

Oakview Estates Limited

Hope House

Inspection report

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22 November 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 14 and 22 November 2017 and was unannounced.

Hope House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hope House accommodates up to 11 people in two adapted buildings providing support for people with learning disabilities who may also experience mental health needs. At the time of our inspection visit there were five people using the service.

The care service had been developed and designed in line with the values that underpin the Building the Right Support and other best practice guidance. It underpins principles of choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were living as ordinary a life as any citizen.

The service had a registered manager in place whose registration had been completed on the day of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in March 2017 and rated the service as 'Requires Improvement.' At that visit we found breaches of regulations in relation to consent, use of physical intervention, person centred care and the assessment and mitigation of risks. Following the last inspection, we asked the provider to complete an action plan to tell us what actions they would take to meet the requirements of the regulations that they were in breach of. The provider sent us weekly updates of their action plan in which they set out how they would meet the regulations and we saw according to the timescales, all actions were completed by August 2017. At this visit we saw improvements had been made and the service was meeting all regulations at this time.

The service was now safe. People, staff and relatives we spoke with told us they felt safe at Hope House. Staff and people were aware of procedures to follow if they observed or were aware of any concerns. Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff. Staffing levels were appropriate and a consistent staff team was in place, who were trained and supported to manage behaviour that may challenge through approved training. Staff also had access to regular sessions with external community professionals to discuss incidents, behaviour and strategies to support people with their anxieties.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. Appropriate systems were in place for the

management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. Appropriate health and safety checks had been carried out on the building.

The service was now effective. Staff were now suitably trained and received ongoing training and support. Staff received regular supervisions and appraisals and told us they felt supported. People's day to day health needs were met by the staff and the service had good relationships with external healthcare professionals. People were supported to lead a healthy lifestyle and where needed to lose or to gain weight. Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service as smoothly as possible.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was now caring. Staff supported people who used the service with their social and emotional needs. We observed that all staff were caring in their interactions with people at the service. People told us they got on well with staff members and we saw people were given opportunities on a regular basis to discuss with the management team their views on their staff team and how the service was working for them. We saw people being treated with dignity and respect and people told us that staff were kind and professional.

The service was now responsive. People's care records were detailed and personalised which enabled staff to support people in line with their personal preferences. Staff used a variety of methods to communicate effectively with people. People were provided with an 'easy read' complaints process that supported people who had a learning disability to understand and people also had regular opportunities to meet with management on a one to one basis to discuss any issues they may have. Effective systems were in place to manage any complaints that the provider may receive.

The service was now well-led. The newly registered manager was well liked by all and they carried out their role enthusiastically and professionally. There was a positive ethos and an open culture at the home resulting in an improved working environment for staff, and a calm and person centred atmosphere for people living there. People and staff were encouraged to contribute to the development of the service and effective auditing processes were in place to monitor the quality of 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 had improved to Good.

Staffing levels were appropriate to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people and staff to maximise their safety.

The staff team were aware of their responsibilities with regards to safeguarding. Staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service had improved to Good.

Staff were suitably trained and received regular supervisions, debrief sessions and appraisals.

People had access to healthcare services and received on-going healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service had improved to Good.

Staff treated people with dignity and respect and their independence was promoted.

People had their dignity upheld and staff talked with people in a polite and respectful manner.

People had been involved in writing their support plans and had

good access to advocacy services.

Is the service responsive?

Good ●

The service had improved to Good.

People's transition into the service was managed well by the provider.

The service reduced the risk of people becoming socially isolated and encouraged interaction within the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service had improved to Good.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and had worked through their action plan to address areas for improvement.

Staff members told us the management team were approachable and responsive and they felt supported in their roles.

The service had links with the community and other organisations.

Hope House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2017 and was unannounced. We also visited the service announced on 22 November 2017.

One inspector, a pharmacist inspector and a specialist professional advisor carried out the inspection. The pharmacist inspector reviewed medicines and the specialist professional advisor was a consultant psychiatrist for people with learning disabilities and autistic spectrum disorder.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their comments to support the planning of the inspection.

We spoke with a care manager and community nurse following our inspection visit by telephone.

