

Advance Housing and Support Ltd

70-72 Worting Road

Inspection report

70-72 Worting Road
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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on the 29 and 30 December 2016. The inspection was unannounced.

70-72 Worting Road is situated in a residential area of Basingstoke close to the town centre. The provider, Advance Housing and Support Limited supported people with a mental health issue or a learning disability to live and work in the community. 70-72 Worting Road provides care and support for up to eight adults with a learning disability. At the time of the inspection the service was home to eight people. The home has a lounge, a games room, a dining room, a large kitchen and a conservatory. There is also a small laundry. There is a garden to the rear and front and parking is available. People's rooms were all ensuite and arranged over the two upper floors which were accessed via stairs. People living at Worting Road were a range of ages and had a variety of needs. Some people were able to live relatively independently and did not need support to undertake tasks such as accessing the community or maintaining employment. Others needed full support with tasks such as personal care, support to eat and drink safely and assistance to access activities.

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 and associated Regulations about how the service is run. The registered manager also provided three hours management support to a supported living service next door also operated by the provider.

Improvements were needed to help ensure people's medicines were managed safely.

Risks associated with the environment needed to be more robustly monitored. Audits and checks of the safety and quality of the service were not sufficiently robust.

Staff had not always completed and recorded mental capacity assessments, particularly where these related to complex and significant decisions.

Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team. People had risk assessments and risk reduction measures were in place to help keep people safe.

Staffing levels were adequate and recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration.

Where necessary staff had worked effectively with a range of other healthcare professionals to help ensure

that people's health care needs were met.

Staff showed people kindness, patience and respect, were cheerful and motivating and the atmosphere was homely and positive.

Staff had a good knowledge and understanding of the people they were supporting. Care records were person centred and helped staff provide care which was in keeping with people's needs and wishes. People were supported to take part in a range of work and leisure activities.

People, relatives and staff spoke positively about the registered manager. There was a positive and person centred culture within the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the back of this report.

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.

Improvements were needed to ensure that medicines were always managed safely.

Risks associated with the environment needed to be more robustly monitored.

People had risk assessments and risk reduction measures were in place to help keep people safe.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect.

Staffing levels were adequate and recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff had not always completed and recorded mental capacity assessments, particularly where these related to complex and significant decisions.

Staff felt supported and received an appropriate induction, supervision and training which helped them to perform their role effectively.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration.

Where necessary staff had worked effectively with a range of other healthcare professionals to help ensure that people's health care needs were met.

Is the service caring?

Good 

The service was caring.

Staff showed people kindness, patience and respect, were cheerful and motivating and the atmosphere was positive.

Information given to people was in 'easy read' format which helped them to understand it and enhanced their ability to make informed choices and decisions.

Staff respected people's private space and their privacy and dignity was maintained. People were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care and support plans were person centred. This supported staff to deliver responsive care.

People had key workers who worked closely with them so that they became very familiar with their needs and wishes.

People were supported to take part in a range of work and leisure activities in line with their personal preferences.

Complaints policies and procedures were in place.

Is the service well-led?

Requires Improvement ●

The service was well led.

Audits and checks of the safety and quality of aspects of the service were not sufficiently robust.

The registered manager had fostered a positive and person centred culture within the home which focused upon supporting people to receive the care and support they required but in the least restrictive way possible. The registered manager was a good role model for staff and worked in a manner in keeping with the organisations values.

The registered manager demonstrated a good understanding of all aspects of the home and the needs of people living there.

70-72 Worting 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.'

The inspection took place on the 29 and 30 December 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by providers and registered managers to tell us about important issues and events which have happened within the service. In May 2016, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to inform our inspection planning.

We spoke with five of the people living at the home and spent time observing interactions between people and the staff supporting them. We also spoke with five people's relatives, the registered manager, two support workers and two health care professionals who visited the service on a regular basis. We reviewed the care records of three people in detail. We viewed the medicine administration records for all eight people. Other records relating to the management of the service such as staff files, rotas, audits and policies and procedures were also viewed.

