Cardell Care Limited

Machlo

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was completed on 27 February 2108 and was unannounced.

Machlo is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Machlo primarily supports people with a learning disability and accommodates four people in one adapted building. There were three people living at Machlo at the time of the inspection.

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

There was a registered manager in post at the home. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous comprehensive inspection was completed in December 2015 and the service was rated 'Good' overall. At this inspection, the service was rated 'Outstanding'.

Machlo is an outstanding service. It is focussed on the individual needs of the people using the service. The service ensured that everyone received excellent, high quality, care regardless of diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances.

People and carers spoke overwhelmingly of the positive support, guidance and healthcare interventions people had received. They were full of praise for the staff in terms of their kindness and compassion. People were 'very happy' with the service they received. We received positive comments about their views and experiences. People told us they felt safe because the staff were 'Caring and enjoyed what they did'.

People and relatives we spoke with told us staff were outstandingly caring. They used words such as "Compassionate", "Caring", "Excellent" and "Highly motivated" to describe the staff. People and their families spoke of a service that was tailor-made for them and their families saying that staff went 'the extra mile'. Care staff spoke highly about the service provided. One said, "I love working here". Another person said, "I am proud to be working here". People told us they would recommend the service to others. There was a genuine sense of fondness and respect between the staff and people.

Care staff were highly motivated to providing excellent levels of personalised care. People and their relatives were positive about the care and support they received. They told us staff were very caring and kind and

they felt safe living in the home. Staff worked creatively and in a highly personalised way to support people to make their views known so that they could support them to realise their aspirations. For all of the people living at Machlo, this led to significant improvements for the physical and emotional well-being.

The service was exceptionally responsive to people's individual needs and how they chose to lead their lives. The registered manager and staff had a 'can do' attitude and were creative in enabling people to overcome any perceived limitations and empower people to maximise their independence. Staff worked closely with people to build their confidence, learn new life skills and maximise their independence. The registered manager and staff had an excellent understanding of people's emotional well-being and provided appropriate support to people.

Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited. Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported to prepare their own meals. People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted and could understand.

The service benefitted from strong leadership and we made a recommendation to support the development of outstanding leadership. People, staff and relatives spoke positively about the registered manager. Staff were encouraged to participate in decision making and decisions around improving the service. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to keep people safe and meet their needs.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

People's health and nutritional needs were monitored. Healthcare professionals visited when required to provide an effective service.

Is the service caring?

Outstanding

The service was extremely caring.

There were excellent relationships between staff and people living at Machlo with staff putting people at the centre of their care

The registered manager and staff were committed to providing the best possible care.

Staff worked closely with people to maximise their

communication and be involved in their care, no matter how complex their needs, to be involved in their care and support.

All staff clearly showed that they understood what dignity and respect towards people meant. Staff worked hard to ensure these principles were upheld at all times.

Is the service responsive?

Outstanding ☆

The service remained outstandingly responsive.

People were empowered to maximise their independence and overcome any barriers to accessing the community.

The service had a range of activities to enable people to learn new life skills and to enrich their potential for independent living.

There was a robust system in place to manage complaints. Complaints had been managed appropriately. All people and staff were confident any complaints would be listened to and taken seriously.

People received excellent end of life care and support which met their individual needs and preferences.

Is the service well-led?

Good ●

The service was well-led.

The service benefitted from strong leadership.

Staff felt supported and were clear on the visions and values of the service. They were empowered to provide their opinion on how to improve the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Machlo

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 27 February 2018 and was unannounced. It included looking at records, speaking with people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with the registered manager of the service, the deputy manager and three members of care staff. We spoke with three people living at Machlo. We spoke with two relatives of people living at the service. We spoke with three health and social care professionals who have regular contact with the provider.

Good

Is the service safe?

Our findings

The service continued to provide safe care.

People and their relatives told us they felt safe. One person said, "Yes I am safe here. The staff really care for me." Another person said, "I am safe here. The staff make sure I don't come to any harm." All the relatives we spoke with told us they felt their relative was safe at the service. One relative commented "The staff are great. They all know what they are doing and I have full confidence people are safe."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures regarding safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. Staff notified other agencies which included the local authority, CQC and the police when needed. All the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. For example, where people had displayed behaviours which may challenge, these were investigated as to what had triggered the behaviour and what actions were required to minimise future incidents.

People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) if they needed support to make important decisions about their safety. These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on people's presenting needs and the level of funding for each person. Where people required one to one care and support this was provided. People, staff and staff rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. Staff told us the registered manager was always willing to support the care staff and was always on call. The registered manager told us if they were unavailable, one of the other directors or the deputy manager would provide cover.

