East View Housing Management Limited

East View Housing Management Limited - 368 The Ridge

Inspection report

368 The Ridge
Hastings
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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?	Requires Improvement

Summary of findings

Overall summary

About the service
368 The Ridge is a residential care home providing personal care for up to six people. At the time of inspection, six people were living at the service. People were living with learning disabilities and autism.

The building was situated over two floors. Bedrooms were spacious with ensuite facilities and there were various communal areas for people to relax in. There was also a large accessible garden that we saw people using throughout the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The outcomes for people reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

Although regular quality audits were completed to manage oversight of the service, we found improvements were needed to the recording of mental capacity documentation. We also discussed alternative ways of gathering feedback from people to ensure it was effective. For both these concerns, we considered impact on people to be low. The interim manager acknowledged these were areas for improvement and began planning for how to rectify this.

Although people could not all tell us they felt safe, we observed them to be relaxed and happy around staff that knew them and risks to their wellbeing. Relatives were confident that staff kept people safe, one telling us, "I think they're as safe as they can be, whilst still having complete freedom."

There were enough staff to meet all of people's needs and they were recruited safely. We observed medicines being given safely to people by trained and knowledgeable staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One relative said, "Staff are warm and friendly - they know my relative very well, know

exactly what's going on and how to manage their support needs." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One relative described the service as, "Like a big family." We observed people to be happy to see staff and engaging in a positive way. People's independence was considered important by all staff and their privacy and dignity was also promoted.

Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as sign language and objects of reference, to gain their views.

Although we found some areas of improvement, feedback about the manager and interim manager was positive from staff, professionals and relatives. A team working culture was promoted and staff were encouraged to be open, honest and supportive of one another. The interim manager said, "When things go wrong, we use it as a learning tool. We take issues to manager's meetings, ask for ideas and talk about where we can improve."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good. (published September 2016)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our safe findings below.	**Good**
Is the service caring? The service was caring. Details are in our safe findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our safe findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
368 the Ridge 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.

The service did not have a manager currently registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager had recently applied to CQC to become registered.

At the time of inspection, the manager was on extended leave and the service was being managed by an interim manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
People were not always able to talk to us to share their views of the service, due to complex communication and support needs. Therefore, we observed six people's experiences living at 368 the Ridge, including meal-times, activities and interactions with staff. We spoke with four members of staff including the interim manager, a senior and care staff. We observed and used alternative communication methods to understand people's views of the service and staff. This included Makaton, a form of sign language.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked one person. This is where we check that the records for people match the care and support they receive from staff.

After the inspection
We spoke with two health and social care professionals and two relatives about their experience of the service and the lives of people.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- Relatives were reassured that staff supported people to be safe. One relative said, "As a parent, I've got to make sure that my son is safe and staff do that. I know he is, from the bottom of my heart and never have to worry."
- Staff had all received safeguarding training which was regularly reviewed. Staff could explain signs that a person could be at risk and the process they would follow if they suspected someone was being abused. This included reporting to relevant professionals and recording effectively. One staff member said, "We risk assess naturally all the time and because we know people well, we know when something isn't right. I would always report if I was in doubt about something. I would never just leave it."
- There was a whistleblowing policy and staff knew where to find it if they needed to. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. A staff member said, "If I had concerns about staff I would go to the manager. If it was about the manager, I would go to the provider, the safeguarding team or CQC. We have contact numbers for all of those if we need it."

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.
- People had personalised assessments that identified areas of risk such as going out, eating and drinking, managing their finances and taking their medicines safely. For people that experienced anxiety, they had bespoke Positive Behaviour Support Plans (PBSP) that identified triggers to anxiety, behaviours that may follow and how staff should support them.
- We observed one person becoming anxious. Staff spoke with them calmly, asking them what was wrong and reassuring them. The person gave staff their hands and staff stroked them. They then sang the person's favourite song with them, which made them smile. We saw this support matched what was written in the person's PBSP.
- One person had an assessment for a health condition. This informed staff how the person presented when they were well and unwell and what actions should be taken, including emergency medication and involvement of medical professionals.
- The building was kept safe through checks on the environment and equipment. This included fire safety, temperature checks, gas and electrical testing. External professionals also visited the house to complete further health and safety checks and ensure it was safe to live in.

