Surrey Choices Ltd

Short Breaks Banstead

Inspection report

The Horseshoe
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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 18 September 2018. At the last inspection on 9 December 2015, the service was rated Good overall and Requires improvement in Well led because there had been no registered manager in post for some time.

At this inspection there was a registered manager who had been registered with the Commission since April 2016. 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.

Short Breaks Banstead is a care home that provides respite care and support on the ground floor of an adapted building. People in care homes receive accommodation and 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. The service provides respite care for up to six people at any one time. The provider told us there were approximately 40 people who used the service for respite at times throughout the year.

The respite 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." Registering the Right Support CQC policy. The service enables people with complex needs to be supported to live with their families and in the community through a planned respite programme. They also respond to emergency support requests from local authorities where possible.

At this inspection we found some shortfalls in the way some safety checks were completed and flaws in the systems for monitoring the safety of the premises and responding to actions identified from risk assessments. Staff underwent a recruitment checks, however, the provider's application form did not follow legal requirements in relation to applicants' job history. Medicines were safely administered and stored but some improvement was needed to an aspect of recording in relation to medicines.

We have made a recommendation in relation to medicines management.

The provider and registered manager acted immediately to address the issues concerned and risks identified. They were open with the Commission about the issues and addressed the gaps in their quality monitoring system that had allowed the problems with recruitment and environmental checks to go unnoticed. Further changes were made to ensure that the improvements needed were acted on and sustained. We will check on this at our next inspection of the service.

There were effective safeguarding procedures in place to protect people from the risk of abuse. Staff understood the different types of abuse and knew to who contact to report their concerns. The registered

manager worked proactively with the local authority to ensure people were protected from harm. There were processes in place to learn from accidents and incidents. Individual risks to people were carefully assessed and detailed guidance provided to staff to reduce risk.

There were sufficient numbers of staff at the service. The service was clean and staff understood how to reduce the risk of infections. The environment had been adapted to meet people's needs.

Staff received sufficient training supervision and support to fulfil their roles and responsibilities. New staff completed an induction when they started work and staff received refresher training and a range of specialist training that helped them support people's individual needs.

The service was inclusive and prior to joining the service people's needs were carefully assessed in partnership with service users, their families and health and social care professionals where relevant following best practice guidelines to ensure their needs could be met.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. Staff told us and we saw they sought the consent of people before they delivered care and support.

People were supported to meet their dietary and nutritional needs safely and provide them with sufficient choice. The service worked with health and social care services and professionals to maintain the good health and well-being of people they supported. They supported people when they moved between services through effective communication to ensure their care and support were coordinated well.

We received very complimentary feedback about the care staff delivered from relatives and professionals who used the service. We observed staff treated people with kindness and consideration. Staff clearly respected people's individuality and promoted their independence. People were involved as far as possible in decisions about their care.

People's care and support was responsive and personalised to their needs. The service used Positive behaviour support (PBS) where appropriate. This is a person-centred approach to supporting people who display or are at risk of displaying behaviours which may require a response with the aim of improving their quality of life. The service promoted equality and people's diverse needs were respected and supported.

People were supported to engage in the community and in activities that they enjoyed. People were supported to socialise, learn new skills, and maintain relationships. People and their relatives knew how to complain about the service should they need to. Information was available in a range of formats.

Relatives, staff and professionals gave positive feedback about the management of the service and said their views were listened to. The service worked to keep up to date with best practice and share learning in the team. There was a clear ethos of providing good quality person centred care at the service. Some systems were effective at monitoring the quality of the care provided.

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 always safe.

Medicines were safely administered but some improvement was required in the recording of medicines administration records. We have made a recommendation in relation to medicines management.

Some improvements were required to the identifying and monitoring of risks in relation to the safe maintenance of the premises. The service took prompt action to respond where these were identified.

There were sufficient staff to support people safely. However, recruitment processes did not always follow requirements. The service took prompt action to address these concerns.

