Priory Education Services Limited

Priory Rookery Hove

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 September 2016 and was unannounced.

The Priory Rookery Hove provides accommodation for up to 13 young adults, between the ages of 18 and 65 years old. The provider provides care and support to people living with Asperger's Syndrome or associated difficulties. The Priory Rookery Hove is not a home for life but a transitional facility. Typically people will stay in the service for a three to five year period. During this time they will be supported where possible to able be to access a combination of educational, social development, life skills, work experience and therapeutic care. The aim is to further develop their life skills to gain independence and integration into their community. People can also be supported to attend college as part of their care and support needs. There were seven people living in the service at the time of our inspection. Two people were away on leave at home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in August 2015 there had been a number of changes in staff working in the service and interim management arrangements were in place. There were areas of care provided which were in need of improvement. This was because there was a lack of clarity as to who had been funded to receive additional one to one support. New care planning and quality assurance needed to be fully embedded in the service. At this inspection we found the improvements made had been fully
embedded and maintained. However, one area of practice in relation to training for care staff was in need of improvement.

There had been a number of staff changes, and staff were still accessing training to support them in their roles. Where new staff were completing Care Certificate modules, they did not appear to have deadlines for completing these to ensure this was completed to meet current guidance. Not all care staff had completed training to support the specific care and support needs for people using the service and ensure they were up-to-date with current guidance. For example, in positive behavioural support. We discussed this with the registered manager who told us further care staff were due to attend the training at the end of September 2016. None of the staff we spoke with had up-to-date training in strategies for crisis intervention and prevention (SCIP) where people were displaying challenging behaviour. Although there were no people resident at the time of the inspection displaying challenging behaviour, we received feedback of a recent incident in the service that had highlighted not all the staff felt they had had the support and guidance to support them in the managing of such incidents. Staff told us during the inspection they would like more training and support when dealing with challenging behaviour.

Since the last inspection in August 2015, staff again spoke of a significant period of change that they were

still working through. There had been a change in the management team and a new registered manager had been recruited. A number of people who were using the service had moved on or were due to move on to accommodation where they could be more independent. Feedback from staff was this had been a difficult time with difficulties in recruiting staff and organisational changes having led to a drop in staff morale. Feedback from people and their relatives was also that due to all these changes in staff this had been a difficult and unsettling period. However, they told us that the new management in place were working to address this and provide more stability in the service. One member of staff told us, "Residents feel a lot calmer. We have had residents with anxiety and a permanent manager makes them feel more settled and we feel better briefed on changes." Another member of staff told us, "Things are getting better and the manager has picked up a lot of grief but he is getting it sorted." Two members of staff told us that they had been bank staff and had liked working in the service so much that they had become permanent members of staff.

People told us they felt safe in the service. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to. There were systems in place to assess and manage risks. The premises were safe and maintained. The décor of the building and furnishings provided were variable in quality. The service had had a major refurbishment last year. A new kitchen had been fitted, new bedroom furniture had been provided and new flooring in the ground floor corridor had been fitted. However, there were several areas of the building in disrepair including, the windows, and internal damp damage from loose or missing roof tiles. The registered manager acknowledged further work was needed to improve the environment which had been identified and was due to commence in October 2016.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People were being supported to develop their life skills and increase their independence. Care and support plans were detailed and informative. The new care and support plan format had been further developed and embedded in the service. People had been involved and these clearly detailed the goals people were working towards. These had been reviewed to ensure they detailed people's current care and support needs.

People were being supported to review and develop the range of activities they were involved in to develop their life skills. Staff told us opportunities to access college courses and activities locally had diminished due to changes in being able to access these. They were working with people to look at the opportunities available for them to participate in as part of their stay in the service. People where possible were being supported to move onto further accommodation at the end of their programme such as supported living. This is where people receive support to enable them to take more control of their lives.

Where people were unable to make decisions for themselves, the staff were aware of the need to consider a person's capacity under the Mental Capacity Act 2005 (MCA), and take appropriate action to arrange meetings to make a decision within their best interests. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had policies and procedures to follow and demonstrated an awareness of where to get support and guidance when making a DoLS application. People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. They were asked for their consent before any care and support was provided.

People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. People were in the process of being consulted with about proposed changes to the lunch and dinner

arrangements in the service.

People had access to health care professionals when needed. They had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans. There were procedures in place to ensure the safe administration of medicines. People were supported to take their medicines and increase their independence within a risk management framework. Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable.