We looked at the recruitment records of five staff employed at the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character.

Staff completed a six-month probationary period which enabled the registered manager to decide whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, moving and handling safely and self-harm. The risk assessments had been regularly reviewed and kept up to date. Staff were familiar with people's risk management plans and could describe how they supported people to remain safe.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medicine administration records (MAR) demonstrated people had received their medicines as prescribed. Staff who administered medicines received training, observed other staff and completed a comprehensive competency assessment before being able to administer people's medicines independently. People were supported to take their medicines as they wished.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, hazards were identified and the risk to people was either removed or minimised. Checks were completed on the environment by external contactors for example, the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of cross infection. We observed staff wearing gloves and aprons when supporting people with their care. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided. The premises were clean and tidy and free from odour and cleaning was completed jointly between staff and the people living at the home.

Good

Is the service effective?

Our findings

The service continued to provide effective care.

Staff had been trained to meet people's care and support needs. Training records showed staff had received training and induction in core areas such as, person centred care, first aid, and fire safety. Staff had received training around people's specific mental health conditions. Staff confirmed their attendance at training sessions and told us the training provided was good and met their learning needs. Staff competency and understanding was assessed through questionnaires or observation of practice. Staff were supported to complete the Diploma in Health and Social Care and staff new to care completed the Care Certificate. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers new to care. The registered manager used a training matrix to monitor and to ensure staff learning remained up to date.

Staff had completed an induction when they first started working in the home. This enabled them to get to know people and the requirements of their role. The number of shadow shifts a new member of staff completed was based on their level of experience and their competency were assessed throughout the induction process. For example, one member of staff who had no previous experience of care work had received a longer induction to support their development. The staff we spoke with told us they had received a good induction which had prepared them well for their role.

Staff had received regular supervision. Supervisions are individual meetings staff have with a manager or senior member of staff to discuss their role, responsibilities and learning needs. These were recorded and kept in staff files. The staff we spoke with confirmed they had received supervision and annual appraisals and felt supported. Staff who provided supervision had received the appropriate training to enable them to provide appropriate support and guidance to their team.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the Act and how it related to their day to day roles of supporting people. We found people's mental capacity to make decisions about their care was considered throughout people's care and daily routines. From reading the mental capacity assessments; it was evident that these were decision specific and had been reviewed regularly.

People can only be deprived of their liberty so that they can receive care and treatment and this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, nobody living at Machlo was subject to a DoLS authorisation. We found the registered manager had a good understanding of the

DoLS principles and knew the processes for making an application for an authorisation and knew when to notify CQC.

Care records included information about people's special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. The menu was displayed in the dining room. Menus were planned on a weekly basis and p told us they could choose what they wanted to eat and that the food was of good quality. Where people expressed a preference to cook, they were supported by the staff to do this.

The provider assessed people's needs and choices in line with current legislation and standards. For example, when people were at risk of malnutrition staff used nationally recognised tools to assess the risks associated with this condition and had involved the relevant health professionals to develop health care plans for people at risk.

People's care records showed relevant health and social care professionals were involved with people's care. This included GPs, occupational therapists and mental health professionals. In each person's care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy.

The service had a welcoming and homely feel. Each bedroom was decorated according to people's individual preferences and tastes. People benefitted from living in a home that was being regularly adapted and changed to meet people's diverse needs and ensure their safety and comfort. For example, part of one person's room had been designed to reflect an office environment to support them with the administrative work they did for the service.

Outstanding ☆

Is the service caring?

Our findings

There is a strong, visible person-centred culture. The service ensured that staff were exceptionally compassionate and kind and were highly motivated to offer person centred care. People and relatives, we spoke with told us staff were outstandingly caring. They used words such as "Compassionate", "Caring", "Excellent" and "Highly motivated" to describe the staff. One person said, "The staff are excellent. Really care about me." One relative said, "The staff are fantastic. They go over and above. Can't ask for more." People and their families spoke of a service that was tailor-made for them and their families saying that staff went 'the extra mile' to ensure that people lived the lives they aspired to.

Staff told us that being able to communicate with people was key to supporting their independence, autonomy and happiness. One staff member told us, "It's about supporting people to find their voice. If people can let you know what they like and how they want to live their life they can take control and become more independent."