Risks in relation to people's health and behavioural needs were identified assessed and detailed guidance put in place to ensure safe care and treatment.

Staff were knowledgeable about safeguarding and any action they might need to take to protect people. The service worked effectively with the local authority to protect people from harm, abuse or neglect.

Staff had training on infection control and understood how to reduce the risk of infection.

Is the service effective?

Good

The service was effective.

Peoples needs were carefully assessed before they started to use the service.

Staff received sufficient training supervision and support to carry out their roles.

Staff understood their responsibilities under MCA.

People's nutritional needs were assessed and guidance provided

to staff to monitor and reduce risks and ensure they received a balanced diet.

People had access to relevant healthcare services when required and staff worked with health care professionals to develop personalised care plans.

The service worked to ensure people received consistency of care and communication when moving between services.

Is the service caring?

Good

The service was very caring.

Relatives told us and we observed staff treated people with kindness and consideration. Staff clearly respected people's individuality and promoted their independence.

The service was inclusive and worked in partnership with people and their relatives. People were involved in decisions about their care and treatment as far as possible and their relatives were fully involved where this was required.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual current needs and preferences and recognised and supported people's diverse needs.

People took part in a range of activities to support their need for social stimulation.

There was a system to identify manage and learn from complaints.

Information was available in a range of formats to improve accessibility.

Is the service well-led?

Requires Improvement

The service was not always well led

Some areas of quality monitoring of the service had not identified the issues we found at the inspection. The provider

and registered manager took prompt action to address these issues and put in place longer term changes aimed to sustain improvements.

The culture and ethos of the service was positive and inclusive. The provider worked in partnership with health and social care professionals.

Relatives commented favourably on the way the service was run and there were opportunities for people and relatives to express their views about the service. Staff spoke very positively about the registered manager and deputy manager and their leadership the service

Short Breaks Banstead

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 was carried out by a single inspector and took place on 18 September 2018 and was unannounced on the first day.

Before the inspection we asked local authority commissioners for their views of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information we hold on the service such as notifications. A notification is information about important events the provider is required to send to us by law.

Most people using the service could not express their views about the care and support they received so we observed the care provided and tracked that the care was in line with their care plan. We spoke with one person using the service and a relative, the deputy manager and the registered manager. We looked at three care plans, four staff records, and other records related to the running of the service such as medicines records, environmental risk assessments and audits.

After the inspection we sought feedback from four other relatives, two care workers, a senior care worker and the provider's property manager, as well as three health and social care professionals using the service by phone and email.

Requires Improvement

Is the service safe?

Our findings

At this inspection we found some areas for improvement were needed in the way some environmental risks were identified and managed, in an aspect of recruitment checks and we have made a recommendation in relation to the management of medicines.

Some environmental risks had not been identified and this required improvement. The registered manager or deputy conducted a daily walk around to check for and identify any potential environmental or equipment risks. We saw these identified some possible concerns which were then addressed. However, we found some risks had not been identified, not all windows on the ground floor had window restrictors to reduce the risk of someone falling or climbing through the window. The provider installed these immediately following the inspection and sent us evidence that this had been completed.

People had access to baths and showers that had regulated temperature controls to reduce the risk of scalding. These were routinely serviced and staff advised us they checked the water temperature before care was provided to people. However, hot water temperatures were not routinely checked in people's bedrooms to protect people from possible risk of scalding. These were put in place during the inspection and added to the walk around checks.

Other risks from premises and equipment including hoists, fire safety equipment and gas safety were managed through a programme of external servicing and routine checks. Fire risk assessments were completed annually to reduce the risk of fire.

People were protected from the risks of avoidable harm in relation to their medical, health and care needs. Relatives told us that the service assessed the risks involved in providing respite care thoroughly. One relative said, "They are very good at seeking the right information about [my family member] and understanding what the issues are." Another relative said, "There are subtle health things that they pick up and act on and I know they are in safe hands." A third relative commented, "I have no concerns about any risks, the care and support given is first rate." Staff informed us that they were provided with detailed information to reduce any possible risks. One staff member said, "There is plenty of information in the care plans to guide you."