People and their representatives were asked to complete a regular satisfaction questionnaire, and people had the opportunity to attend weekly 'Residents' meetings, and regular 'Resident and manager' forums. We could see the actions which had been completed following the comments received. The registered manager told us that senior staff carried out a range of internal audits, and records confirmed this. The manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were cared for by staff recruited through safe recruitment procedures. Staffing levels were monitored to ensure there were enough staff to meet people's care needs.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

The building and equipment had been subject to regular maintenance checks. There were areas in need of updating to improve the environment people lived in. However, an action plan was in place and being followed to address this.

Medicines were managed, stored and administered safely and audits were undertaken by staff in the service.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff had a good understanding of people's care and support needs. Staff had received training to support them in their role. However, Staff had not always had the training and support when dealing with challenging behaviour.

Staff were aware of the requirements Mental Capacity Act 2005 (MCA) and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision. Staff were aware of the requirements of the Deprivation of Liberty (DoLS)

People told us the food was good and they had a choice at meal times.

People had been supported to have an annual health check with their GP, and to attend healthcare appointments when needed.

Is the service caring?

Good

The service was responsive. Care and support plans clearly identified goals people were working to.

The range of activities people were involved in were being reviewed and developed.

The views of people, their relatives were sought and informed changes and improvements to the service provision.

A complaints procedure was in place. People and relatives were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service responsive?

Good

The service was responsive. Care and support plans clearly identified goals people were working towards.

The range of activities people were involved in were being reviewed and developed.

The views of people, their relatives were sought and informed changes and improvements to the service provision.

A complaints procedure was in place. People and relatives were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service was well led. The leadership and management promoted a caring and inclusive culture. Care staff told us the management team were approachable and very supportive.

Quality assurance systems were in place, and were used to monitor and help improve standards of service delivery.

Care staff felt supported, and there was always someone available when they needed help or support.

Priory Rookery Hove

Detailed findings

Background to this inspection

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

This inspection took place on 6 September 2016 and was unannounced. The inspection team consisted of two inspectors, and a specialist advisor.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning team about their experiences of the service provided. This helped us with the planning of the inspection. From this information, following our visit, we received feedback from four health and social care professionals about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they were not able to tell us all about their experiences due to their learning disability. We observed people's care and support in communal areas throughout our inspection to help us understand the experiences people had. We spent time with four people who were resident during our inspection. We spoke with the regional manager, the registered manager, the deputy manager, and five care staff. During the inspection we also spoke with two relatives over the telephone.

We looked around the service in general including the communal areas, one person showed us their bedroom. As part of our inspection we looked in detail at the care provided for four people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medicines administration records (MAR), the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and four staff recruitment records. We also looked at the service's own improvement

plan and quality assurance audits.

Good

Is the service safe?

Our findings

People told us they felt safe in the service. People appeared relaxed with each other, happy and responsive with staff and comfortable in their surroundings. Feedback from the relatives and social care professionals was that people were safe in the service.

At the last inspection in August 2015, there were areas of practice highlighted as in need of improvement. Although it was evident where some people were being provided with one to one support, staff were not able to confirm all the people who had additional one-to-one support needs identified. During this inspection we found, improvements had been made and had been addressed.

Senior staff told us how staffing levels were managed to make sure people were kept safe. A formal tool was not used to calculate the level of staff needed. The staff rotas were drawn up three weeks in advance. Senior staff looked at the staff skills mix needed on each shift to ensure that there was always experienced care staff on duty with new care staff or agency/bank care staff, the activities planned to be run, where people needed one to one for specific activities, and anything else such as appointments people had to attend each day. It was then possible to work out many staff would be needed on each shift. Work had been completed to identify where people had had agreements in place for one-to-one support. Staff were able to confirm all the people who had additional support needs identified as part of their support plan. We asked the deputy manager how the one to ones were decided and they told us there, "Is always a senior or experienced person and we take one to ones into account daily. Some residents need one-to-one for four hours a day and one resident needs staff available for one- to-one all the time." So it was possible to identify if staffing was adequate to support people in a safe way.