Staff worked in a highly personalised way to support people to make their views known so that they could support them to realise their aspirations. All the people living at the service were anxious when they first moved to the service. Staff told us how this anxiety had made it difficult for people to initially communicate with staff and other people living at Machlo. Staff told us how they had to use different ways to build people's confidence to communicate their needs and enable staff to provide person centred care. For example, staff told us how one person used to 'love' playing Scrabble prior to moving to Machlo. Staff identified that this game might be a good way to engage with the person. Over time and with consistent support from staff, the person began to communicate their needs and preferences through playing Scrabble and enabled staff to have a better understanding of the person's needs. The person expressed to staff how they were in employment prior to becoming unwell and spoke to staff of their goal to one day returning to employment. Staff told us how they identified this goal and worked with the person to regain the skills required to return to employment. The registered manager told us how this had led to employment opportunities for the person. The registered manager told us this was an important milestone as it had given them a 'real sense of worth and an equal contributor to the community'.

Staff demonstrated real empathy towards people and worked closely with them to offer emotional support when needed. Communication books were used to support people to express how they were feeling when they were happy, sad or going through bereavement. Staff told us how this supported people to increase their confidence and independence, and better understand their emotions and manage them without the need for support from external health professionals. Staff told us how these communication books had also enabled them to support people to continue with their normal routine which further alleviated their emotional distress.

The service had worked closely with people to come to terms with the loss of a loved one. For example, one person had not seen a close relative for many years and became aware of their ill health. As the relative lived abroad, the service worked with the person to arrange a trip to visit their relative However, due to the risks posed to the person's physical health and safety, the journey was not possible. Following this, the staff

proposed the relative travel to the UK and visit this person but this was also not possible due to the relative's poor health. When it became apparent a journey was not possible, staff considered using technology to enable video calling but due to the remote location of where their relative lived, this was also not possible for the person. The person told us that while other options were being considered, their relative had passed away. They went on to tell us that although they had never made the trip it gave them a sense of closure that they had made every effort and that realisation had allowed them to come to terms with the death.

The registered manager told us how they had begun using video care plans. A video care plan is a recording of a person talking about their care needs and wishes. These were developed in partnership with people so that they could express their personality and individuality, and fully describe to staff how they would like to be supported. People told us they were fully involved in their video care plans and this made them feel valued and respected. The registered manager told us this would give any new member of staff an extremely clear understanding of the individual's needs.

Staff treated people with understanding, kindness and compassion. Staff were observed knocking and waiting for permission before entering people's bedrooms. We received positive feedback from people and their relatives. One person said, "The staff always listen to me and respect my wishes."

Staff knew the importance of respect and dignity and supported people in ways which upheld these principles. For example, following their move to the service, one person became very anxious during bath time and would not accept support from staff. This had led to poor personal hygiene for the person which further exacerbated their anxiety. Staff worked with the person and other health professionals to develop a non-negotiable personal care routine plan. The registered manager told us this had focussed the person to enable them to maintain their personal care, ensured they did not isolate themselves in their room, improve their personal hygiene and supported them to maintain their emotional well-being. The person told us how they felt 'very' valued and respected by staff to be involved in the development of their care plan and this had also led to improvements in their physical and emotional well-being.

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The registered manager told us this feedback was shared with the staff as they found it supported staff morale and showed staff that their efforts and dedication was appreciated by the people living at the home and their relatives. One person living at the service had written, "Cardell employ the most amazing carers who go over and above." The service had received several positive comments from relatives of people who used the service. For example, one had written, "On behalf of the family, we are pleased with the way you look after (name of family member). Thank you."

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. Staff commented on how they worked well as a team and were keen to support each other in their roles. One member of staff said, "If I need help, there is always someone available to help me."

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during an assessment prior to their service being set up. We saw evidence of the involvement from health and social care professionals in people's care plan.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. We saw that staff had been trained in equality and diversity. The registered manager told us they felt it was vital that they understood people's cultural needs as early as possible and this information was captured during the initial assessment process. The registered manager told us how this would allow the service to cater for people's individuals needs as soon as they arrived at the service. People we spoke

with told us their spiritual needs were met and there were good links with their local church. Although there were no people from other faith groups or people in a same gender relationship, the registered manager was able to outline how they would support people from these groups.

Outstanding ☆

Is the service responsive?

Our findings

The service remained outstandingly responsive.

At our previous inspection we found the service to be outstandingly responsive to the needs of people. At this inspection we found the service had further developed their responsiveness by working in a highly person-centred way to meet the needs of the people living at Machlo and support them to meet their changing goals and aspirations. People were supported to develop previous skills they had learnt and increase independence.