The last inspection of this service was in June 2014 when no concerns were found in the areas inspected.

Is the service safe?

Our findings

The people told us they felt safe and happy living at 70-72 Worting Road. One person told us they felt safe as the staff were, "Lovely and Kind". They explained that staff protected them from harm and "Wouldn't let me play with fire". Another person told us how they felt so much safer at Worting Road than at their previous home where they had been a victim of harassment. They said, "I am much happier here". Relatives were also confident that their family members were safe. One relative said, "It's a safe environment". Another said, "It's a weight off our shoulders not having to worry, it's a sense of relief that they are there". A staff member said, "We do everything to the best of ability to keep people safe, this is the house I feel most confident that people are safe".

Whilst people told us they felt safe, some improvements were needed to ensure that medicines were always managed safely. We observed that some medicines were not stored securely. For example, the medicines of a person who lived in the supported living service next door had been placed on the office table, waiting for them to collect. People using the service were able to freely access the office and this increased the risk of the medicines being accessed by others. The keys of the medicines cabinet were not stored securely and could be accessed by all staff and people using the service. This was not in line with the provider's policy. We reviewed eight people's medicines administration record (MAR). These contained sufficient information to ensure the safe administration of medicines but we found that two of the MARs viewed contained a gap. We could not be reassured therefore that people were always receiving their medicines as prescribed.

There were basic protocols in place for the use of some but not all 'as required' or PRN medicines. This is important to ensure that staff have adequate guidance about the actions they should take before deciding to administer the medicine. This also helps to ensure that people receive PRN medicines in a consistent manner. The provider's policy stated that the reason for the administration of PRN medicines should be entered on the back of the MAR to enable monitoring of the usage of the medicines and to assist in assessing its effectiveness. This was instead being recorded in people's daily records along with other information about their care and support. This would have made monitoring the use of PRN medicines difficult. Staff had not ensured that new medicines prescribed by health care professionals had been obtained and were available for staff to administer should they be required. For example, a prescription for a new medicine for one person had been issued to the service on 8 December 2016, but had still not been obtained by the 29 December 2016. Records showed that the temperature of the cupboard used for storing medicines was not being monitored daily. Storing medicines within recommended temperatures is important as this ensures they are safe to use and remain effective. Whilst medicine audits were completed on a daily basis, these had not identified the gaps in the MARs we found. We could not therefore be assured that following the omission, action had been taken to help ensure similar incidents did not happen again.

Medicines were not always managed safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to ensure that risks associated with the environment were more robustly managed. The temperature of the water being discharged from bath taps was consistently being recorded

as being in excess of safe limits as recommended by the Health and Safety Executive, but no action had been taken to address this. We brought this to the attention of the registered manager who took action to report this immediately to the providers maintenance team. The registered manager was not able to demonstrate that quarterly checks designed to protect people from the risks associated with legionella were being performed. For example, the legionella risk assessment stated that the shower heads should be descaled each quarter. This was last recorded as being completed in October 2015. Although we did not note any concerns about the cleanliness of the environment, there were significant gaps in the monthly cleaning rotas with none being recorded since September 2016. There were significant gaps in the diaries used to record the temperatures of the meals being provided. This is important to comply with food hygiene standards. The environmental risk assessment for the service stated that window restrictors should be in place to prevent people from falling from windows. Whilst window restrictors were in place, we noted that these were not tamper proof and could be easily overridden by people using the service. Health and safety executive guidance states that window restrictors of this nature are not suitable for health and social care settings.

The provider had not ensured that the premises were at all times, safe for people to use. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monthly health and safety checks were completed of the fire safety within the service. Whilst people did not have individual evacuation plans, there was a service emergency evacuation in place which recorded that people and staff understood how to maintain their safety in the event of a fire. Fire drills and evacuation practices were held regularly. The safety of the gas installations and electrical equipment was monitored. The provider had a business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home and the steps that would be taken to mitigate the risks to people who use the service.