The staff rota showed that generally the ratio of staff per shift was four care staff in the morning and three care staff in the afternoon with two waking night staff at night. Care staff were supported by ancillary staff covering some cleaning, catering and administrative tasks in the service. On the day of the inspection the registered manager was on duty with five care staff. Staff told us that the ratio of staff to people could reflect that there are enough staff on duty, but this was not always represented in people's care and support needs. One member of staff told us, "Morale is low and we need more time to do things. There is a better atmosphere and respect for seniors and we are feeling ahead of the workload." However, staff told us they were able to raise any concerns on the staffing levels. One member of staff told us, "If we can justify the need for extra people we can call in bank staff. We are currently using agency for sickness and holiday, some agencies send staff for a few days induction before supplying staff, but we try to use regular agency staff. We have had long periods with no agency staff, but the last two weeks we have had to cover night duties, annual leave and sickness." Staff told us that generally the continuity of staff was good.

The registered manager and senior staff regularly worked in the service and were therefore able to monitor that the planned staffing levels were adequate. There were regular staff meetings where staff were able to discuss how things were going in the service, what had worked well and what had not worked so well, and this included staffing levels. Staff told us there was adequate staff on duty to meet people's care needs. There was a small group of bank staff to help cover staff absences. There were still a number of care staff

vacancies, which the registered manager told us they were in the process of recruiting to. A sample of the records kept of when staff had been on duty and how many showed that the minimum staffing level was maintained.

The organisation employed a specialist 'Behaviour Support Team' who could come and advise and support staff in the service in instances of behaviour which challenges. People were also supported by a consultant psychiatrist from the local Priory Hospital. Staff were aware of the system for reporting incidents. One member of staff told us, "Recently there were two residents moved on because of their behaviour and we completed incident forms with the triggers and antecedents of the behaviour and completed a body map." Records were kept and used by the organisation to monitor any trends in incidents occurring.

The premises were clean and well maintained. The service had an ongoing refurbishment programme. Where we found areas of the service that were in need of updating or work to improve the environment this had been identified. The registered manager acknowledged further work was needed to improve the environment. External work had to be completed first before further work started on the interior of the service. During our inspection the maintenance person was listing all repairs needed to be completed with an outside contractor. Work was due to begin in October. Staff told us about the regular checks and audits which had been completed in relation to fire and health and safety, and records confirmed this. Equipment, such as the fire system and extinguishers had been regularly checked and serviced. Contingency plans were in place to respond to any emergencies, such as flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for help and support.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. These included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the latest local multi-agency policies and procedures for the protection of adults. They had notified the Commission when safeguarding issues had arisen, and therefore it could monitor that all appropriate action had been taken to safeguard people from harm. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. There were arrangements in place to prevent any financial abuse. We looked at the records kept where people were supported to manage their money. We saw care staff counting money in and out for people and verifying their account. One member of staff told us about one person who was supported, "We support him to manage his money as only he knows his pin number and he has the capacity to withdraw money." We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had received an update of this policy at a recent staff meeting. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

People were supported through a risk management process to develop their life skills and participate in their preferred activities. Risk assessments were undertaken to assess any risks for individual activities people were involved in, risks to the person and to the staff supporting them. Each person's care plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these where possible had been discussed with them. The assessments detailed what the activity was

and the associated risk and guidance for staff to take. For example, where people were being supported to cook.

Medicines were managed safely. Staff told us they had received training in the management of medicines and records confirmed this. Staff told us that they carried out mandatory on line training in medication followed by three shifts of being shadowed before they can administer medication under supervision. Competency skills around safe medicine management were assessed regularly. Medicines were stored safely and temperatures of medicine storage areas were monitored and recorded to ensure that medicines remained fit for purpose. One member of staff told us that this had been checked more frequently during the hot weather and adjusted accordingly. There were two nominated staff for medication administration. Medicines were administered safely and records were maintained of all aspects of medicine use. For example, records were kept of medicine receipts, usage and disposal. Daily records were kept of medicine stock balance. The staff monitored and audited the use of medicine for governance purposes. The use of medicines for homely remedies, such as a cough mixture or a medicine for generalised pain was recorded. The care plans contained information to give guidance to staff to manage people's treatment needs. Each resident had a medication file with all relevant information included; medication policies, dosage and side effects of all medication documented and any allergies. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Risk assessments were reviewed on any changes or six monthly routinely if no changes. People were supported to self-medicate through a risk management framework. Staff followed with people a three stage medication system to support them to work towards self- medication. One member of staff told us, "We need to monitor heavy psychosis and reassess as their needs fluctuate. For example we found that one resident was taking his medications too close together so we had to put him back to stage two." Medicines to take out when away from the service were managed safely ensuring all records were maintained according the policy. One relative told us, "We have seen a big improvement since he has been there. Medicines have been reviewed to improve his safety in the service."