For example, all the people living at Machlo wanted to maximise their independence in preparing their meals. However, it was quickly identified that the design of the kitchen was a barrier to this. All the people living in the service had been involved in the redesign of the kitchen so it met their needs and would allow them to fully participate in meal preparation. People told us they felt the kitchen had been fully tailored to their needs and this had made it easier to do more tasks in the kitchen with less support. We observed the redesign had been successful in enabling people to complete their daily meal preparation independently. We observed people preparing their own lunch with minimal support from staff. People told us how the ability to prepare their own meals had improved their confidence and had enabled them to learn new life skills. People told us how they felt empowered to learn to cook more complex dishes and further improve their independence.

The culture throughout the service was one of inclusion where people were encouraged to be as independent as possible. Staff talked about supporting people to develop their confidence and levels of independence. People spoke with pride about how staff worked hard to ensure the home was inclusive for everyone living in the service. The registered manager told us the service always maintained a 'can do' attitude and endeavoured to support people to meet their goals and aspirations. This attitude had made a profound impact on the lives of the people living at Machlo increasing their independence and confidence. For example, one person wanted to access employment but lacked the confidence to apply for roles as they felt they were unskilled. The registered manager told us how staff had worked with the person to build their confidence through having them volunteer as the secretary for the service. The registered manager told us they had placed a sign on the person's door with their name and job role to enable them to fully embrace the role. An area of the person's room had also been re-designed as an office to enable them to fulfil their role. The registered manager told us the person would answer the phone and take down messages from anyone who contacted the service. Over time, they had built up their skills and confidence and at the time of the inspection had secured employment at a local business. The person told us how this had made a 'huge' impact on their confidence and had enabled them to fulfil one of their aspirations.

The registered manager told us how some people living in the service expressed their wish to administer and manage their own medicines. The service worked closely with the people to identify where they would like their medicines to be stored and then worked with them to gain the skills to self-medicate. The service also worked with the relevant healthcare professionals to develop a personalised picture profile of each person's medicine so they were aware of what medicine they needed to take. During the inspection we observed one

person using their profile to identify what medicine they required, take their medicine and then complete their Medicine Administration Record (MAR) chart. We observed staff discreetly checking the MAR chart to ensure this was completed accurately. People living at the service told us how this had enabled them to learn another life skill as well as increasing their level of independence.

The registered manager explained how staff had realised some people did not have an understanding about the value of money or the skills to use cash machines. In response they had arranged a training day in the form of an activity. This involved using a cash machine lent from a local bank, so people could learn to withdraw money in a safe, familiar environment. People would draw their money and then choose a lunch and pay for this. The skills learnt from this had enabled people to withdraw money and pay for items in the while they were out in the wider community.

The registered manager considered the development opportunities for young people as important. The registered manager was on the steering group for the new Proud to Care initiative in Gloucestershire and was on the committee for the workforce development group. The registered manager told us how the work of this group had resulted in increased numbers of local 16 to 24 year olds choosing social care as a career path. Since 2010 Machlo and one of the provider's other services had employed three young people under the apprenticeship scheme. This scheme allows young people to gain hands on experience, a salary and the opportunity to gain training whilst at work. Of the three apprentices employed, two have now progressed to full time support workers with the provider. The registered manager told us using younger inexperienced staff, such as an apprentice, could be empowering for the person being supported. For example, one apprentice had supported a person whilst they were at the gym. As the person had more experience of using the gym, they became the 'trainer' teaching the apprentice about the various pieces of equipment. The person had found this to be empowering as it gave them a sense of being able to support the staff whereas normally the staff would support them.

The registered manager and deputy manager had worked with a training provider so that the people living in the home were supported to provide witness statements regarding their experience of staff. The registered manager felt this promoted an ethos of personalised/self-directed support where the individual person felt a sense of control.

Each person had a schedule of activities which they had been involved in putting together. People told us what they enjoyed doing which included going to garden centres for coffee, shopping in town, horse riding, meeting with friends and family and going on holiday. People were supported to develop their own weekly menus and manage grocery shopping. People were able to transfer the skills they had learnt from other activities such as the training around using a cash machine to withdraw money to pay for goods.

People were supported at the end of their life to have a comfortable and dignified. If people required end of life care, the service sought support and guidance from specialist health professionals. Staff told us they knew what end of life care was and they had received training in this area. End of life care plans evidenced consideration had been given to people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care.

Personalised care plans were developed from the knowledge gained during the assessment process prior to people moving to the service and other information provided from health and social care professionals. People told us they were involved in monitoring and reviewing these, so they reflected their current routines, likes and dislikes, and aspirations. Each person's care plan had a page detailing their likes, dislikes, critical care and support needs.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the manager that staff would also read the daily notes for each person. The daily notes we looked at were detailed and contained information such as, what activities people had engaged in, their nutritional intake and any behavioural issues occurring on shift so that staff working the next shift were well prepared.