● People had their own personalised evacuation plans that advised staff how to support them in the event of an emergency. This included the person's awareness of fire procedures, methods of assistance and how to communicate with them during this time.
● Fire drills were completed with staff and people every 3 months and included observations of how people responded. These were then added to their evacuation plans to give further information to staff in how a person may react.

Staffing and recruitment
● We saw there were enough staff to meet people's needs. We viewed the rotas and saw that people who required 1-1 support, always had this. Shift planning accounted for any medical appointments or activities to ensure they happened. One person had recently experienced some health issues and staffing had been increased to support them during this time.
● Agency staff filled any vacancies or staff sickness and the same staff were used each time to ensure continuity to people. We saw that profiles of agency staff were sent to the interim manager before working at 368 The Ridge, which included information about previous experience and training. Only agency staff who had experience of working with people with learning disabilities and autism worked at the home which ensured they had the skills and knowledge to work with people.
● Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
● Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by management during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Using medicines safely
● People received their medicines safely from staff that were trained and competent to do so. Staff only gave medicines when they had received training. They also had observations of their practice completed by a member of the management team to deem they were competent.
● We observed staff giving people their medicines in a safe and person-centred way. For example, staff supported one person who could sometimes decline their medicines. Staff were patient and went back to the person a short while later to try again, which worked.
● Before staff gave medicines, they checked instructions from the GP and the person's Medicine's Administration Record (MAR). Once staff had checked medicine had been taken, they signed the MAR. We checked these records and saw that people were given their medicines as prescribed.
● People's medicines were kept in their bedrooms in locked cabinets and were stored in a clear and organised way. This promoted people's privacy and independence with managing their own medicines. We observed staff closing people's bedroom doors before supporting them with medicines.
● Some people had 'as required' medicines, (PRN) such as painkillers. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice.

Preventing and controlling infection
● We observed the building to be clean, tidy and well maintained. Relatives old us this was always the case. One said, "The building is spotless. There are lovely, well maintained gardens too, that are completely accessible."
● Staff had all received infection control training. They had access to personal protective equipment (PPE) such as gloves and aprons and we saw these being used frequently throughout the inspection.
● One person could display behaviours that challenged when they were anxious, such as biting or

scratching. Staff supporting them, wore arm length gloves to protect their skin and reduce the risk of infection.

● Staff completed daily, weekly and monthly cleaning checks, which included deep cleans of people's bedrooms and communal areas once a week. Where possible, people were encouraged to join in with cleaning duties.

Learning lessons when things go wrong

● The manager had good oversight of accidents and incidents and analysed these monthly to learn lessons and prevent them re-occurring.

● One example was for a person who had been involved with several incidents of behaviours that challenged. When these were reviewed, the interim manager noticed that these incidents were happening at a particular time of day. They therefore introduced additional staffing at this time and this had helped to reduce incidents and reassure the person at the time they needed it most.

● The interim manager gave another example of a series of medicines errors that had happened in a short space of time. The interim manager and registered managers from other services owned by the provider, met to redesign training for staff. They reviewed shift plans to allocate one staff member to giving medicines per shift. Managers also went on 'Train the trainer' courses for medicines management so that they had the skills and knowledge to directly support and train staff in this area. As a result, medicines errors had significantly reduced.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
● Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. One relative said, "This process reassured me that they wanted to know my relative and get support right. They were interested in getting to know them."
● People's needs, and choices were continually reviewed to ensure they were receiving the right care and support. Both relatives told us they were involved with regular reviews, one saying, "We talk about support needs and what is right or needs improving."
● A professional was complimentary of the way that staff and the manager met people's needs. They said, "In my experience the Team at the home are very supportive towards the clients that live there. Not only are they very kind and caring towards them but are very pro-active in terms of identifying possible unmet health needs and seeking advice /support from the GP Surgery or from the Community Learning Disability Team."