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Priory Rookery Hove they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written reference requested. New members of staff were able to confirm the recruitment procedures followed. There were two vacancies at the time of the visit and the service was trying to recruit another senior member of staff. Two people were being interviewed at the time of the inspection.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the support they received. One person told us they didn't need much, but what they asked for, they generally got. Another person told us, "I put my trust in my keyworker." Another person said, "I'm expected to do things on my own, but when I need support, I get it." Relatives and social care professionals told us that the staff were knowledgeable of people's care and support needs, and kept them in touch with what was happening for people. One relative told us, "Frontline staff have been fantastic." However, one area of practice which was in need of improvement in relation to training for care staff.

Senior staff told us all care staff completed an induction before they supported people. The induction had been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us, "We started using the care certificate at the end of last year. We have relooked at our service specific induction, and our latest staff have been guinea pigs and used this." However, where new staff were completing Care certificate modules, they did not appear to have deadlines for completing these. This was to ensure that staff had received all the required information to care for people. This is an area of practice which needed improvement. Care staff told us they had completed an induction when they started to work in the service. This included a period of shadowing a more experienced staff member before new care staff started to undertake care and support on their own. Staff were shadowed three times across all care areas before they were allowed to deliver care. One member of staff told us, "Induction has improved when I started we were not always shadowed and had to pick it up as we went along." Another member of staff told us, "We shadow three to five shifts if part time or five to eight if full time." An induction file was available for staff outlining the organisational chart and roles and responsibilities, policies and procedures, the team, shadowing guidelines, systems and training. This was dated and signed by staff with clear dates for completion. A separate induction file for bank staff was also available and detailed the induction they had completed.

People were not always supported by care staff who had the knowledge and skills to carry out their role and meet individual people's care and support needs. There had been a number of staff changes, and staff were still accessing training to support them in their role. Care staff received essential training. They had received regular updates of training as required, and staff told us they received an e mail to remind them to attend and given two weeks' notice. One member of staff told us; "They are hot on training here and things have been revamped." Another member of staff told us," Training is always coming up and it's put on quickly." Another member of staff told us, "I'm happy to do additional training." Senior staff monitored that staff had completed all the required training. Records viewed confirmed this. However, not all care staff had completed training to support the specific care and support needs for people using the service. For example in positive behavioural support. We discussed this with the registered manager who told us a number of staff had completed the training in May 2016 with further care staff due to attend the training at the end of September 2016. Although there were no people resident at the time of the inspection displaying challenging behaviour, we received feedback of a recent incident in the service which had highlighted that

not all the staff felt they had had the support and guidance needed to manage such incidents. Staff told us during the inspection they would like more training and support when dealing with challenging behaviour, and strategies for crisis intervention and prevention (SCIP) and the actions staff needed to take to support people to manage these. The registered manager acknowledged the in-house trainer had recently left the service and training had already been identified and arrangements in place for staff to start to attend this. This is an area which was in need of improvement.The registered manager acknowledged the in-house trainer had recently left the service and training had already been identified and arrangements in place for staff to start to attend this. This is an area which was in need of improvement.

Staff told us that the team worked well together and that communication was good. They had received supervision every six to eight weeks from their manager, they felt well supported and could always go to a senior member of staff for support. Supervision was flexible and some staff had received four weekly supervision if they required additional support. For example, one new staff member told us that they were receiving four weekly supervision; "I get monthly supervision and have a list of training to complete such as SCIP and conflict resolution and restraint." Another member of staff told us; "The senior is experienced in management and she is supervisory.' I feel fully supported and under her watchful eye." Senior staff told us they provided individual supervision and appraisal for staff. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. There was a supervision and appraisal plan in place which the senior staff were following to ensure staff had regular supervision and appraisal. Records we looked at confirmed this. Staff told us that supervision was a two way process where they could raise issues. We looked at the template for supervision seen which had feedback from families, friends and colleagues, and actions, progress and future actions documented. Staff were appraised annually Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA 2005 is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make specific decisions for them. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they would ensure appropriate capacity assessments were undertaken. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment to be provided, and were able to discuss best interest meetings they had attended. One member of staff told us that as key worker they had contributed to a best interest meeting regarding a person who had no capacity to manage their finances.