Arrangements were in place to ensure unforeseen incidents affecting people would be well responded to. For example, everyone living at the home had a 'Hospital Grab Pack' which was given to the paramedics attending to the person. This provided the hospital staff with key information about the person's needs and preferences including information about their medical history and current medication. Staff would accompany the person to the hospital to ensure they received ongoing support during this time.

People told us they were aware of who to speak with and how to raise a concern if they needed to. Where concerns had previously been raised, people told us they were happy with the outcomes. People felt the staff would listen to them if they raised anything and issues would be addressed. One person said, "It is easy to talk to the manager or any of the staff." Another person said, "The manager and staff always take my concerns seriously." Relatives we spoke with told us they had confidence in the ability of the registered manager to resolve any concerns they raised. Weekly house meetings were held and people were also given the opportunity to discuss the local Learning Disability Partnership Board meeting minutes and issues of interest.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

The service benefitted from strong leadership. There was a registered manager for the service. People, staff and relatives spoke positively about the registered manager. Staff told us they felt well supported by the registered manager. One member of staff said, "The manager and deputy manager are excellent." Another member of staff said, "The support from the manager and deputy manager is excellent. They are always there for us." All the people living at Machlo spoke highly of the management. One person said, "The manager is fantastic. They listen to me and always try to do the best for me." Relatives praised the registered manager for their dedication to the role and their professionalism.

The registered manager told us that recognising and valuing the work of staff was important to ensure a caring staff team. The staff we spoke with told us they felt valued by the registered manager and this was communicated to them through positive feedback during team meetings and formal supervision. Staff told us how this enhanced morale and motivated them to work harder. Staff also told us it assured them that their efforts were appreciated by management. Staff told us they were given opportunities to voice their opinions on improving the service. Staff attended fortnightly team meetings, which cover areas such as safeguarding, capacity to make decisions, feedback from training courses, issues raised in house meetings, issues raised by staff and policy updates from management. Staff told us that where suggestions had been made, these had been implemented. For example, one staff member told us how they had suggested video care plans and this was now being initiated in the service.

The registered manager was responsible for completing regular audits of the service. These included assessments and updates of care plans, meal time experiences, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. It was evident from looking at these systems that they were effective in supporting the manager to identify and respond to concerns. For example, one of the audits identified the design of the kitchen limited people's independence. Following this, plans were developed to redesign the kitchen.

The registered manager was driven to improve their knowledge and practice and to ensure their learning transferred to positive outcomes for people. They attended various meetings and forums to keep up to date with service developments and best practice. These included care forums, local authority providers meetings, Gloucestershire Safeguarding Adults Board road shows, Gloucestershire Strategic Planning meetings, Registered Managers networking meetings, British Institute for Learning Disabilities (BILD) conferences and Community of Practice meetings. For example, the registered manager attended a week-long training event organised by the Institute of Applied Behavioural Analysis. The training was aimed at exploring specific techniques to support people who displayed behaviours which may challenge.

The registered manager has also attended various BILD training events, these have included training relating to writing behaviour support plans with the individual person as well as learning how to audit these plans

and keeping them as live/working documents.

The registered manager was a member of the Challenging Behaviour Concordat for Gloucestershire. This saw more than 50 statutory, voluntary sector and care provider organisations working with people with learning disabilities join to make Gloucestershire a more inclusive county for people with learning disabilities.

The registered manager was also the founder facilitator for the Gloucestershire user led planning group, empowering individuals to have their own voice and creating the opportunity for individuals to gather information to enable them to make informed opinions/decisions.

We recommend the provider continues to develop and embed their management practices to enable the service to become outstandingly well-led.

The service was actively seeking peoples, relatives, staff and other stakeholder's views through sending out regular questionnaires and having regular meetings. The manager told us this was a way of ensuring everyone involved with the service had a voice. The response from these surveys was very positive and all the people who had responded to the survey were very happy with the support they received. The service had a newsletter which was sent out to residents and family members every six months. This was developed in partnership with the people living at the service, who all had written an overview of what they had been doing over the past months and what aspects of their activities they enjoyed the most. One person we spoke with told us how the newsletter had enabled them to express their views on life at the service and had given them a voice.

The manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager could outline plans for short and long term unexpected absences as well as ensuring there was minimal disruption to the service provided to people in the case of an event which affected the whole service.

We looked at accident and incident reports, and found the manager was reporting to CQC appropriately. The provider had a legal duty to report certain events that affect the well-being of the person or the whole service. All accidents and incidents such as falls, ill health or accidents for people were recorded. The manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken.