's happiness and wellbeing. One staff member said "We really care about the people. Staff step up and go above and beyond". For example, one person required one to one support at all times due to their level of need. A member of staff supported the person to spend Christmas Day with their family by accompanying them on the day and caring for them there. One staff member said "We wanted her to see her mum on Christmas Day". People were also supported to visit people who had moved to supported living or to other homes across the country in order to maintained their friendships. One person's relative said "The staff truly care for people who live there. They once took (person's name) up to visit a person who had moved out so they could still be friends". Two people highly enjoyed the television soap Coronation Street and staff had organised for them to travel up to Manchester to visit the set where the show was filmed. Both people told us they had thoroughly enjoyed this experience.

Interactions showed staff were patient and did not rush when meeting people's needs. One person was assisted to move to a different chair in order to watch a film. Staff went at the person's pace, laughed and joked with them and set up the person's preferred film on the television.

People's comfort and wellbeing was prioritised and people were involved in all aspects of their care, including choosing their staff. One person and their relative told us they had been on staff interviewing panels. Another person had been supported to create their own recruitment advert. This advert detailed the type of person they wanted to be supported by and what skills they should have.

People were supported to express their views and were involved in their care. For example, one house displayed the results of the weekly resident's meeting. People had been asked what they had most enjoyed that week and things they had not enjoyed. On the first day of our inspection we saw one person had said they had not enjoyed missing the circus. On the second day of our inspection we saw staff had created an action plan to respond to this which included taking this person on another outing to make up for missing the circus and planning events in a way that minimised clashes with other activities.

People's privacy and dignity were maintained at all times. People had access to keys to their bedroom should they want these. We saw people were supported to lock their rooms when they went out. People's care records were kept in their rooms as were their medicines. This meant there was no personal information about them in communal areas.

People's relatives told us they were encouraged to visit the home at any time day or night and they felt comfortable to do so. Relatives described the home environment and the staff as being like a 'family'. One relative told us staff knew of them and their life events, whether the staff personally worked with their loved one or not. This made them feel as though staff had a real interest in their loved one's family life. Relatives felt involved in their loved one's care and support and told us they were always kept informed of any changes.

Outstanding ☆

Is the service responsive?

Our findings

People who lived at Laura House had highly complex needs. A number of people required a high level of support with their mobility, their personal care, their eating and drinking, their communication and their health care needs. People's needs had been assessed and staff, from these, had developed detailed care plans. These contained information about their needs and how staff should meet these. For example, one person had specific needs relating to their mobility. Their care plan contained photographs of how staff were to support that person with sitting, lying in bed, moving in the sling and getting in the bath. Staff had also created a DVD of the person being supported in these areas and this was used to induct new staff and agency staff. This ensured the person's mobility needs were met by all staff who came into contact with them.

Some people had epilepsy. Each person had their own individual epilepsy plans which had been created by a specialist trained staff member in consultation with the local epilepsy nurses and the person's neurologist. Staff kept detailed records of people's seizures which were reviewed by the specialist trained staff member. This staff member then identified the type of seizure that person had suffered in order to update the person's neurologist with exact information. Staff identified people's seizure triggers and avoided these as much as possible in order to reduce the number of seizures they were experiencing. For example, one person was at risk of seizures if their temperature went above a certain point. Staff recorded this person's temperature several times a day and kept a close eye on their environment and what clothes they were wearing in order to minimise the risk of them suffering a seizure. Since introducing this the number of seizures this person had experienced had reduced.

People's care plans detailed the support people required but also what they were able to do for themselves. For example, one person was able to cook for themselves with the right support. This person's care plan contained detailed information about what the person enjoyed cooking and how staff should support them with this. There were also photographs of the person cooking in order to help them make choices about what they wanted to cook and to help staff know what they could do for themselves. Another person was being supported by staff to increase their mobility. Staff had identified that by placing the person's favourite objects along the floor the person was able to travel without help towards the objects. Staff had video recorded this happening and this was used to help staff understand the person's abilities and how to replicate this exercise. The video was also used to induct new staff, and inform agency staff and healthcare professionals. One member of staff said "It's a video of how she moves and what we can do to help her. This is easier to understand. We can see it so it makes it easier to support her in the right way".