We saw risk assessments and guidance for staff in people's care plans covering areas of individual risks including falls, skin integrity moving and positioning, behaviour, nutritional needs and any health conditions, for example, epilepsy. This included guidance for staff on how to minimise risks. For example, we saw a detailed plan to reduce a choking risk was available to staff and advised on the consistency of a person's food and drinks and provided advice about the pace of support to be given. Where people were at risk of falls guidance was in place to reduce that risk and factors to mitigate any risk had been considered.

Where accidents or incidents occurred, these were managed safely. Written reports were completed that documented the actions taken in response to an accident or incident. These were reviewed by the manager and the quality assurance team to identify any changes needed or learning.

There were arrangements to manage emergencies. Staff received training in emergency first aid and there was guidance in people's care plans to cover individual health emergencies and a business continuity plan. People had emergency evacuation plans should these be required to ensure a safe evacuation in an emergency. Staff received fire safety training and took part in fire drills to ensure they were aware of what to do in an emergency. Fire warden training had been booked to take place in November.

Appropriate recruitment systems were not always in place. We saw that a range of appropriate identity checks were completed before staff began to work at the service. These included identity police and character checks. However, we found the provider's application form did not request a full employment history; as required under the regulations. This required some improvement to meet requirements. The provider reviewed and amended their application forms immediately, audited their staff files for existing staff and requested their full employment history.

There were enough staff to meet people's needs. Relatives told us they thought there were sufficient numbers of staff. One relative said, "There are always enough staff when I go there." Another relative remarked, "There are always staff around when you come or available on the phone. One person commented there were always staff around to support them. The deputy manager told us that the staffing levels were arranged to meet people's needs and the level of support required throughout their stay. Where people required staff to accompany them to activities we saw this was arranged. Staff told us they thought there were enough of them to carry out their roles and that the staffing levels we reflexed to meet people's individual needs and where people required one to one support these arrangements were adhered to.

On the day of the inspection there were agency staff supporting permanent staff to deliver care and other permanent staff were attending training. The registered manager told us that there had been a number of new appointments to the service and they were now almost fully staffed after a period with a high level of vacancies.

People received their medicines as required. Relatives told us they thought medicines including time specific medicines were well managed. One relative said, "They are very hot on the arrangements for medicines." Two staff members administered medicines together to reduce the risk of errors. Medicines were safely stored and administered but processes for managing medicines required some improvement. We looked at three people's medicines administration records and saw they confirmed the details of people's medicines and any allergies. However, we saw for two people where there had been a recorded change to their medicines this had been hand written onto the record but not signed or witnessed as checked to verify its accuracy and this required improvement.

We recommend the provider consults current best practice in relation to medicines administration records and auditing.

There were safe arrangements for the administration of high risk medicines such as warfarin. Staff received training in the administration of drugs to reduce the effects of seizures. There were effective systems to check and monitor the supply of medicines. Staff told us they received training on administering medicines and a robust competency check was in place; which we confirmed from records.

A lesson learned review of the circumstances surrounding any medicines error was undertaken. This included ensuring that the relevant guidelines and procedures were robust to minimise the risk of future similar errors occurring. We saw where needed, guidelines had been updated. The administration of medication, medication errors, near misses were discussed in team meetings and were included in team newsletters to embed learning.

There were systems to protect people from the risk of harm, neglect bullying or discrimination. We observed that people appeared relaxed and comfortable in the presence of staff and in the way, they were supported by staff. One person told us; "I do feel safe here. It's nice." A relative said, "It's quite safe here, very good really. The staff are very good and I come at all times of day and have no concerns." Another relative commented, " I have no concerns at all. I know my [family member] is safe there."

