

CLBD Limited

# Jersey Road

## Inspection report

11B Jersey Road  
Rochester  
Kent  
ME2 3PB

Website: [www.clbd.org](http://www.clbd.org)

Date of inspection visit:  
22 November 2018  
26 November 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

The inspection took place on 22 and 26 November 2018. The inspection was announced.

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

Jersey Road accommodates up to four people who are experiencing mental health difficulties and learning disabilities or autistic spectrum disorder. All the people that lived at the service were men. There were three people living at the service when we inspected.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service 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 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.

People's medicines were not always well managed; records were not always accurate. Medicines had not always been stored at the correct temperature. However, medicines were administered safely and there was clear guidance for staff on how to support people to take their medicines.

Fire safety was identified as an area for improvement during the inspection. Fire doors had been wedged open with wedges rather than being fitted with automatic door closure devices. These were immediately removed and disposed of during the inspection and the registered manager agreed to review fire safety with the provider.

Risks to people were assessed on an individual basis and there was comprehensive guidance for staff. People were kept safe from avoidable harm and could raise any concerns with the registered manager. There was enough suitably trained and safely recruited staff to meet people's needs. People were protected from any environmental risks in a clean and well-maintained home. Lessons were learnt from accidents and incidents.

People's needs and rights to equality had been assessed and care plans had been kept up to date when people's needs changed. People and health and social care professionals involved in their care and support told us how their general health and wellbeing had improved since living at the service. Staff had the right induction, training and on-going support to do their job. People were supported to eat and drink enough to

maintain a balanced diet and were given choice with their meals. People accessed the healthcare they needed and staff worked closely with other organisations to meet their individual needs. People's needs were met by the facilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that staff were caring and the management team ensured there was a culture which promoted treating people with kindness, respect and compassion. Staff were attentive to people. The service had received positive feedback and people were involved in their care as much as possible. Staff protected people's privacy and dignity and people were encouraged to be as independent as possible. Visitors were made welcome.

People received personalised care which met their needs and care plans were person centred and up to date. Where known, people's wishes around their end of life care were recorded. People were encouraged to take part in activities they liked. There had not been any complaints but people could raise any concerns they had with the registered manager. The provider sought feedback from people and their relatives which was recorded and reviewed.

People were happy with the management of the service and staff understood the vision and values of the service promoted by the owners and management team. There was a positive, person centred and professional culture. The registered manager had good oversight of the quality and safety of the service, and risks were clearly understood and managed. This was supported by good record keeping, good communication and working in partnership with other health professionals. The management team promoted continuous learning by reviewing audits, feedback and incidents and making changes as a result.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

People's medicines were not always well managed; records were not always accurate. Medicines had not always been stored at the correct temperature.

The provider's fire safety policy had not been followed to ensure that people and staff were protected from the risk of harm if a fire broke out.

People were protected from the potential risk of harm. People felt safe living at the service. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed. Risk assessments had been amended and reviewed following incidents and accidents.

There were enough trained staff to meet people's assessed needs. Recruitment practice evidenced that checks and references had been carried out before staff commenced employment.

The service was clean and tidy, staff had access to personal protective equipment to help them carry out their roles safely.

### Is the service effective?

**Good** 

The service was effective.

The staff had completed training to help them meet people's assessed needs. Further training had been planned by the provider. Staff received effective support and supervision.

The staff and management team had a good understanding of the Mental Capacity Act 2005 and how to support people to make decisions. People's choices and decisions were respected.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

The service was appropriately furnished to meet people's needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect, kindness and compassion. Staff were careful to protect people's privacy.

Staff had a good understanding of maintaining people's confidentiality.

People were supported to engage with friends and family members. People were supported to keep in contact with their relatives on a regular basis.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place, these were person centred and clearly detailed what care and support staff needed to provide. Care plans had been reviewed and amended when necessary.

People's end of life wishes and preferences had been discussed and documented when this was appropriate. The service did not provide care and support at the current time to people at the end of their life.

People knew how to complain. Complaints procedures were on display in communal areas and how to complain had been discussed in meetings. There had not been any complaints.

### Is the service well-led?

Good ●

The service was well led.

The provider and the management team had good systems in place to monitor the quality of the service.

Systems were in place to enable people, their relatives and health and social care professionals to provide feedback.

Policies and procedures were in place, including whistleblowing procedures.

The registered manager kept up to date with good practice and gained support from attendance at conferences, forums and events in the local area to help them learn and evolve.

Staff felt well supported by the registered manager and the provider.

# Jersey Road

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 22 and 26 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small care home. The registered manager may have been supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with two people about their experiences of living at the service and we observed care and support in communal areas. We observed staff interactions with people. We spoke with nine staff, which included support workers, senior support workers, a positive behaviour support practitioner, the registered manager, the facilitation director and the nominated individual for the provider. On the second day of the inspection the registered manager was on leave so we spoke with a manager who managed another of the provider's local services. They knew the service well.

We requested information by email from local authority care managers, commissioners and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at three staff files, a

sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the management team to send additional information after the inspection visit, including quality audits and staffing rotas. The information we requested was sent to us in a timely manner.

The service had been registered with us since 22 December 2017. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.



# Is the service safe?

## Our findings

Medicines were not always managed safely. Medicines were securely stored in a locked cabinet. When medicines were delivered to the service by the pharmacy they were not always recorded accurately to evidence how many had been delivered. Staff carried out daily counts of the medicines in stock. We checked these and found that these corresponded with the amount of medicines in stock. However, the daily count sheets did not tally with the amount that should have been in stock according to the medicines administration records (MAR). We counted the medicines and checked the MAR a number of times with the registered manager and the facilitation director. We all came to the same conclusion that there had been an error when recording medicines carried forward from the previous month and an error in recording the medicines that had been delivered. The registered manager and facilitation director discussed a new process for recording medicines in stock. They planned to put this in place on 03 December 2018 which is the first day of the new medicines cycle. Medicines were due to be delivered on or around the 28 November 2018 and the facilitations director agreed to oversee the booking in process and meet with staff responsible. Temperatures of medicines storage areas were recorded consistently. However, when temperatures exceeded the maximum temperature action had not always been recorded to show what had been done to bring the temperature down in the storage area. The records showed that that temperature had exceeded the maximum storage temperature five times in seven days during the last week of October 2018. We spoke with the registered manager about this and they agreed they would explore the most effective way to keep medicines below 25°C.

The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Photographs were in place on all MAR charts to assist staff to identify people when giving medicines. Most people were in receipt of as and when required (PRN) medicines. PRN protocols in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. People's GP's had been consulted about the use of over the counter homely medicines. The GP had signed to evidence which of these people could have.

One person had PRN medicines covertly when required. This had been well documented in a mental capacity assessment and agreed with health and social care professionals during a best interest meeting. There were clear protocols in place in relation to this. People had given their consent to have staff help them with their medicines. One person had consented to the registered manager assisting them with medicines only. One person had met with staff in November 2018 and agreed a plan to support them gain independence by self-administering their own medicines.

Staff had received training in medicine administration. Once staff had received training they undertook a medicines competency check on an annual basis. The management team carried out medicines audits on a monthly basis. Senior staff carried out weekly audits. The supplying pharmacy had carried out an external audit of medicines on the 12 November 2018. This audit had picked up that medicines had not always been ordered according to the pharmacy's reordering calendar. This is likely to have impacted on the balance of medicines in stock issue we had identified.

We recommend that the provider and registered manager reviews medicines practice to ensure this meets the provider's policies, procedures and national good practice guidance.

People were protected from the risks of harm within their home and the local community. Action had been taken to ensure all risks associated with people's care and support were assessed and steps were recorded of action staff should take to keep people safe and in good health. People told us they felt safe living at the service. We observed staff prompting people to manage their safety. Where risks had been identified with regards to access to certain areas of the service such as the laundry room and garage, these had been locked with a key. One person living at the service was not at risk from utilising these areas so they had a key and could access the areas freely.

Accidents and incidents involving people were recorded. The registered manager reviewed each accident and incident report, to ensure that appropriate action had been taken following any accident or incident, to reduce the risk of further occurrences. Reports were then sent to senior management and the positive behaviour support practitioner who monitored for patterns and trends. Lessons were learned from accidents and incidents. Risk assessments were updated as a result of incidents. For example, one risk assessment had been updated following an incident where a person had placed a metal item in a plug socket, which could have caused a serious injury. The risk assessment detailed that no cutlery or metal items can be left in the person's room. We observed staff monitoring the person to keep them safe.

The provider had a policy on fire safety in place. Action had been taken and records showed that tests were carried out in line with the policy, mitigating risks to people. The provider had installed a fire alarm system in the service which had been fitted in September 2018. However, the service had not always followed the policy. We found three doors in the service propped open with wedges on the first day of our inspection. The provider's fire policy and risk assessment stated that automatic door closures are in operation. These are devices fitted to doors which automatically release and close doors when the fire alarm sounds. There were no automatic door closures fitted to the doors within the service. Wedging doors open increases the risk of fire spreading quickly. We spoke with the registered manager about this and they immediately removed all the door wedges and disposed of them. The registered manager agreed to discuss fire safety with the provider and put in place measures to protect people from the risk of harm. This is an area for improvement. Staff knew how to safely evacuate people from the building in the event of an emergency and had taken part in fire drills. Each person had a personal emergency evacuation plan (PEEP) which detailed what care and support they would need from staff in the event of an emergency.

People benefited from living in an environment and using equipment that was clean and well maintained. Staff carried out cleaning tasks and some people who were able to completed cleaning tasks in their own rooms. Eleven out of 12 staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. People told us they were happy with their rooms and everything was in working order. Health and social care professionals told us, 'I believe that residents receive safe effective care' and 'The service is always clean and welcoming and the individual is encouraged to keep his own room as clean as possible, again a major positive move.' Records showed that the premises and equipment received regular servicing, such as fire equipment, the boiler, electrical wiring and electrical items. The maintenance department were available to respond quickly in the event of an emergency. During the inspection we observed the handyperson visiting to fix a broken window restrictor in a person's room. An electrician also attended to replace a light fitting which had been damaged. A health and social care professional told us, 'The home is well presented. Our resident has provided particular challenges with the destruction of property, which they promptly repair/replace.' Staff recorded the temperature of the water in the home through weekly checks. The temperature checks had recorded twice in seven weeks that a person's ensuite bathroom was too hot. The records showed that the

temperature of the water was 47°C. Health and Safety Executive (HSE) guidance details that where people are at risk from scalding during whole body immersion, water temperatures must not exceed 44°C. We reported this to the management team who contacted the provider to arrange for a contractor to carry out work.

People told us they felt safe and would speak with the registered manager or a staff member if they were unhappy. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people. People were relaxed in the company of staff and staff were patient. Staff had received training in safeguarding adults and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the local authority's safeguarding team.

People had their needs met by sufficient numbers of staff. There were three staff on duty during the day and two staff on duty at night. People were supported on a one to one basis by staff they knew well. One person also had one to one support during the night to keep them and others safe. During the inspection staff were responsive to people and were not rushed in their responses. The staffing rotas for a three week period showed that two staff members each worked a 16.5 hour night as they carried out a late shift directly followed by a night shift. We spoke with the registered manager about this as this was a very long shift which could be unsafe. We advised the registered manager to seek guidance and refer to employment law.

The provider had carried out sufficient checks on all staff to ensure they were suitable to work around people who needed safeguarding from harm. This included checking references and checking to see if they had a full employment history including reasons for any gaps. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for staff members.

## Is the service effective?

### Our findings

People had access to food and drink which met their needs and to maintain good health and were supported to be as independent as possible at meal times. People were supported to buy the food shopping. One person had specific requirements about what they ate and who helped them with their food. Each person had separate food storage areas which was clearly labelled. Staff had detailed guidance available to them to help them support the person to stay well and eat a healthy and balanced diet. We observed staff following this guidance. This meant the person remained calm, relaxed and ate meals. Staff supported one person to cook meals from scratch twice a week. We spoke with the person about this. They told us they really enjoyed cooking and had made, "Spaghetti bolognese, sweet and sour chicken, steak and kidney pies." We observed the person checking with staff and people whether they had eaten the meal they had cooked, they were smiling and were proud and happy when they got good feedback about the meal. Another person said, "The food here is alright." We observed that people made their own choices of food and drinks. Meal times were relaxed and calm; people chose when they wanted to eat and where they wanted to sit to have their meal.

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. One person told us, "[Provider] rescued me from hospital." The assessment checked people's details such as marital status and religion, and checked their preferences and support needs. During the assessment process people visited the service to meet other people and staff and look at the facilities including their room. The Equality Act covers age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are called protected characteristics. The assessment process covered some of the protected characteristics of the Equality Act but not all, the management team had recognised this and planned to review and amend the assessment process.

People's physical health and mental wellbeing were protected by staff who were qualified and trained to meet these needs. Staff continued to receive training to enable them to meet people's needs. Staff training records evidenced that staff had undertaken health and safety, food hygiene, first aid, moving and handling and fire training. Five staff had attended autism training and the remainder of staff had been booked to attend courses in November and December 2018 and into 2019. The registered manager had booked training for staff about working with people with a personality disorder. This was taking place in January 2019. Five staff had attended training to help manage behaviour that may challenge. New staff were in progress with completing training to support them in their new role as well as learning about people and their routines.

Staff supervision had been recorded in their files. The registered manager maintained a staff training matrix which planned out staff supervisions across the year. All staff confirmed they had received regular supervision with their line manager. Staff told us they felt well supported by the registered manager. One staff member said, "I have supervision every 3 months. We are able to chat about support needs."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The registered manager had correctly applied for DoLS within the MCA for two people living at the service, one of these applications had been authorised by the local authority at the time of this inspection. Staff understood the principles of the MCA and were aware of the need to respect people's choices. People's capacity had been assessed in relation to specific decisions. When important decisions had been made on people's behalf staff had taken part in best interest meetings. Staff asked for consent prior to carrying out any support tasks and staff encouraged people to make decisions for themselves. Staff asked people where they wanted to go to lunch that day, what they wanted to buy from the shops and if there was anything else they wanted to do.

The building was suitable for the needs of the people who lived there. The service was set in an ordinary house which was spread over two floors. There was a large communal living room and kitchen. There was a garden at the rear of the house. People had chosen the decoration for their own room.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. People had a health action plan in place. This outlined specific health needs and how they should be managed. Staff had sought medical advice when required and had discussed concerns with relatives. Records demonstrated that staff had contacted people's GP, community nurse, dentist, psychiatrist and dietician when required. People received effective, timely and responsive medical treatment when their health needs changed. People were supported to attend regular appointments with their mental health specialists. This included attendance at clinics to receive prescribed depot injections. A depot injection is a slow release, slow acting form of a person's medication. It's an antipsychotic medicine which is administered by injection, and it is given in a carrier liquid that releases it slowly so it lasts a lot longer. One person was unable to attend any health care appointments, they were supported to see healthcare specialists at the service by a small group of trusted staff who the person felt comfortable with. This has enabled the person to slowly build up trust and enabled them to receive urgent support when their health deteriorated to attend the hospital and have a scan. Staff told us how they had supported one person to receive dental treatment, which included a referral to a specialist. The person required all their remaining teeth removing and then they would be fitted with a set of dentures. The person was looking forward to having a new set of teeth. They told us, "I am having new teeth soon."

The service worked well with other teams and healthcare professionals. One healthcare professional told us, 'The service always acts on recommendations from myself particularly relating to any potential health concerns. An example of which was the individual's reluctance to be seen by a podiatrist. This individual, when first coming to the services, was wearing three pairs of socks and rarely washed his feet. The service has been able to desensitise to a degree and continue to work with the individual, who has now seen a podiatrist and is down to one pair of socks per foot.' Another healthcare professional said, 'They communicate very well to ensure we are kept up to date with both concerns and positive change.'

## Is the service caring?

### Our findings

People told us that the staff were kind and caring. One person said, "I like all the staff." They confirmed they were happy living at the service. Another person told us how they are supported to be active members of their local community. They said, "Me and [staff member] go out a lot. I like going out. I go to the barbers in the town, even if I don't go in the barbers I walk past and do this (person puts his thumb up) to the window and they said hello". The person went on to tell us how the staff have improved their life and wellbeing. They said, "Before I lived here I had my head down and now look at me (he was sitting up straight looking at people in the eye and having chats)."

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people to be more independent. Daily records evidenced that people were making choices about all aspects of their life. People were supported to make decisions, choices and to be as independent as possible. Each person was at a different stage of support and independence. One person was able to complete most tasks such as their own washing, cleaning and some meals. Another person carried out some tasks with support from staff and the other person required staff to complete most tasks for and with them.

There was a relaxed atmosphere in the service. People and staff used humour and friendly banter as part of their communication.

Staff maintained people's privacy and dignity. We observed staff knocking on doors before entering and giving people privacy when they wanted it. Staff advised us of people's morning routines when we first arrived to ensure that people were given space and time to wake up in their preferred manner.

Staff shared with us the different ways in which they worked with each person which showed they knew people well. The rota's evidenced that people had consistent staff providing their support.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff supported people by providing reassurance to their questioning. Staff told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach. People told us there were regular 'residents meetings' to discuss the service, the meals, activities and other important information. Records of these meetings showed that keeping safe and how to make complaints had been discussed with two people who had attended. Staff who were named key workers for people also met with people on a regular basis to review what people had been doing and how their health had been. Key worker reports were compiled to evidence the progress people had made. People were also given surveys to complete. Two surveys had been completed. One survey showed 100% positive feedback. The person had written, 'People are nice to me.' The second survey showed mostly positive. A question 'I am able to eat and drink when I want to' was answered 'mostly'.

One person told us they were involved in meetings where "We sit and chat". The person expressed that they would like to live on their own. Staff reassured the person that this had been discussed with them and their

care manager and staff were working to support the person on small steps to increase their independence with the goal for independent living in the future. The person was happy about this.

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included information about where they had lived, who their relatives were, important dates and events and what people's favourite things were. People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The office area was locked and secured when not in use to ensure people's confidential information remained private and confidential. Staff had a good understanding of maintaining people's confidentiality.

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. The registered manager had spoken with one person and healthcare professionals involved in the person's life to discuss getting an advocate to support the person with their decision making.

Staff told us that relatives were able to visit their family members at any time. They explained how they supported people to have private family time with their relatives. People were supported to maintain relationships with their relatives, this included support to visit relatives on a regular basis and telephone calls. One person asked to call their relatives whilst we were inspecting, the staff member supporting the person responded immediately to the request and handed the person the telephone.



## Is the service responsive?

### Our findings

Staff were responsive to people's needs. People told us that staff supported them to be active members of their local community. People were encouraged to get out of the house on a daily basis and complete tasks and activities they enjoyed. One person received one to one support to help them stay safe at home and in the community, when the person wanted to sleep on their bed, staff left the room and gave the person space, time and privacy but remained close to monitor the person.

People's care plans were person centred. Care plans clearly detailed people's cultural needs as well as their care and support needs. Care files contained lots of photographs to evidence people's participating in their care and support.

People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required. Review records were maintained which included clear actions for the service to carry out, such as health referrals to be made.

Staff completed daily records of the care and support they had provided and this was kept in the person's care file. The daily records evidenced that staff were supporting people according to their care plan. The management team had worked on changes to one person's daily records. They recorded care and support for this person in a different way which enabled them to monitor care, support and any incidents in a more effective manner and pick up on trends. They had already identified from completing this work the key times in the month that the person was likely to display behaviours others may find challenging. The positive behaviour support practitioner was actively working with one person and the staff to develop a stress reduction plan to improve the person's daily experiences.

The registered manager had been working with one person and their relatives to discuss and record the person's wishes and preferences if they became unwell or if they died. The registered manager had approached this in a diplomatic and sensitive manner which enabled all parties to feel involved and in control.

People were supported to have good days that were meaningful to them. People's activities were totally centred around each person. One person explained how they had been supported to visit the local Christmas markets over the weekend. They said, "It was very busy and they had a fair ground, I didn't go on the rides". He told us they had been to the cinema and watched a Christmas film which he had enjoyed. They were also being supported to explore adult education classes in the local community. They were preparing to do arts and a painting course which is due to start in January 2019. Another person shared how they enjoyed going to the local shops and going out for a coffee. They shared with us how they had got to know lots of people in the local community.

People knew how to complain. The provider's complaints policy included information about where to go outside of the organisation if people were unhappy with the provider's response. It listed the contact details for the local authority or the local government ombudsman. There was an easy to read complaints guide in



place. There had not been any complaints about the service.

## Is the service well-led?

### Our findings

We observed that people knew the management team well. Each person engaged and communicated with the registered manager. It was evident that the management team had a good understanding of people's care and support needs and knew the relatives and the staff that provided support well. One of the directors visited the service during the inspection. They knew people and staff well and took time to chat with people, providing encouragement and feedback on how well they had developed since living at the service.

Audits and checks were carried out by the management team to check the quality of the service and to make improvements when required. These included monthly medicines checks, finance audits, staff files and training. Staff also carried out checks on window restrictors, water temperatures, firefighting equipment and emergency lighting. Although the audits and checks had not picked up on the high water temperatures and medicines concerns, immediate action was taken to address this and new systems were put in place to reassess medicines practice as well as arranging a contractor to visit. The registered manager had taken responsive action to ensure people remained safe. The facilitation director carried out an annual service review on 28 August 2018 which was a critical review of the whole service. They had undertaken observations, spoken with people and staff and thoroughly checked records and information. A number of issues were highlighted in the service review and an action plan had been put together. We checked through records and information and carried out observations and found that actions had been addressed by the registered manager and the staff team.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The provider had purchased policies from an external company and were in the process of replacing and updating their old policies with the new ones. Staff confirmed they were asked to read and sign new policies.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

The provider's statement of purpose detailed 'Changing Lives Building Dreams Ltd offers both community based and residential bespoke care packages. The aim of the service is to provide a safe and homely environment that promotes empowerment, independence and choice, whilst enhancing the individuals' daily living skills.' The aims of the service at Jersey Road had clearly been communicated to all staff, they were all working to ensure people were effectively supported with all aspects of their lives including becoming active members of their local communities.

The management team worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively. Health and social care professionals told us, 'I feel the service is very well led. The manager is always available even if only by phone, out of hours, for support to staff in sometimes tricky situations. The manager leads by example, which is evident in the

empathic way this individual is supported and evidenced in his growing confidence and his ability to take on and manage daily tasks and events with support. For example, he would never wash his hair or have a haircut and beard trim. With repeat visits and lots of patience, the individual now goes to the barbers on a regular basis'; 'The service in my opinion is well led. The directors ensure staff are well trained and supported on an ongoing basis. The service has a robust assessment process and strong PBS [Positive behaviour support] leadership and model of care' and 'The service manages to provide care and support to individuals with complex mental and health/autism. They have enhanced the quality of life significantly for our resident and in doing so enhanced the lives of his family network.'

The management team kept up to date with good practice, local and national hot topics by attending provider and registered manager forums. The management team utilised research to evolve the service. The provider had instructed support and assistance from the American Founder of Positive Behaviour Support in relation to researching and developing non-aversive reactive strategies. Seminars via the internet and a conference event had taken place to provide support to the management team.

The registered manager had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. The management team had signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

Staff told us communication was good and there were regular staff meetings to discuss the service. Records of the meetings showed the last one had taken place on 10 October 2018. Staff were given the opportunities to feedback and ask questions. Staff felt well supported by the management team. A staff member told us, "I feel well supported, we have a good team, good manager; I can go to her with anything. We help each other out and work as a team, we are like a family." Another staff member said, "CLBD is a good company to work for. Support is there night and day. This is a warm environment and I was made to feel welcome. [The registered manager] so far has been a great manager. She cares about the service users and the staff."

The registered manager received lots of support from other experienced registered managers within the organisation and the provider. The provider held monthly management meetings. The registered manager said, "Support is always available at the end of the phone if I need it."

Relatives had been surveyed in 2018. Three surveys had been completed and returned. All the surveys gave positive feedback about the service. Comments written included, 'Where we have answered good we would like to say excellent. [Family member] is happy for the first time in ages in this home from home'; 'We do not dislike anything'; 'Since moving to this service the individual concerned has expanded his world' and 'My relative is happy.'

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as safeguarding concerns and DoLS authorisations that had occurred.