The registered manager told us they had an understanding of DoLS and were aware how to make an application and they were required to notify the CQC.
The Deprivation of Liberty Safeguards (DoLS), are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. They told us about the DoLS applications that had already been made. Where staff were awaiting confirmation from the Local Authority if these applications had been agreed they had been in contact with the Local Authority to try to address this. They were aware of who they could talk with for further advice and guidance in making an application. Care staff told us they had completed this training and all had a good understanding of what this meant for people if they had a DoLS application agreed. One new member of staff told us that they had had safeguarding training and, "We're due MCA training in a month or two."

People were positive about the quality and quantity of the meals. People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. The

cook told us they were part of the initial assessment of the person before they move into the service to find out what their likes and dislikes were. For example they told us when providing a meal," Some residents won't have the same colours on the plate." People told us they were involved in menu planning so chose what they ate. Minutes of the residents meetings held confirmed people had been asked for feedback on the meals provided and for suggestions for dishes to go on the menu. People were positive about the quality and quantity of the meals. There were two menu choices for lunch and supper. Alternative snack options were also available such as omelettes and jacket potatoes. The records were accurately maintained to detail what people ate. One member of staff told us that if they were concerned about a resident's weight, for example if a person was gaining weight they would ensure healthy options were encouraged and the person was supported to follow a healthy eating plan. One member of staff told us, they would encourage people to look at the number of 'Takeaway meals' people had or, "'We tell them for instance how much sugar is in a coca cola". There were outings and picnics and people baked cakes for special occasions. Staff told us that they were going to propose change in the lunchtime meals with people. It was to be suggested that sandwiches or a buffet lunch would replace the hot meal. People were supported to make their own meals and snacks, and had their own cooking and storage area for preparation of their own food. Staff told us that they were encouraging people to prepare their own food, and two people cooked all their meals independently. They had a weekly food budget and were encouraged and supported to buy and cook their own meals.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to have an annual health check with their GP, and to attend healthcare appointments when needed.

Good

Is the service caring?

Our findings

People received care from staff that were kind and caring in their approach. People were treated with kindness and compassion. Feedback from relatives and social care professionals was that staff were very kind and caring. During our inspection we spent time with people and staff. People were comfortable with staff and frequently engaged in friendly conversation or an activity. One relative told us, "Staff are kind and caring. Some have worked the extra mile or so. He has settled in well. The staff have managed to make him feel at home, and make it his home. He is very happy."

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing.

Care provided was personal and met peoples individual needs. People were addressed according to their preference and this was by their first name. A key worker and a co-keyworker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. People knew who their keyworkers were. Relatives were aware of the keyworker for their relative and commented the keyworker and staff were excellent. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals for working towards being more independent. These had been discussed with people and their family and their progress towards their goals as part of the review process in place. For example, where people were developing their skills in budgeting, menu planning and shopping to help them when they moved on to further accommodation where they would be more independent and would need these skills.

People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, and deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved where possible in making day to day decisions about their lives. For example, we saw people deciding what they wanted to do that day. People were in and out of the service on an activity, or were involved with tidying their room. One person had chosen to watch videos in their room. Another was watching the television in the lounge or was in the computer room.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered and people confirmed this. Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they protected people's dignity. One member of staff told us, "We give options for

trips out or ask them if they want to be left alone. If they are in bed we shout out that we are counting down before knocking and opening the door."

People had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. Where possible they had been involved in the choice of décor and furnishings. One person had requested blackout curtains for their room and these were provided. They had been able to bring in personal items from home to make their stay more comfortable. One person showed us their room which had been decorated with items specific to their individual interests and likes and interests.

People had been supported to keep in contact with their family and friends. Where people did not have the support of their family, an advocate had been requested to support people with their decision making. For example, for one person who had recently had a family bereavement, staff had supported them with the process finding an advocate who was now working on their behalf. As part of their grieving process staff had also arranged for them to see a bereavement councillor.
Staff had received or were due to receive training in equality and diversity to help them have a better understanding and be able to support people and their individual care and support needs. Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual care plans to develop their skills and increase their independence with their agreed goal that people were working towards. One member of staff told us, "We go through support plans and sit down with him to go through options. When he indicates what he wants we update his timetable and support plan." Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. Staff told us that person centred care was important and one member of staff told us, "Residents are given lots of choices and one has the capacity to make decisions about a villa he was left in Spain. We have advocacy meetings to support him" One relative told us, "We are very happy with his care. He settled in much quicker than we expected."