During the inspection we spoke with five people who used the service and telephoned two relatives. We also spoke with the registered manager, deputy manager, a nurse, four support staff, and the nurse consultant. We looked at a range of records which included the care and medicines records for all five people, recruitment and personnel records for four care workers and other records relating to the management of

the service.

Is the service safe?

Our findings

On our last visit to Hope House in April and May 2017 we found the provider had not ensured risks to people and staff safety were mitigated and managed effectively. Debrief sessions were not always carried out following incidents of behaviour that may challenge. Staff had also told us staffing levels were insufficient to maintain their safety and wellbeing.

On this visit we saw considerable recruitment had taken place along with additional support through supervision for all staff. Staff deployment had also been reviewed to ensure a 'floating' support worker was available to enable breaks and for nursing staff to have administration time for supporting people's medicines and accompanying records. The service still had vacancies for nursing staff but we saw this was being managed through consistent agency use. There was also a risk assessment in place to monitor any issues arising from these vacancies. The service was working with the NHS Accountable Care Partnership to review the staffing hours people were assessed as needing, to ensure support was at the right level and at the right time. We spoke with staff members who told us the situation had much improved. Comments included, "Staffing is better, it's safe" and "Yes it is safe, maybe one more staff on nights would be helpful." A community nurse we spoke with said, "Consistency did slip but that's been much improved." We saw that staffing was now provided at safe levels and in a more consistent way.

Staff we spoke with had a good understanding of protecting people from abuse. People at the service appeared comfortable and happy with the staff supporting them. Relatives we spoke with told us, "[Name] is definitely safe there" and "Yes, I know they are safe." We spoke with a social worker who told us, "They are good at keeping [Name] safe."

We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police. CQC had been notified of all the incidents. We found the registered manager understood the safeguarding procedures, followed them and had a positive working relationship with the local authority safeguarding team and police. The registered manager regularly reviewed and updated any safeguarding alerts so any learning or actions were immediately addressed by the service.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff members we spoke with were clear on reporting any concerns. One staff member told us, "I have supported someone to whistle-blow in my past job and it doesn't bother me, we are encouraged to speak up here and I know we would be listened to." We looked at training information which showed that staff had completed training related to safeguarding which was updated regularly. The registered manager and deputy manager were scheduled to attend local authority safeguarding training for managers. We were told that this would be rolled out to the whole staff team for this additional external safeguarding learning. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

The training information we looked at also showed staff had completed other training which enabled them

to work in safe ways. This included fire safety, first aid and health and safety training, which we saw was regularly updated. We saw staff were trained in Maybo, a conflict management strategy that includes the use of physical restraint as a last resort. Staff told us they had been trained and we saw that any physical intervention use was immediately reviewed. We saw from incident reports that the number of incidents requiring physical restraint had decreased significantly since our last visit. One staff member recruited since our last visit told us, "The training was excellent and the trainer catered for everyone's learning needs. He made sure everyone understood and on the final day we had a catch up session and he checked everyone was comfortable and confident. We talk with service users after an incident, then as a staff team and we talk everything through."

We saw the service had sought support from external agencies to help keep people safe in relation to the management of behaviour that may challenge. A team of community nurses visited the service fortnightly to carry out support sessions with staff. One staff member said, "We can talk to the community teams if there is something we don't understand. We can offload and they give us strategies." One of the community nurses told us, "They are not afraid to share incidents and it is open and honest. They seem to get a lot out of it." This showed the service supported staff to keep people and themselves safe.

Risk assessments were in place for people who used the service which described potential risks and the safeguards in place to keep people as safe as possible. Risk assessments were personalised and were regularly reviewed. The service was working to become more of a community setting and we saw that practice and culture had changed significantly since our last visit and people had more access to areas within and outside of Hope House.