Each of the people we spoke to told us they felt safe at the service. One person said, "I am safe...they [the staff] give me a shower and porridge, that's important to me". Another person said, "They phone me if I am out for a while which makes me feel good". We noted that there was information available in an easy read format supporting people to understand what abuse was and who they could tell if they were concerned about their safety. This had also been discussed at the most recent residents meeting. Each person had undertaken training in a scheme called 'Safer Places'. This is a scheme aimed at helping people with learning disabilities identify safe places they can go to for help if they became lost, scared or upset when they were out in the community.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures and information was available on the local multi-agency procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. Staff were aware of how to report concerns about poor practice which is often known as whistleblowing. The provider had a dedicated whistleblowing line and information about this was displayed within the service.

There was evidence that staff worked with other organisations to investigate any concerns about people's care or safety. Body maps had been used to record unexplained bruising or injuries and the potential cause of these had been investigated, although not always in a systematic way. Since the inspection, the registered manager has added an investigation / outcome box to the body map form to make this clearer. Incidents were investigated and remedial actions taken to prevent a reoccurrence. The provider had an incident reporting working group which had recently redesigned the forms used for reporting incidents and provided

additional guidance to support robust incident reporting. A safeguarding panel held learning events for managers. The registered manager told us that they had attended one of the events in 2016 which has resulted in the providers support planning documentation being redesigned.

Assessments were undertaken to identify risks to people's wellbeing. For example, people had risk assessments in relation to prevention of falls, choking, managing their finances, protecting them from abuse, road safety and stranger danger. Where risks had been identified, staff were provided with guidance which helped to ensure that the risk was minimised. For example, one person was at risk of choking when eating. Staff told us how they ensured the person did not eat alone and had their food cut into small pieces. This was in keeping with the dietary advice provided by a speech and language therapist and the person's care plan. Staff did not support people in an overly risk adverse manner. People were encouraged to retain their independence. For example, people had access to kettles to make hot drinks and to knives to prepare food. Staff were on hand to supervise and support as necessary. The registered manager was committed to helping people take some risks, they said, "If they don't, they won't live".

Staffing levels were adequate. The service employed five support workers in addition to the registered manager. During the day the usual staffing levels were either two or three support workers to support the eight people using the service. Unless community activities were taking place, the staffing levels reduced to one member of staff at approximately 6pm. At 11pm, this member of staff went off duty and undertook a sleep in. The registered manager told us the staffing levels were determined by the commissioners of people's care, for example, none of the people using the service had been assessed as needing support overnight which is why there was just one member of staff sleeping in to manage any emergencies or unforeseen events. As people's dependency increased, the registered manager took action to liaise with commissioners to seek additional care hours so that their needs could be met without this impacting on the support provided to the others living at the service. One person told us, "There is never, not enough staff". The staff team was a small group which meant that when staff were on leave or sick, covering these shifts meant that the remaining staff were working a large number of hours which staff told us did at times leave them feeling physically drained. However, staff were confident that the staffing levels enabled people's needs to be met in a safe manner and the use of 'floating or flexible hours' ensured people were supported to access a range of work and leisure activities including evenings.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks which were repeated every three years. Staff underwent a competency based interview which tested their skills and knowledge in relation to areas such as how they might challenge poor care. These measures helped to ensure that only suitable staff were employed to support people at the service.

Is the service effective?

Our findings

People received effective care and support. One person said, "Nothing could be better here, It's the best". Another said, the staff were "Well trained...they are very good". They explained how the staff had helped them to manage their anxiety and agitation more effectively which meant that they no longer required the use of physical interventions or restraint. Relatives were confident that their family members received effective care. One relative told us, "We were lucky to get the place, we can't say a bad word about it". Another told us how they had noticed that their family member was speaking more, they said, "I'm very pleased, he went to the right place".

People using the service were able to make a range of day to day decisions such as what to wear and what to eat or what activity they would like to take part in. People were encouraged to make choices about who they wanted to perform their personal care, their meals for the week and the activities they wanted to take part in. We saw staff asking people where they would like to take their medicines and whether they would like to start preparing their meal. Their decisions and choices were respected. One person when asked whether they were able to make choices about how they spent their time said, "Yes I ask them [staff] and they make it happen...if there are two or more options on the table, then one is chosen and the other one gets to pick next time, it is fair that way".