At the last inspection in August 2015 we found new care and support plans had been introduced to resolve recording issues. These had been designed to specifically include the person's involvement in its development and review. Although there was a review process in place it was not possible to evidence this was fully up and running and had been maintained. At this inspection we found the improvements had been fully embedded in the service. Care plans were detailed and had been further developed and reviewed. One member of staff told us, "Everybody is aware of what they need to do. Staff were ill equipped before when new paperwork was introduced. Care plans have improved and are reviewed regularly."

People told us they were aware they had a care and support plan and had contributed to the completion of these. The care plans were detailed and documented future goals for the person which they needed to meet, to proceed through to an independent living skills programme. More detailed information needed to support people appropriately and consistently was now documented. These reflected peoples individual support needs and preferences. This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. There was good evidence of person centred working, with each file containing a detailed personal profile as well as a one-page profile for each person. When asked, staff were clear that they would direct bank and agency staff to these profiles as the quickest and most effective way to learn about people's individual needs. These had been reviewed. One member of staff told us, "Residents add comments and amend support plans and they are signed by the residents." One relative told us, "We are asked about likes and dislikes and this is included in the review."

People had a detailed and up-to-date care and support plan in place. Each person had a personalised weekly timetable. Support plans outline resident's preferences and have timetables such as individual budgeting. Staff told us, "We get them to create timetables and focus on the speed and how it is to be delivered. A few are unable or unwilling to engage and may struggle to get immediate reward." Another member of staff told us, "We write down with him what he wants to do and who with." People and staff described this as an effective way of structuring activity. One person told us how there were some elements of the timetable which they had to do such as cleaning their room or attending to their personal hygiene and other areas where there was more flexibility. They found this approach helpful and appropriate to their particular needs. Another resident was being supported to travel to London and on the underground

independently. One member of staff told us, "He wants to go to a gig and he has bought a ticket and travelled under supervision. Next time he will be shadowed at a distance until he feels confident to travel alone. We are also doing conversation practice as he talks a lot and we need to build in pauses by asking questions. We are trying him with group conversations next." For another person a member of staff told us, "We keep ongoing support with aims to update goals such as cooking breakfast at weekends. I saw that he picked up bacon when we went shopping last week and this led to discussing options for breakfast, we set a long term goal for him to cook for himself. We set short and long term aims for example that he will go to the dining room in four weeks."

Relatives and social care professionals confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided. Staff told us that the opportunities for people to receive educational support and attend some activities outside the service had recently reduced due to changes in being able to access these. This was an area they were still working on and developing with people improvements on the range and accessibility of activities people were involved in. They were working with people on their individual activity programmes. People were much more involved with their timetable. People were actively encouraged to take part in daily activities around the service such as the cleaning of their own bedroom, and menu and meal preparation.

Feedback from social care professionals was that people's personal interests and ambitions had been considered, and people had been supported to attend community support groups, and engagement with further education opportunities.

People described a variety of different interests and activities both within the service and beyond it that they either undertook themselves or were supported to by the service. There were pieces of art work and photography completed by people on display within the service and the staff talked enthusiastically about supporting peoples' talent. Staff gave an example on how they were supporting one person, "He used to like football and since his medication has been changed he has become withdrawn so I ask him if he wants to go to the football even if he just sits in the car and watches." People were able to go out on group trips from the service, which recently included a trip out to Marwell Zoo, Arundle Castle, and The Bluebell Railway.

A number of therapists were employed to work with people in the service on a sessional basis to offer a multi-disciplinary approach. This was confirmed in the records that we looked at. There were multi-disciplinary meetings which took place monthly showed they were working with staff in the service together to provide a range of specialist support services to people.

Information was provided to people in a way they could understand. The PIR detailed, 'Our service users, views and opinions are paramount to how we provide the most caring service we can so it is imperative that their voice is heard and if they are unable to do this that somebody else is able to do this on their behalf.' There was evidence that demonstrated staff were aware of the best ways to support people's communication. For example, for one person who was non-verbal sign language and other non-verbal means of communication was used. One member of staff told us, "We give him choices with cards with yes and no on and he is warming to me and now coming down to meals". We saw the use of symbols (a visual support to written communication) used to support people if they wanted to raise any concerns. One person had a dry wipe board put up in their room to make it easier for them to keep track of their timetable.