From our last visit, the service had developed an action plan based on the inspection report findings. This recorded the action taken and the evidence to identify improvement. For example, we saw in relation to staff debriefs following incidents, the action plan recorded that between January and April 2017 there had been 35 incidents with three debriefs. From August until October 2017 there had been 36 incidents with 25 debriefs. The service recognised it still had to improve and was looking at recording measures to ensure if a staff member refused a debrief about an incident, this was captured and recorded. The service had also developed a quality improvement plan that was a live, evolving document. This showed the additional resources put into improvement such as the provider's nurse consultant who was based at the service following our inspection until August 2017 and then via twice weekly visits. We saw the service had sought to share learning from the last inspection with the staff team through meetings and the externally facilitated support sessions.

Robust recruitment procedures were in place which reduced the risk of unsuitable staff working at the home. These procedures included checks of any criminal background, obtaining suitable references, interview scenarios and proof of identification. We saw that two people using the service had been participating in interviews and we spoke with one person who said they had enjoyed taking part. The registered manager told us they planned to look at training to help people using the service take a more active part in the recruitment and selection process.

We found the administration of people's prescribed medicines was clearly recorded and non-administration codes were used correctly. There was a system in place for one person who had periods of home leave, to take medicines with them.

We looked at how medicines were stored. Appropriate checks had taken place on the storage, disposal and receipt of medication. Staff knew the required procedures for managing controlled drugs, although no controlled drugs were stocked at our visit.

We looked at the current medicines administration record for one person prescribed a medicine that required regular blood tests. Arrangements were in place for the safe administration of this medicine.

On the first day of our visit we found the individual guidance, to inform staff about when medicines prescribed to be given only when needed, was not always available, it was not person centred, and it had not been updated when a medicine was changed. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way. In addition, we found staff did not always record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect. We discussed this with the registered manager at our inspection and saw on the second day of our visit that protocols for these medicines had been updated.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the provider had completed regular medication audits and identified some of the issues we found.

We spoke with two housekeepers during the course of our visit who told us they had reviewed their cleaning schedules and they now exactly reflected the cleaning work they undertook. All staff had been trained in infection control procedures and we saw all areas of the home were clean and tidy. The housekeepers told us they had the appropriate support and equipment to undertake their roles safely.

Hot water temperature checks had been carried out in all rooms and bathrooms and were within safe limits. Portable Appliance Testing, gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

The service had an emergency and a contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that staff had set guidance in place about how to respond in case of an emergency, in order to promote and support people safely.

Is the service effective?

Our findings

On our last visit to Hope House in April and May 2017 we found the provider was not appropriately applying the Mental Capacity Act including the deprivation of liberty safeguards. We found staff would benefit from more specialist training to enable them to better meet people's needs. Staff said they felt supported but records showed regular one to one supervision and appraisal did not take place and induction and training was not effective in ensuring new inexperienced staff were prepared for the challenges of working at the service.

On this visit, the staff we spoke with told us they felt well supported and that they had received supervision. We saw a planner was in place and staff supervisions had taken place regularly. This is a formal opportunity for staff to discuss their work practice and any training needs, as well as issues or concerns they may have. All staff we spoke with said they felt supported by the registered manager and management team. We saw records to confirm that staff had received an annual appraisal.

Additional training had been provided to help staff meet people's specific support needs. We saw that training such as Advanced Positive Behaviour Support and training on personality disorder had been delivered since our last visit. One support staff member told us, "I have just done a seven week autism course through York University and the registered manager has introduced other distance learning courses." A community professional also confirmed that staff welcomed additional support and training to help meet people's individual needs. They told us, "The fortnightly training and support sessions have gone really well. The sessions are well attended."

Staff were encouraged to take part in further development and progression through to senior and management level and this was supported with relevant management development programmes. The deputy manager told us, "I feel able to request training and am going to commence my Positive Behaviour Support Level 6." This programme gives participants the skills and confidence to write a complex functional assessment, develop an intervention plan for people they support and coaches them to follow the intervention plan and reflect critically on their practice. Other members of the nursing team were being supported by Teesside University to mentor student nurses. The registered manager told us they were hoping new students would be placed at Hope House from January 2018.

New staff received an in house induction, which included shadowing experienced staff, attending training and completing the Care Certificate. The Care Certificate is a nationally recognised set of standards staff must adhere to when working in social care. We spoke with one recently recruited staff member who told us, "The training was fantastic and I got time to read the care plans when I first started." One of the more experienced support workers told us, "There is a buddy system in place now which is good, it's like a coaching role with new starters and I enjoy supporting them."