Staff we spoke with were knowledgeable about the kinds of possible harm or abuse that could occur to people and they were aware of their responsibilities under safeguarding. They were familiar with the provider's whistleblowing policy and we saw the safeguarding policy and an easy read version were displayed as a reference guide. We found safeguarding referrals had been made appropriately by the registered manager of the service where they had identified a concern and action taken to protect people from harm and CQC had been notified as required. There had been two safeguarding alerts raised since the last inspection in 2015 and action had been taken by the service to ensure people were kept safe from harm .

The service looked to learn from safeguarding, any errors or accidents and these were monitored for any patterns and learning and discussed at team meetings.

There were measures to reduce the risk of infections and we observed the service was clean throughout on the day of the inspection. A relative told us the service was always clean when they visited. They commented, "It is always clean when you go there." Staff received training on infection control and knew how to prevent and reduce the risk of infection and cross-contamination. We observed hand washing facilities and use of personal protective equipment (PPE) to reduce the risk of infection.

Good

Is the service effective?

Our findings

Relatives and health and social care professionals confirmed that people's needs were assessed before they started to use the service to confirm the levels of support required and if the service could meet their needs. A social care professional commented, "They have been very good in going out to meet people in their homes to assess their needs. Assessments have been accurate." Relatives told us the assessments were detailed and thorough. One relative said; "They spend time talking with us at length but also getting to know, [my family member] and they were very keen to understand the smallest detail. They thought about things even I had not thought of."

The registered manager told us they had worked alongside the providers' specialist nurse practitioner and an occupational therapist to develop their current assessment format since the last inspection. They said this focused more on capturing individuals' capabilities, skills and interests than the previous assessment. They told us it was also important to ensure the mix of different people' s needs at the service could be met at any given time.

Assessments were completed with people planning to use the service, their family members, support workers, previous respite providers as well as health and social care professionals where relevant.

We saw assessments detailed the level of support needed across the range of people's needs. Staff told us these were used to form the basis of people's care plans. People's needs were assessed in line with current legislation and guidance in relation to person-centred planning, and learning disabilities and behaviour that challenges. The service used Positive behaviour support (PBS) where appropriate. This is a person-centred approach to supporting people who display or are at risk of displaying behaviours which challenge with the aim of improving their quality of life.

People were supported by staff who had been provided with the knowledge and skills to support them safely and appropriately. Staff told us and we confirmed from their training records that they received training in a range of areas essential to their work and that this was refreshed. This included safeguarding, food hygiene, moving and positioning, first aid fire safety and MCA. One staff member told us, "We get lots of training and they are very good at supporting you to do other training for your development." Staff also received specialist training to help meet the needs of people they supported for example epilepsy, positive behaviour support and disability awareness training.

New staff received an induction that followed the Care Certificate which sets the recognised standards for induction training for health and social care workers. There was also a service specific induction that included a period of shadowing to learn about the practical aspects of the job. A new staff member said, "The induction was really helpful to learn about the job and the people we support." Staff told us they are received regular supervision and an annual appraisal. One staff member commented, "The supervision is really good it's a chance to talk about your issues."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We observed staff sought consent from people before they supported them in relation to their care. Where people were unable to verbalise their needs, staff told us and we observed how they looked for signs such as gestures or body language to check if people were happy with the care being offered. Staff had a clear understanding of the MCA and where people were considered unable to make a decision their responsibility to assess each decision specifically. Records included details of best interests' decisions in line with the requirements of the MCA for example in relation to the use of bed rails. The registered manager had made appropriate applications for DoLS authorisations and was in contact with local authorities in relation to their individual requirements as these varied across different local authorities.

People were supported to ensure their needs were met appropriately when they used other services and staff worked across other organisations to deliver effective support to ensure people's needs were consistently met. For example, where people accessed day care services while at the service there was a communication book used by both services to ensure staff understood what care and support had been provided. We saw this was fully up to date. Some people also had a care passport which accompanied them to hospital to provide clear advice to hospital staff about their needs. The registered manager told us they were working towards having these in place for everyone at the service and we confirmed this from their action plan.