It was evident that the care planning process considered a person's capacity to make decisions about their care and treatment. People's care plans contained signed consent agreements called 'Permissions' which covered a range of areas such as consent to staff entering their room if they were away, the sharing of information with others and to having their photograph taken. Information was available about the decisions with which a person might need additional support, for example, major financial transactions. Staff understood that people needed to make their own choices and if they understood the risks involved should also be allowed to make unwise decisions.

In keeping with the principles of the Mental Capacity Act (MCA) 2005, it is important for staff to consider whether it may be necessary to carry out a mental capacity assessment when a person's capacity to make a significant decision is in doubt. More complex decisions are likely to require more formal assessments. This is to help prevent people making decisions they do not really understand. 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. From reviewing people's records, we could not be confident that staff were carrying out and recording robust mental capacity assessments, particularly where these related to complex and significant decisions. We saw a lack of evidence that specific professional guidance from relevant members of the multi-disciplinary team had been sought to contribute to specific mental capacity assessments. We were concerned that the lack of robust mental capacity assessments might place people at risk of making decisions they did not really understand. A social care professional told us this was an area where they felt the service could improve. They said, "The family feel is important however, policies and procedures need to be followed to ensure that

individuals are safe and, that support staff, and [the registered manager] can demonstrate defensible decision making when decisions are made about risk".

Staff had not completed and recorded robust mental capacity assessments. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager had sought the advice of the local authority and it had been agreed that nobody living at the service met the threshold for needing a DoLS, and therefore no applications had been submitted at this time.

Prior to starting work at the service, new staff completed a range of essential training and undertook an induction which involved shadowing more experienced staff to learn about people's needs and routines. During this period new staff did not work alone and did not undertake any sleep in duties. The induction records seen were basic but demonstrated that new staff learnt about the provider's policies and procedures and the layout of the building and the fire and first aid procedures. The registered manager told us new staff were required to complete the Care Certificate as part of their induction. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. Whilst we were not able to see any of the workbooks regarding this, the registered manager told us that so far one member of staff had completed the Care Certificate.

The training completed by staff included, first aid, safeguarding people, fire safety, food hygiene, Mental Capacity Act 2005 and infection control. Staff who administered medicines had completed training and underwent annual competency assessments. Staff also completed training in how to manage behaviour which might challenge others, record keeping and diversity and equality. Some staff had undertaken training relevant to the needs of people using the service, for example, training in caring for people living with epilepsy and an introduction to caring for people living with autism. Two staff had undertaken training in Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Some staff had also undertaken nationally recognised qualifications in health and social care. The training records viewed showed that the training was generally up to date. Training was refreshed at three yearly intervals and was completed online. Some of the staff told us they would value more face to face training, but overall they felt they completed sufficient training which helped them to perform their role effectively.

On-going support for staff was achieved through individual supervision sessions which were held approximately three times a year. All of the staff we spoke with felt adequately supported in their role. Supervision is an important tool and helps ensure that staff develop their skills and understand their role and responsibilities. Staff also had an annual appraisal which included a review of how they were practising in line with the provider's values and working toward learning and development goals.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration. Staff demonstrated a good understanding of these specific needs and were able to clearly describe how these were catered for. People were involved in decisions about what they ate and each week, they all sat down together and planned the weekly menu. There was a healthy eating focus and the food provided was often cooked from scratch using fresh ingredients and there was plenty of fresh fruit available which staff used to make smoothies which we observed people enjoyed. People got involved in preparing meals. We observed one person preparing their

sandwich from a range of ingredients they had chosen. People's comments about the food included, "Lovely", "Really Good" and "Couldn't be better". One person told us, "If I want a snack I can just help myself".