We saw records that showed that staff met together regularly with the management team and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service. This showed relevant updates were shared with the staff team.

People living at the home were able to make some decisions about their care and support for themselves. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). 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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that capacity assessments had been completed in key areas such as medicines and personal care. Best interest documentation was also in place which detailed how a certain decision was reached. This had been undertaken by a multi-disciplinary team and with family members and the person where possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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 service 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 saw authorised restrictions were in place for four of the five people living at the service which prevented them accessing the community alone. One person was currently accessing the Court of Protection in relation to their ongoing placement at Hope House and they were being supported by an advocate in relation to this. The staff spoke knowledgeably about providing people with less restrictive support wherever possible.

We saw that CCTV was in place in the home and people had signed that they were aware of this. However, on inspection we noted that some cameras were sited in areas that were intrusive into people's privacy. We discussed this with the nurse consultant who informed us after the inspection, that following risk assessment and best interest decisions, cameras in both of these areas were switched off.

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual, cultural and sexuality preferences. We saw that all staff received training in promoting equality and diversity and staff were able to tell us how they upheld people's preferences and upheld their confidentiality.

We spoke with relatives who told us they had confidence in the staff's abilities to provide good care and support. Relatives we spoke with said they were happy with the communication they received from the service and they felt the registered manager or staff would contact them if there were any issues with their relative. One relative said, "They fill me in straight away about everything."

We saw the provider had been developing sessions within the service where people shopped and cooked their own meals with support from the chef and this was working well with more people being involved in this activity. People told us they were happy with the way they were supported with their food and drink at the service. One person said, "I like to choose my own food." People were supported to maintain a healthy and balanced diet. We saw people had been supported to lose weight where needed and if external professional support was needed for further guidance, then this was requested in good time. People were involved with choosing their own meals and we observed people eating their preferred meal option at lunch time.

We saw people had access to a range of external healthcare professionals. The service had good links with people's GP's and other specialists such as dietitians and speech and language therapists. Each person had a health action plan which helped them and staff monitor their on-going health needs and to quickly identify and act on any significant changes. The provider also had a consultant psychiatrist, clinical

psychologist and nurse consultant to support people using the service if needed. We were told by nursing staff that relatives were kept informed about healthcare decisions affecting their family members. One relative told us, "They keep us informed about everything" and another relative said, "[Name] has all her appointments in relation to her health supported by the staff."

Is the service caring?

Our findings

On our last visit to Hope House in April and May 2017 we found the provider had not ensured staff had training in a specific therapy relating to caring for the people who used the service and therefore they had not applied this in their roles. This had been addressed immediately following the inspection by the multi-disciplinary team.

Staff had developed positive relationships with people. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language as they responded positively to staff who were supporting them. Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. One staff member told us, "I think the staff really go above and beyond here."

People we met who could communicate with us told us they liked the staff team. One person said, "I like the staff, I know I can talk to them." Another person told us a list of staff they liked and those they didn't like. We discussed this with the deputy manager who told us the person's preferences often changed on a daily basis and we saw this person was given daily time with a nurse and twice weekly meetings with the registered manager to talk about their feelings and the staff team. We observed staff engaging with people in meaningful conversation, adapting their approach to ensure that people with varying abilities to verbally communicate were always included. Intensive Interaction was used at the service. This is a specific approach of communicating with people with a learning disability such as autism spectrum disorder, also known as ASD, who are non-verbal.

Staff were respectful of people's opinions and choices. People controlled their own lives and were supported to do so. We observed staff listen respectfully and respond appropriately to people who had become became agitated, ensuring their behaviours had minimal impact on others.

We spoke with two relatives of people who used the service and received the following feedback. "The staff team are brilliant, the place is really nice," and "We are very happy with the care that [Name] gets." People were actively encouraged and supported to maintain and build relationships with their friends and family. People who used the service were able to visit their relatives and friends regularly and were also supported to use the telephone or other methods of communication such.