People told us that they had a weekly 'Residents' meeting, and a recently introduced monthly 'Residents and managers' forum. Staff told us that people are encouraged to raise any concerns they have at these meetings. Records detailed people had been able to put forward ideas as part of the refurbishment and had been involved in the recruitment of new staff in the service. There had been information on the EU

referendum. People were being encouraged to participate more in the running of the service, for example by being a fire marshal or a health and safety assistant in the service. The registered manager told us in a recent Residents and managers' forum, one person commented that whilst staff knew everything there was to know about people from their diagnosis to eating habits and interests, they know very little about the staff team. As a result, the idea of a staff profile file was developed. Each staff member was interviewed by one of the people using the service and asked a few questions about their personal, lives, choices and interests. Additionally requests and feedback from the meetings have led to the purchase of a larger widescreen television, a new service vehicle, menu ideas for meals, a house dress code, excursion ideas and internal maintenance issues that have all been resolved. Where service users are interested in pursuing new interests these are discussed, researched and if introduced accommodated into their weekly timetables. One member of staff told us," 'When there was the new manager there was a morale drop but he takes them on pub trips." Another member of staff told us, "He is brilliant with the residents and comes in at weekends and takes the residents out."

People and their relative knew who to see if they had any concerns. One person told us if they have a complaint, they would just go to the staff. They said they would feel safe in doing so. One relative told us, "I would speak with the manager with any concerns if needed." People were made aware of the compliments and complaints system which detailed how staff would deal with any complaints and the timescales for a response. This was detailed around the service, and also available in a pictorial format to help people understand the process to be followed. It also gave details of external agencies that people could complain too. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Senior staff told us that if any complaints were made these would be investigated and meeting would be held for senior staff in the organisation to discuss any issues identified to be addressed.

Good

Is the service well-led?

Our findings

The senior staff promoted an open and inclusive culture. People were asked for their views about the service and people commented they felt included and listened to, heard and respected. They were involved in the development of their care and support. Relatives and social care professionals told us they were able to comment on the service, particularly through the reviews of people's care or quality assurance questionnaires used in the service. One member of staff told us, "There is a new manager and he has different experience and is a business manager. He is willing to learn and lead us in the right direction." Another member of staff told us," Residents feel a lot calmer and we have had residents with anxiety and a permanent manager makes them feel more settled and we feel better briefed on changes."

At the last inspection in August 2015 there had been a number of changes in staff working in the service. There were interim management arrangements in place. New quality assurance systems had been developed. Senior staff carried out a range of internal audits. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan and how and when these had been addressed. Staff meetings were being used to inform care staff what had been found and where further improvements needed to be made. However, these changes made were still in the process of being fully embedded in the service, and so it was not possible to evidence these systems were fully up and running and had been maintained. At this inspection we found the improvements made had been made and fully embedded and maintained in the service.

There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and senior care staff. Staff members told us they felt the service was well led and that they were well supported at work. One member of staff told us, "We are well supported." They told us the managers were approachable, knew the service well and would act on any issues raised with them. One member of staff told us, "The manager is approachable." Another member of staff told us, "No one is wagging fingers at you and he is open to suggestions and is approachable and well informed."

Policies and procedures were in place for staff to follow. The PIR detailed, 'We receive regular bulletins and updates from both Craegmoor and Priory Group in relation to any updates top priority, changes to legislation etc. These are then adopted internally and signed off by staff via our read and sign file. updating of Policies and procedures, We have a dedicated Quality Team in place, We have access to the Intranet, which has valuable resources, attendance at regional/national conferences/meetings.' This was supported by records that we viewed.

Feedback from the social care professionals was of good interactions with staff who contacted them appropriately and followed guidance given. They spoke of good relationships with people's keyworkers who had a good understanding of people's needs Appointments were easy to arrange and kept to, staff were responsive to requests for information. A good professional relationship had been developed.

The organisation's mission statement was incorporated into the recruitment and induction of any new staff. The aim of the service was to be, "A unique residential setting for young adults with Asperger's Syndrome

and associated difficulties, providing a higher education in life development skills." Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and understood the importance of respecting people's privacy and dignity.

Since the last inspection feedback had been regularly sought by the provider from people, their family and visiting social care professionals about the quality of the care provided. The most recent quality assurance questionnaire sent out in 2015 had been collated and an action plan drawn up to address any comments made. A further questionnaire was about to be sent out for 2016. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Senior staff were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.