Where necessary staff had worked effectively with a range of other healthcare professionals to help ensure that people's health care needs were met. This included GP's, speech and language therapists, dentists and opticians. People's support plans recorded information about their individual health needs, the professionals who were involved to support those needs and information about hospital and other relevant appointments. Hospital passports were in place which could be shared with hospital staff in case of admission to hospital. They contained key information about the person such as how they communicated and their abilities which would assist hospital staff in providing person centred care. All of the people we spoke with felt confident speaking with staff about their health. A health care professional told us, "Staff currently appear to have a good basic understanding of the service users health needs, both physical and mental and are working with [the person] towards good and sensible health outcomes. In the case of [person] it has been my experience that staff would ask for information and support if they did not feel they fully understood a health need. They then acted on this information correctly".

Is the service caring?

Our findings

The people were all happy living at 70-72 Worting Road and told us they were supported by staff who were kind and caring. One person called their key worker, "Wonder woman". Another person said, "If I feel down I go and have a chat with staff and they listen to me". Relatives were also positive about how caring the service was. One relative told us, "Whilst we are his family, he has a big family there too". Another said, "[their relative] loves it here, they come and stay with us at home, but are always keen to come back". A health care professional told us, "I have always observed the staff to be kind, caring and nurturing towards the service users that they care for. In terms of the interactions I have observed these have been positive, and very well thought out and appropriate to the situation... I feel that the service design and staff team do ensure that service users are treated with respect and dignity". Another professional told us, "The family feel in the residential unit is very positive. It feels that it is a 'home' and that everyone who lives and works there are part of a family. There are always smiles and laughter when I visit and it is somewhere that I look forward to visiting".

Our observations indicated that staff showed people kindness, patience and respect. We observed the registered manager tenderly reassuring one person who had become anxious. The staff team were cheerful and motivating. The atmosphere was positive and it was clear that staff had developed a meaningful relationship with each person and that they in turn had trust and confidence in the staff supporting them. One person said, "The staff know all of us individually, so always know what to do". We were told that at one person's recent hospital appointment, staff had become upset and had cried. The consultant had been in touch with the service to comment on how caring the staff had been. People were encouraged to maintain relationships with their family. Relatives were welcomed at the service or people were supported to visit them in their own home or to speak with them on the phone. One person said, "They help me to phone my mum".

People were encouraged to maintain their independence and achieve their potential with specific tasks. As well as leisure activities people were encouraged to undertake household chores and develop their domestic skills. For example, people were involved in cleaning their rooms, changing their beds and helping to cook meals. One person said, "The food is delivered, I help put it away". Another said, "I can do everything myself, clean, cook and washing". Where necessary people used adapted aids such as cutlery, cups and walking frames to maintain their independence. For example, weighted cutlery was used by one person to help them eat independently. Managing stairs was becoming increasingly difficult for a person so staff were supporting them with this.

Information given to people was in an 'easy read' format which helped them to understand it and enhanced their ability to make informed choices and decisions. People had access to a 'service user guide', this included information about the service and the support people could expect to be provided. It also included information about people's rights and importance of behaving respectfully towards the other people using the service. Details of local advocacy services were available and we were told that one person had recently been supported by an advocate to access materials to help them understand their sexuality. Other people had been supported by advocates to access work placements and employment.

People were encouraged to respect one another and each person's individual needs. This was reinforced by staff who we observed gently reminding people not to swear or shout to avoid upsetting others. Staff respected people's private space. The registered manager introduced us to each person using the service and sought their permission before showing us their rooms. A social care professional told us, "I have only seen respectful interaction between staff and individuals at Worting Road. I am always introduced to whoever is home so that I am not a stranger and they know who I am". People were able to lock their rooms using their own key. One person told us, "I can have time in my room whenever I want". Staff used a two knock rule, which meant that if there was no answer after two knocks, they entered to make sure the person was safe. People's rooms were all personalised with their favoured possessions and decorated to their own tastes. A relative told us, "We were really surprised at how lovely their bedroom was".

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social activities. One person said, "I can go the pub by myself and have a pint". Another said, "I go dancing at the Bang Bar". Our observations indicated that staff knew people well. They were able to give us examples of people's likes and dislikes and needs. We were given examples of the types of activities people enjoyed most as well as their preferred daily routines. A healthcare professional told us, "In my experience 70-72 Worting Road have a very good, person centred approach. They promote a healthy lifestyle, and to my knowledge provide [people] with a variety of meaningful activities".

We viewed three people's support plans which were suitably detailed and contained information about their physical health needs and them as a person. For example, the support plans made a note of people's strengths and attributes, their family and friends, interests, hobbies and preferred routines. Information was also available about their lives before coming to live at the service. The plans provided information about how people communicated and what aspects of their behaviour might mean. Strategies were in place to support staff to manage behaviours which might challenge others. These were basic but staff told us the guidance reflected people's individual behaviours and worked effectively. A person told us, "When I get angry I go to staff and tell them how I feel....they always help me and they don't make me feel bad". People were involved in planning their care and support. One person said, "We talk about what we want to do at the house meetings". Another said house meetings were used to talk about "Food, going out, holidays, things to do, getting on with each other, plans for Christmas". They all said they enjoyed the meetings. We were told how people were involved in maintaining their home. This had included getting involved in tasks such as gardening, sanding down the woodwork and building a shoe rack. People were also involved in recruitment of new staff and in the completion of safety checks around the home. One person told us, "All of us are in charge". This was echoed by the registered manager who told us, "It's their house, everything they can be involved in, they are. They chose the furniture, the curtains and bought the rug".

People had key workers who worked closely with them so that they became very familiar with their needs and wishes. The key workers were responsible for keeping people's records up to date such as recording the outcome of any medical visits they might have attended. Key workers also supported people to achieve or work towards their goals. It was one person's goal to go to the theatre to see a show. This had been achieved. People told us they valued having a key worker. One person told us, "They do extra things for me like take me shopping, it's great". Another said, "I tell them more and they help me more and they talk to my mum – that is good". A third person said, "My key worker is going to help me buy a Mrs Brown mug...she is so good, she takes me for haircuts and things". A person who had limited verbal communication told us they had a key worker, what their name was and then gave two thumbs up. They indicated that this would be the staff member they would speak to if they were in pain or sad.

Daily handovers were undertaken and used as an opportunity for staff to share any issues, concerns or changes that had occurred during the previous shift. Annual reviews were held during which the person, their family and professionals came together to discuss the ongoing relevance of the person's support plan and update this as necessary. All of the relatives we spoke with felt involved in their family members care.

They felt that the staff kept them informed and updated them quickly about any changes in people's needs.

People living at Worting Road all seemed to enjoy living together and spending time in each other's company and that of the staff. We asked one person where was their favourite place to go, their answer was "Here". People regularly took part in a range of work and leisure activities. Within the home, people were involved in activities such as watching TV, playing games, listening to music and undertaking household tasks and chores. Outside the home, people were supported to visit the local shops, go swimming and attend discos or the pub. In the evening people could if they wished attend local clubs providing activities for people with learning disabilities. Every year, people were supported to go on a holiday. We saw pictures of the most recent holiday which was to Portugal. People told us how they had enjoyed this and the registered manager described how some people had had their first experience of doing things like jumping off boats and having beach barbeques.

People and staff were provided with six monthly opportunities to give feedback about the service. We reviewed the responses from the most recent survey undertaken in June 2016. These were all very positive. Comments included, 'All staff are awesome' and 'I live in a lovely house'. The registered manager did not as yet undertake similar surveys with staff or with relatives, but they advised that this was an area they would consider in the future.

Complaints policies and procedures were in place and were available in an easy read format for people using the service. None of the people we spoke with knew about the complaints procedure, but did not express any concerns about their care and support. When one person was asked what he would do if he was worried about something, their reply was "I'm not worried". Others told us they would speak with their key worker or with the registered manager if they were worried about something.

Is the service well-led?

Our findings

People were positive about the leadership of the home. One person told us "[the registered manager] is the boss, he is very gentle and kind". Another said, "I like the manager, I like the staff, I like them all". Relatives told us the home was well led. One relative said the registered manager was "A brilliant manager, a forward thinking guy". Another told us how they were confident the registered manager "Would act" on any concerns. A number of relatives told us they had seen marked improvements at the service in the last four to five years. They put this down to the registered manager's strong leadership which had in turn meant that the support staff were happy and content and so remained in their jobs meaning people received consistent care from staff who knew them well. Staff were also positive about the registered manager. One staff member said, "They are a good boss, I feel listened to, he knows how to speak with the guys [people using the service], he knows them very well". A social care professional told us, "I think that [the registered manager] is a good leader and he appears to have the confidence of both the staff at Worting Road and the individuals that live there".

Whilst the provider and registered manager undertook audits and checks of the safety and quality of aspects of the service, these had not identified the concerns we found during this inspection. This meant that the quality assurance systems were not being fully effective at driving improvements and maintaining safety and quality. We were able to see that the area manager had completed an audit in October 2016 an action plan had been developed as a result of this, which the registered manager told us had been completed. An annual audit of how the service managed people's finances was also undertaken. The pharmacy provider had completed an audit of how medicines were managed in May 2016. The registered manager told us that the provider was developing a business assurance team whose role was to lead on the monitoring and auditing of service. These systems need to be embedded and sustained to help ensure that there is a robust system of checks in place to ensure the quality and safety of the service.

The registered manager had fostered a positive and person centred culture within the home which focused upon supporting people to receive the care and support they required but in the least restrictive way possible. People were supported and encouraged to maintain strong links with the community within which they lived. For example, people used public transport. They volunteered at local charity shops and mother and toddler groups. People were supported to find paid employment. One person told us about their job at a local hospital which they clearly greatly enjoyed. Trips were organised to the theatre and other social events. The registered manager was a good role model for staff and worked in a manner in keeping with the organisations values. They told us, "They [people] are number one, we are number two, they are kind enough to invite us in to their home, it's important that we are honest have integrity, loyalty and self-discipline, the staff have also got to be courageous and stand up for these guys".

All of the staff we spoke with were committed to providing a high standard of person centred care and support and were proud of the job they did. One staff member told us, "We have pride in the care we provide, we do the best we can for [people] because we care". Staff clearly enjoyed their work and told us that they received regular support from their manager and that morale amongst the staff team was good. They felt confident going to the registered manager with any concerns or ideas and they felt that they would

listen and take action if they could. Staff meetings were held on a regular basis and were an opportunity to discuss a range of issues. For example, the last meeting had discussed staffing issues, medicines management, issues affecting people and keeping people safe.

The registered manager demonstrated a good understanding of all aspects of the home and the needs of people living there. The office was based centrally within the service and always had an open door which enabled people to freely chat with the registered manager. From our observations it was clear that people all had a good relationship with them and responded well to their guidance, reassurance and friendly approach. The registered manager told us about the challenges facing the service which included potential plans to change the model of care being provided. They were also aware of their personal strengths and weaknesses. They told us that taking leave or time away from the service was hard as they were so personally invested in the service. However, they were very proud of the staff team and the improvements within the service under their leadership. They were proud of the value base of the house with people being encouraged to "live their lives and allowed to grow". They explained how it was rewarding working with people and hearing them say in a positive way "I've never done that before" and how coming to work was like "Visiting an old friend". He described how people had a pride in the service, were happy living in the house and to call it their home. This was echoed by the people we spoke with. They each said they would recommend the home to their friends if they needed somewhere to live. Their comments included, "I like it here the most", "I want to stay here" and "I don't ever want to move, ever".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people's capacity to consent to their care and treatment was in doubt, the provider had failed to act in accordance with the Mental Capacity Act 2005 and its associated Code of Practice. Regulation 11(3).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured at all times, the safe and proper management of medicines. Regulation 12 (2) (g).</p> <p>The provider had not ensured that systems and processes designed to ensure the safety of the premises and compliance with statutory guidance were sufficiently robust. Regulation 12 (2) (d)</p>