We were shown around the service by the registered manager who demonstrated a good knowledge of people using the service, describing their personalities, likes and dislikes as well as their care and support needs. We were shown people's rooms (with their permission) which were all very different and reflected their individuality. The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and they could describe the care they delivered for each person. When asked, staff could tell us about the needs of an individual, for example, they told us about their life history and about people's families. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people.

We saw that people's choices were respected. A staff member told us, "Some people can cope with choice whilst other people may become overloaded. We know the triggers and know the individuals so for some people it is part of their support plan to give them a choice of just two things, because that is all they can manage to deal with."

Staff respected people's privacy. They made sure people had opportunity to have time in their own areas during the day that was undisturbed. Staff members were careful to protect people's dignity by making sure all personal care took place in private, behind closed doors. People's personal records and information was stored securely and kept confidential. This showed that people's right to privacy was respected.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us that people who were using the service had local independent advocates supporting them.

Is the service responsive?

Our findings

On our last visit to Hope House in April and May 2017 we found on the first day of our last visit that care records had not been reviewed and updated to reflect people's changing needs.

On this visit we saw there was a range of support plans in place for each person. We saw evidence that support plans were regularly reviewed to ensure people's changing needs were identified and met. Detailed pre-admission assessments had been carried out to ensure people were able to receive the support they needed when they came to the home. These had been completed with the input of each person where able, and with relatives and health care professionals where appropriate. Following these assessments, care and support planning documentation were put in place to provide staff with the information they needed to support people effectively.

People's daily routines such as the time they liked to get up and go to bed, the times they liked to eat and the support needed with personal care were recorded and all respected by staff. There were very detailed plans in place relating to positive behaviour support for people that gave very clear strategies for supporting people when they became anxious. We saw that specific physical intervention protocols were signed by the registered manager so that they confirmed the least restrictive interventions to maintain people's safety were in place.

One staff member we spoke with told us, "There is lots of stuff in the care plans, they should be shorter, but we do get updates when anything changes. We did feedback to the provider that care records were very lengthy and could be quite clinically focussed. We are aware that the provider is introducing a more person centred approach to care and support planning that will ensure the person is fully involved and that are more streamlined and focussed in achieving outcomes for people. There are plans that this will be introduced in the new year.

People living at the home had varying levels of ability to verbally communicate and to understand written documents. The service ensured that all people had access to information that enabled them to understand their care needs and the health services available to them and this ensured people were not unduly discriminated against. For example, a wide range of accessible 'easy-read' documentation was in place. This included information about how people should expect to be treated equally, a safeguarding policy, fire safety within the home and the use of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We also saw support plans were in the process of being developed to include more easy-read documentation to further support people with understanding their care and support records.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home on how to make a complaint and there were regular house meetings where people talked about a variety of issues and activities within the service. People were always asked if they felt safe and if they had any concerns. We saw that where people had raised an issue, that it was noted for action and then fed back at the next meeting so people were kept

informed. People and relatives we spoke with told us they knew the registered manager and were able to raise any issues with them. One relative we spoke with said, "I know who to speak to if I have any concerns, but as a family we have great peace of mind about the home."

The service had developed a more communal focus since our last visit and we saw that people had come together to enjoy parties for Halloween and a fund-raising Pink event. There were lots of photos showing the activities people had enjoyed together and people and staff told us this had been a positive improvement. One relative we spoke with said, "[Name] does enjoy themselves there." The service had also become more focussed on assisting people with activities of daily living and the chef was working to support people in their own flats with cooking sessions. There was an activities co-ordinator who monitored and evaluated people's progress along with staff members to ensure people were enjoying activities and they were meaningful. We met with them and they told us, "People said they wanted to do more communal things, so we've had a Halloween party and a Pink day for MacMillan nurses. One person is now working at the Daisy Chain charity."

People were supported to maintain their interests and hobbies. There were pictures of various activities on the notice board and people told us about the things they enjoyed doing, such as baking and gardening and confirmed staff helped them to achieve these activities. There were ample opportunities for people to enjoy community activities such as, wrestling and visiting cafes. One person's relative told us, "The staff organised VIP tickets for [Name] to attend a wrestling event and they absolutely loved it. They go above what their duty is."