People's dietary and nutritional needs were assessed prior to starting to use the service. Where there were specialist nutritional plans these were included in people's care plans to reduce risk. Staff were knowledgeable about the dietary needs of people they supported. We saw staff were trained and assessed in their competency to provide specialist feeding support where needed, although, there was nobody using the service at the time of the inspection who required this support. Relatives confirmed staff were knowledgeable in this area and worked in partnership with them to learn about any changes or what techniques worked successfully.

We observed the meal time experience and saw people were supported to eat a range of food and drinks according to their preferences and cultural or religious needs. People were encouraged to eat and drink independently where this was possible. Where people required support, this was not rushed.

People received support from staff where required, to access healthcare services they needed to maintain their health and wellbeing. The registered manger informed us that prior to the start of a respite period the staff would obtain an update about any changes in people's health and medical needs as well as any appointments. We saw these were recorded in the diary to ensure they were attended. We saw evidence that staff implemented recommendations from healthcare professionals for example in relation to people's dietary needs or epilepsy care and that the manager worked proactively with health services to ensure staff had up to date guidance in relation to people's health needs.

The service was on the ground floor of a building with a large secure garden which had been adapted for use as a respite service with ceiling hoists and an outside ramp. There was appropriate signage throughout the home to help orientate people. People could bring important possessions and essential equipment with them when they came to stay to help provide reassurance and consistency. Relatives told us they liked the space provided as it allowed people to move around as safely and freely as possible. One relative said, "The building is clean flat and spacious which means it is safer for [my family member]."

Good

Is the service caring?

Our findings

We received very enthusiastic feedback from relatives about the staff and the care provided. One relative told us, "The staff are really dedicated and lovely. You can see they care." Another relative advised, "It is fantastic. The staff are brilliant. I can't speak too highly of them." A third relative remarked, "This is a really lovely service. The staff go out of their way to look after people well here. Compared to other places I have used this is wonderful and I cannot fault the staff's kindness."

Most people could not express their views to us about the care and support they received. One person who could communicate told us, "The staff are good here." A social care professional confirmed they had received positive feedback about the care at the service, from other professionals and families.

We observed that staff interacted in a gentle kind and caring manner with people; took time with them to understand their body language or any other verbal or nonverbal interaction. Care and support was delivered in a person-centred way rather than task driven. Staff knew the people they supported well and could describe the individual signs people might make if they were happy or distressed.

People were involved in making decisions about their care and treatment.as much as possible. For example, people's personal care routine included the times of day they preferred their care, how they preferred to wash their hair and the kinds of toiletries they used. Care plans included detailed personal information about people's likes, dislikes, background, and histories. This enabled staff to understand the people they supported, what influenced the preferences or choices they made and provide care in line with these.

Care plans also encouraged people to be as independent as possible and identified which aspects of their care and support people could manage and which they required assistance with. A health professional spoke of the progress made with one person who used the service. They said, "Their independence has come on really well," since going there. The registered manager told us that the service was looking to develop feedback forms for service users to inform them further on any improvements that could be made for example in relation to food preferences

Communication plans detailed how staff could communicate effectively with people and understand their nonverbal cues. Staff were knowledgeable about these and told us they offered people choices in how and when they received support and that they looked carefully for any signs of agreement and disagreement. We observed staff respected people's choices for example about how they spent their day or what they liked to drink. Staff were knowledgeable about people's needs with regards to any protected characteristics under the Equality Act 2010 and supported them appropriately for example in relation to their disability

Where service users were unable to express their views, relatives told us they felt fully included in decisions about their family member's care and that the service would review and discuss any updates. One relative said, "It is a really good working partnership. My opinions are listened to and my advice sought. There is plenty of communication and you are kept informed."

Relatives told us their family members were treated with respect and dignity. One relative said, "Absolutely, from what I have seen. The staff are discreet and respectful." Staff gave examples of how they tried to ensure people's privacy and dignity was respected. One staff member told us, "I always knock on people's doors before I go into their rooms." Another staff member said, "I cover people up when they are receiving personal care." Staff told us they were aware of the importance of confidentiality about people's information. We observed records were held securely and confidentially.