Care plans were reviewed regularly and updated to reflect people's changing needs. For example, one person was seen by the physiotherapist due to a decrease in their mobility. The advice of the physiotherapist was for the person to lose weight as this was having an effect on their ability to weight bear and move freely. This was discussed with the person it related to, who had the capacity to make some decisions, and they decided to change their diet. Staff arranged for a dietician to visit and a diet plan was set up in consultation with the person and the staff. The person had worked hard at losing weight and had dramatically improved their mobility and their independence. As recognition for their hard work ROC had presented them with an award during one of their award ceremonies. The person's care plan reflected the changes to their mobility needs following this weight loss.

Staff responded to people's changing needs. For example, one person had started displaying compulsive and impulsive behaviours. Staff had identified this and had contacted the GP and a specialist healthcare professional. They had also started recording these behaviours in order to understand the circumstances surrounding these behaviours and how staff could best avoid these or help the person cope with them. Records evidenced staff identifying these incidents, detailing their nature and their circumstances, diverting the person's attention, calming them and reassuring them. Another person had suffered a fractured knee related to osteoporosis. The registered manager had organised for staff who cared for this person to receive specialist training in osteoporosis and an action plan had been created which included reviewing the person's care plan, having their medicines reviewed, reviewing their risk assessments and their environment.

Two relatives told us how staff had gone above and beyond for their loved ones. Both people had been admitted to hospital following health concerns. Neither person received

Is the service responsive?

funding for one to one care but the registered manager had ensured there was a member of staff the person knew well at their bedside throughout their entire stay in hospital. One relative said "When she was in hospital for a week Laura House bent over backwards. They provided one to one care in hospital the entire time. It was always people who knew her, never agency staff. They prioritised it highly". A relative of a different person said "The level of care and attention she got in hospital was exemplary. We were so impressed. When she went to sleep they would stay with her in case she woke up" and "They provided empathy, attention, care and compassion that went above and beyond".

People had been supported to be as independent as possible and lead a fulfilling life. For example, one person had been diagnosed with a specific medical condition. Staff had supported this person to attend an event where people had been showcasing a number of new inclusive technology devices. The person had shown enthusiasm for a device called Eyegaze which tracked the person's eye movements in order to operate a computer and play games. The member of staff had arranged for the people showcasing Eyegaze to attend Laura House and demonstrate the product to the person and their parents. The person had expressed they wanted this product and staff helped them to purchase it. The person used it regularly for their enjoyment and their development through interactive and sensory games.

A number of people who were living in Laura House were not able to communicate using words. Staff, through their interactions with people, showed they knew people well and could understand people's facial expressions and body movements. People's care plans contained guidance for staff about people's communication methods and how they should identify if people had any concerns.

One relative said "The ethos is very person centred". Where people were unable to communicate verbally there was extensive information for staff about how people displayed their different emotions and how staff should interpret and respond to these. Care plans evidenced that people had been involved in planning their care. Staff were taught the principles of person centred care and were trained to use individualised care plans and life map tools with people. All staff, including the registered manager had created their own individual profile using this approach. This helped them gain an understanding of the principles and value of the tool. These individual profiles were displayed throughout the home along with pictures of the staff members.

Staff ensured that people found enjoyment wherever possible. For example, where a person needed a haircut, staff organised for the person to travel by train to different hairdressers so they could enjoy the trip there and discover new places. This person's relative said "They sometimes take her on the train just so she can enjoy the ride and get lunch, they don't have to do that but they care about her".

Laura House had set up a multimedia suite within the home. This included computers which could be operated using talking buttons and large font keyboards, computer tables that wheelchairs could fit under, a music system and a large television. Multimedia was being used more and more within Laura House, not only to entertain people but also to assist with their care and to gain their feedback. Multimedia had been used to set up personalised hydrotherapy plans for each person. These had been created by the hydrotherapy champion within the home who had received specific training in aquatic physiotherapy. These plans contained video information about how staff should support people, including the items that needed to be packed in their bag, how they were supported to move and how they were supported in the water. There was video footage and information about how the person reacted to different emotions in order to assess whether they wanted to go into the water or not and whether they were enjoying being in the water. Each of these plans was specific to the individual, available to staff and updated regularly.

Multimedia was also being used to gain people's feedback. People had been participating in a ROC trial involving a new survey system using video participation. This enabled people to give more detailed and comprehensive feedback. People were filmed being asked questions and giving their replies. Where people required help with verbal speech, pictures had been used and people's parents had been involved in order to add to the fullness of the answers. Laura House was also in the process of using footage of people displaying various emotions, when they were unable to speak, to gain their feedback to survey questions. This ensured that all people were supported individually to give their feedback on the service. ROC was trialling different ways of using multimedia to develop their care

Outstanding ☆

Is the service responsive?

provision and enrich people's lives. One member of staff had been made multimedia champion and was creating links with other organisations across Europe to develop new ideas and innovative ways of assisting people.

People took part in regular activities which increased their quality of life. People took part in wheelchair dancing, hydrotherapy, art classes, gardening, music and cooking. One person had been supported to attend music sessions where a member of staff tapped the beat of the music out on the person's leg in order to increase their interaction and sensory enjoyment. People's likes and dislikes were taken into account when creating people's activity plans and these were reviewed regularly with the person and their families if necessary. During our inspection people were in and out of the home throughout the day participating in various activities. People had access to objects throughout the houses to pick up and interact with and music was playing to provide sensory stimulation.

Group activities were held on a regular basis, for example, ROC had recently put on a theatre production that some residents of Laura House had participated in. One person told us with pride how they had taken part.

People and their relatives were confident if they made a complaint this would be dealt with. One relative said "Laura House have always dealt with things. I feel comfortable going to the manager". Another relative said "I have been made totally comfortable to complain and invited to do so". Where complaints had been received these had been investigated and responded to.

Good

Is the service well-led?

Our findings

People living at Laura House, and their families, were told they could receive support that was aligned to Robert Owen Communities (ROC)'s philosophy of care. ROC had a number of values which included being supportive, treating people with respect, being passionate about people, delivering a high quality service and continuous improvement. People who lived in Laura House, their relatives, staff and professionals had been asked what these values meant to them. A large piece of artwork had been created by people which displayed the values and people's comments about them within the entrance of the home. For example, one person had been asked what respect meant to them and they had said "I like it when I'm given my own space". These comments had been used to improve the service and people's experiences.

Relatives said the service's ethos was always demonstrated by staff practices. One relative said the home's ethos was about "empowering people and giving them choice". Another relative said "The ethos of it is very person centred and caring and respectful".

Staff demonstrated they understood the principles of individualised, person centred care through talking to us about how they met people's care and support needs. Staff shared the registered provider's vision and values for the service and this was reflected in their practice. Staff comments included "I believe in the ROC values and mission statement. It's really embedded", "People who live here are at the forefront of everything that we do", "Staff always ask themselves how would I feel about that, that's embedded from ROC" and "The person centred planning approach is amazing".

Staff worked well as a team to make sure people got the care and attention they needed. They did this by communicating openly and constantly sharing information. There were nice interactions between staff members. Staff were part of a team whose aim was to provide good care through team work. Staff said "Staff work as a team" and "Staff are always there to help me, they are great". One relative said "The staff all go through induction and they work as a team".

There was an open culture in the service. The registered manager told us they sought people's views and continually sought to improve the service. One relative told us the registered manager had asked them to provide staff with specialist training on communication as this was their profession. This relative said "They are very receptive to me making suggestions. They used my expertise to give training to staff around communication". People and their relatives confirmed they were able to speak with staff and management about anything and at any time. One relative said "We can contact them about anything and they are really receptive and do things". Another relative said "It's not just competent care skills, they have the human qualities that it takes. ROC promote that".

There was a clear management structure in place. Staff knew their responsibilities, who they reported to, how to escalate any issues and the role of each member of the management structure. Staff said the registered manager and ROC senior managers were approachable and led by example. One staff member said "Management are really supportive. They are very sympathetic and empathetic to situations". Another member of staff said "The manager is approachable, all the managers are. (Senior manager's name) visits often and she is very approachable" and "(Registered manager's name) has made a massive improvement. She is very approachable". Senior managers visited the home on a regular basis in order to observe staff practice, conduct quality checks and speak with people. An out of hours management service was available. On call managers could access each person's electronic care records so they had up to date information and could give advice, and record this, based on accurate and comprehensive information.