Is the service well-led?

Our findings

On our last visit to Hope House in April and May 2017 we found the provider lacked oversight of the impact of risk on people's care and staff morale. Staff had told us communication was not effective and needed to be improved.

The registered manager had joined the service in June 2017. People who used the service and staff that we spoke with during the inspection spoke highly of the registered manager. Staff told us they felt the registered manager was very proactive and acted and listened on any concerns the staff team raised. One staff member said, "We are better than we have ever been for a long while. No-one knew where to go and talk and staff were frustrated. Now things have been implemented, we know who the manager is, she is approachable and we can see her doing stuff."

Feedback from professionals we spoke with was also very positive about the registered manager. A community nurse said, "Things are going well and it is much improved. [Registered manager's name] listens and is a leader. She complements the deputy's skills very well too."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the registered manager and staff showed they were open and positive. One staff member told us, "[Name] is friendly, approachable; she listens and gets stuff done. She is coming up with ideas around social activities and she's right, we do need to do more communal stuff with everyone together." Another staff member said, "I'm listened to and concerns or improvements are addressed. There is an open door policy which is great."

The registered manager told us about their values which were communicated to staff. The registered manager was very focussed on people having choices and as much independence as possible and the feedback from staff confirmed this was the case. They also told us how they had worked to improve communication at the service and following staff surveys carried out in August 2017; the service worked to put suggestion boards in the staff room and communal areas for people using the service. We saw that where someone had written a suggestion, the response was posted by the management team for people to see. For example, a staff member had stated that due to the behaviour of a person that the staff needed some extra support. The same day, the deputy manager wrote that they had initiated an extra floating support worker to be available. This showed the service listened and acted and this was communicated to everyone.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the service operated in line with their best interests. These occurred on a regular basis. We saw the service had undertaken surveys with people in August 2017 using an easy read approach. We saw examples of how people had been asked about staff change overs when this was introduced so that staff were not working a long day supporting the same person. One person had stated they were, "Happy with the changeover because I like to see different faces throughout the day."

We saw that people using the service and their families had been asked about their views and 'You said, we did' boards had been used throughout the service for people and staff to make comments and suggestions. Examples included, "Staff asked for more keys to the front door", and the registered manager responded saying, "Agreed that a new lock will be fitted and keys cut." People had said, "Would like to see Hope Lodge painted please," and we saw this was being actioned. This showed the service was willing to listen and take on board feedback and to make improvements. This showed the service listened to the views of people and made communication about the service as easy and as individual as possible.

We saw records to confirm regular meetings took place with staff. The last meeting on 25 October 2017 discussed service news, challenges and achievements, service user feedback, incidents and lessons learned. We saw that staff were provided with regular support sessions by the community nursing team from the local NHS Trust. Staff told us these were open, honest forums where they could discuss support and strategies to support people with their complex behaviour. The provider's nurse consultant and regional business support manager also carried out regular visits to the home where as well as undertaking quality checks they also spoke with staff and people using the service to obtain their views. One person told us they had 'chat slots' twice weekly with the registered manager and they helped them with office work which they enjoyed. This showed the service was prepared to spend quality time listening to staff and people who used the service.

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A new audit programme had begun in April 2017 and we saw this was still embedding at provider level as some information was recorded electronically and some still on paper systems and it did not always clearly cross reference. However, we saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. Following our last inspection visit in April and May 2017, the provider had developed a robust action plan which they continually shared with us on a weekly basis, to show how they would address the areas for improvement identified. The service had also carried out wide ranging reviews into staff skills, had introduced improved communication systems for staff and people using the service and ensured staff training in relation to Positive Behaviour Support had been delivered to everyone. The provider had an on-going quality improvement plan in place now that all improvement actions from our last inspection had been met. This showed the service was keen to maintain the positive trajectory of improvement.

Any accidents and incidents were monitored by the registered manager and nurse consultant to ensure any trends were identified. Following our inspection earlier in 2017, the service had approached colleagues in the NHS Accountable Care Partnership to work with the service reviewing the support for each person who used the service.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.