Good

Is the service responsive?

Our findings

People received personalised care that was particularly responsive to their needs. Our observations confirmed that the care people received was personalised to them. When we arrived at the service there were a number of people getting ready to attend day centres or groups. The registered manager told us that where people already attended day centres or college training opportunities they tried to maintain these links while people stayed with them to ensure consistency.

People had individualised care plans that detailed their care and support needs, preferences and dislikes and gave individualised guidance for staff to follow in terms of their routines. Plans we reviewed reflected people's current needs. Staff were aware of the details of people's care plans and their preferences in the way they received support.

Where appropriate, the service worked with relevant health professionals including nurse practitioners, occupational therapists, clinical psychologists to develop positive behaviour support (PBS) plans to provide detailed support and achieved positive outcomes for people and their families. Where PBS plans were already in place the service worked to ensure these were mirrored to maintain consistency.

Relatives confirmed they were consulted about their family members' care and support needs. One relative said, "The service really took the time to understand [our family member] and also the family. They have come the closest of all the service's we have used to asking the right questions and doing things we want. I feel we are on the same page in terms of putting [my family member's] needs first." Relatives told us staff from the service attended any relevant local authority or health meetings in order to keep fully up to date with people's needs in between their stays. There was also a programme of introductory visits to the service before people stated to use it that was tailored to meet individual needs.

Information was displayed around the home for people in accessible formats in line with the Accessible Information Standard. This standard requires services to identify, record, share and meet people's information and communication needs. There was easy read safeguarding information displayed in the service to aid understanding and other documentations such as care passports were also easy read. The registered manager told us that any of the service documents could be translated into easy read or different languages where needed. Some staff confirmed they received Makaton training. This is a programme to help people with hearing, learning or communication difficulties. The registered manager told us this was in the process of being rolled out to new staff.

People's diverse protected needs and characteristics were identified and plans put in place to address these needs where support was required. For example, in relation to people's disability needs, specialist equipment was provided where needed or changes to ensure a safe environment. People's cultural needs were respected in relation to their diet or care routine and people were supported to attend places of worship where this was their choice. Staff received training on equality and diversity, disability awareness and person-centred care. One staff member said, "The customer comes first. We respect everybody's needs to the same level and try to meet all their needs."

People's individual needs and preferences for stimulation were respected and recorded in their care plans. Relatives told us that they thought there was enough for their family members to do and that staff at the service tried to find a range of suitable activities they could be involved in. One relation said, "There are always things going on for people and they go out. They are not bored and do not sit in front of the TV the whole time. Like elsewhere."

A social care professional commented, "People, that can communicate, tell me they are having a good time and tell me about their activities. I have seen people involved with cooking, interacting with the staff and chilling in their rooms. Often people are out and about. Those that cannot communicate appear to be relaxed and settled." On the day of the inspection most people using the service were out for much of the day, but we observed one person icing a cake they had made previously with one staff member, enjoying the time they were spending together.

In line with our registering the right support guidance people were engaged positively and supported to be active in the community. Where people had existing links with the community or attended day centres or college these were maintained. One professional described how the staff team, "Worked very closely for some time with the staff from a day centre to support one client with the transition into the service, which led to a very successful placement." Staff sourced appropriate groups or activities within the local community and people spent time in the local community going for coffee or a walk.

The registered manager told us where suitable, and where services were difficult to find, especially for people with more profound and multiple disabilities; staff were offered opportunities to develop their skills. This focused on supporting them to engage creatively with people to enable them to express themselves in a personalised way, by attending training workshops including a movement and dance workshop and creative art and sensory workshop. These in-house activities complimented the community-based activities and provide an opportunity for staff to engage and communicate with people in a very personalised way

There was a system to record and manage complaints and learn from them. This was available in a range of formats. Relatives told us they had not needed to raise any complaints; but knew what to do if they had any concerns. We saw there had been no recorded complaints in the last year.

Requires Improvement

Is the service well-led?

Our findings

Feedback from social care professionals and relatives was positive about their experience of the management of the service. One relative said, "It is a fantastic service. It is very well run." Another relative told us, "From my point of view it is well organised and managed." Another relative advised, "The manager is fantastic, very on the ball. I am really relieved a place like this exists, where I can leave [my family member] and have real peace of mind." A social care professional said, "I have found the team to be very efficient and supportive to myself and families from the outset."

At the last inspection in December 2015 the service was rated requires improvement in this key question because there was no registered manager at the time of the inspection. At this inspection we found there was a registered manager who had been registered with the commission since 28 April 2016. They understood their role and responsibilities as a manager. They had submitted notifications as required to the Commission and the service's CQC rating was on display at the service, in line with our requirements.

There were systems in place that monitored aspects of the quality and safety of the service effectively. However, we found there were some flaws in the provider's system for monitoring the quality and safety of the premises; which the provider rented from the local authority. We found that actions that had been identified in fire risk assessments, electrical safety checks and legionella risk assessments had not always been completed. This required improvement to ensure potential risks were mitigated.

As soon as we identified these issues the provider, the registered manager and local authority were proactive in taking immediate and comprehensive action to address the concerns. Processes to ensure these problems did not reoccur were also put in place. A service improvement action plan was implemented to ensure oversight of the remaining issues and this was shared with the Commission. The provider also decided to move from external contractors to employ a Health and Safety Manager. The landlord and provider agreed to meet on a regular basis to strengthen oversight and jointly review the management of the property in future.

The concerns we identified in other areas such as recruitment were also swiftly acted on to ensure people's safety and measures put in place to sustain improvements. The provider and manager were open and transparent in their communication with the Commission and in identifying any learning from the concerns that arose.

In other areas we found the governance and leadership of the service was effective. Audits were carried out across the service to monitor the quality and safety of the care provided, for example medicines audits and care plan audits and a health and safety audit. The registered manager carried out night spot checks and we saw where issues had been identified with staff these were taken appropriately through disciplinary processes where needed.

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The ethos of the service was inclusive and staff told us they aimed to provide the best kind of personalised care with dignity and respect to all. They spoke very highly of the management team. One staff member

remarked, "This is one of the best places I have worked. You can approach the management about anything and they listen. The customer's needs come first, its very care centred. As a staff team we all input into people's care and care plans to improve them." Staff told us the registered manager and deputy manager led the staff team in demonstrating the ethos and culture of the service and upholding these values in the way they worked. One staff member said, "You can tell how much they care about the work from how they work and respond to people and staff."

Regular team meetings were held and a team newsletter was also published to ensure staff remained up to date with any changes and help sustain the culture of the service. We saw team meetings provided good learning and development opportunities through the invitation of external speakers, for example to discuss recent changes in relation to information disclosure or changes to accident and incident reporting forms. Team meetings also enabled staff to communicate about people's care and support needs and reflect on any issues. Staff also contributed to improving the running of the service. For example, staff contributed to the questions to be included in the annual service survey. They were also used to discuss any learning from safeguarding or accidents and incidents.

The registered manager shared their existing action plan aimed to improve and develop the service they had in place. This evidenced the areas of improvement they identified and what they were working towards. For example, these included looking to source a variety of ways to increase feedback from people using the service and to explore ways to involve them in staff interviews.

The provider and manager looked to remain up to date with best practice. Representatives from the provider attended a regional positive behaviour support network meeting and there were quarterly internal meetings of positive behaviour support champions from each of the provider's services to discuss best practice, lessons learnt and to share good news stories.

People and their relatives were encouraged to express their views about the service. The service was in the process of sending the annual survey to people who used the service, their families and professionals. The registered manager advised any learning or feedback would be discussed at team meetings and included in the service action plan.