Staff were encouraged to challenge and question practice and were supported to share their ideas to improve people's quality of life. Staff shared their ideas with the registered manager during handovers, team meetings and supervisions. For example, one staff member had suggested changes that could be made to the lounge of one of the houses to make it more stimulating to people's senses. They had been supported to redecorate it in line with their ideas. One member of staff said "We all have good ideas and they are always on board. They like new ways we can improve our service". Another member of staff said "I feel really supported, we are listened to". ROC had an employee development scheme to develop staff for more senior roles within the organisation, which showed they were committed to career progression for staff. For example, the registered manager had previously worked as

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a member of care staff, then a member of senior care staff in Laura House. They knew people who had lived at the home a long time and were able to directly implement ideas relating to people's care.

ROC continually strived to deliver outstanding care and had recently won a number of awards. In April 2015 ROC had won a local newspaper Business Excellence Award in the Best Social Enterprise / Community Impact category for delivering outstanding support for people with a learning disability. ROC had also been awarded an investors in people award and had recently been shortlisted for two awards with skills for care. ROC had appointed a number of staff "champions". They had appointed a personalisation manager, a personalisation co-ordinator, a safeguarding champion and a multimedia champion. Laura House had appointed their own staff champions and had a hydrotherapy champion, an epilepsy champion, a fire warden and a continence assessor. This benefited people living in Laura House because they were cared for by staff who had up to date knowledge training and information to care for them safely and effectively.

There were systems in place to assess, monitor, and improve the quality and safety of care provided at Laura House. The service undertook a number of self-assessment evaluations and sought outside views. This had identified that some further staff training in nutrition would be beneficial to people and this had been organised. ROC operations directors undertook monthly audits which focused on the five CQC questions (Is the service safe, effective, caring, responsive and well led?). Weekly and monthly checks and audits were conducted by staff at Laura House, including care record reviews, equipment checks, receipt checks, health and safety audits, first aid and accident reporting.

The registered manager shared information from Laura House with senior managers. This monitored compliments, complaints, medicine errors, incidents and safeguardings. This gave insight into common issues, patterns and trends. The senior manager told us this enabled the organisation to continuously improve service quality and safety. Where concerns had been identified action was taken to respond to these. For example, following a check of falls numbers it was identified that people at Laura House were falling more than in other ROC homes. Following this the registered manager organised for each person in Laura House to have a new falls risk assessment, for falls sensor mats to be put in place where people were at risk and for people to be reviewed by their GPs and physiotherapists. This resulted in a reduction in falls within the home.

ROC organised for external volunteers to conduct unannounced audits. They had recruited a number of experts by experience, who were people who had personal experience of care services. They then asked these people to conduct audits of the homes in order to gain an outsider's perspective. One of these inspections had taken place between our first and second inspection visits and the registered manager was awaiting their report.

The registered manager and senior carers regularly monitored staff skills, performance and knowledge. Further training needs or areas for improvement were identified and discussed during supervision meetings. Staff told us the registered manager and the senior carers led by example and supported them to improve their knowledge and practice. One member of staff said "They make sure you get it right".

The provider had systems in place to seek feedback from people who used the service and their relatives. People's relatives told us they had been formally asked for their feedback but were also made to feel they could share their thoughts with staff at any time. Relatives said "They are always open to taking into account our thoughts and feelings" and "They are very receptive to me making suggestions". One healthcare professional said "They have an open house policy with parents/ family and actively encourage their involvement with the care of their children when appropriate to do so. Families' concerns and ideas are considered proactively". People had been asked to complete surveys where they were able. These had been in easy read formats or in picture format. One person had said in the most recent survey "I like it because I'm happy here". Laura House was also developing a new survey system which involved filming people in order to get more detailed feedback that everyone could participate in. Staff were also asked for their feedback in a number of ways including staff surveys and staff meetings. Feedback was collated and action was taken to respond to any negative feedback given. For example, team leaders had suggested during a meeting that they would like more training in people management. Action was taken to place each team leader

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onto the management development program in order to gain knowledge in this area. Survey results were also made into presentations which were used for sharing and learning during management meetings.