Staff support: induction, training, skills and experience
● Staff had received training in areas such as moving and handling, safeguarding, mental capacity, first aid and medicines and had the skills and knowledge to meet people's needs.
● Staff had also received more specialised training in epilepsy, bladder and bowel understanding and positive behaviour support to meet specific needs of people. One staff member said, "I've never had to use physical measures to calm people because the training taught us how to manage the build-up of anxiety and techniques to relax them during this time instead."
● Some people had communication support needs, particularly to do with lack of speech and staff had attended specialised training to develop their knowledge and understanding of this. This included being patient, checking understanding and using communication tools to support the person to express their views. We observed this training being put into practice during interactions between staff and people on inspection.
● Relatives were confident that staff had the skills to meet people's needs. One relative said, "They know my relative very well indeed." Another said, "They know him very well, know exactly what's going on and how to manage his support needs."
● Staff told us that they received a full induction before they worked with people. This included reading policies, care plans and observing more experienced staff supporting people. This meant that they could get to know people and their routines.
● New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in

the health and social care sectors.
● Following induction, staff were supported in their roles with regular supervision. This time allowed for them to discuss any concerns they had, opportunities for progression and ways to improve. One staff member said, "We have regular supervisions, but I like that I can go to the manager any time I need to with any issues. They have an open-door policy and will always listen."

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs were met. Staff explained that menus were decided by people by offering pictures of food for them to choose from. Night staff also prepared alternative meals that could be frozen, so that if people changed their minds, there was always something else available.
● We observed people being involved with preparing their own breakfast in the kitchen with staff support. Staff used objects of reference such as cereals or spreads for people to choose what they wanted.
● People were given the option to eat at a time that suited them. For example, one person liked to eat first thing in the morning, while another preferred to have breakfast later in the day. This was recognised and respected by staff.
● Some people were at risk of choking and had received support from the Speech and Language Team (SaLT). Staff were aware of SaLT guidance and the importance of following it. For example, one person required food to be prepared in a soft diet and for staff to remain with them during meal-times. We observed them being supported as advised in guidance.
● We observed people asking for drinks throughout the day and staff supporting them to prepare them. If people were unable to ask, staff regularly offered them and gently encouraged them to drink. One person had not drunk very much, and this was handed over to morning staff. We then observed those staff supporting the person to have a drink.

Adapting service, design, decoration to meet people's needs
● The building had been adapted to ensure it met the needs of people.
● There was an additional lounge that had been adapted to meet people's sensory needs. This included sensory lights, objects and soft mats for people to relax on.
● There was a large, well maintained garden which was accessible and used frequently by people. People could grow their own plants and vegetables on raised flower beds. One person loved tents and one had been set up in the garden. The interim manager told us that the person often sat in their tent when they wanted peace and quiet.
● One person had reinforced furniture in their bedroom to support them with behaviours that challenged.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● We saw that people had support from various health and social care professionals to improve their wellbeing. This included G. P's, positive behaviour specialists, neurologists, specialised nurses, chiropodists and an aromatherapist.
● The interim manager explained that the aromatherapist had been a positive impact on people, as it helped them to feel relaxed and less anxious. We observed the aromatherapist supporting people during the inspection and they were calm and happy throughout.
● Another person had been frightened of medical professionals and required treatment for a health condition. Staff worked closely with specialist nurses, behavioural and hospital staff to explain to the person what was going to happen and support them to have the treatment.
● A professional said, "Staff have always been quick to respond to advice given. This could be from setting up recording sheets to support assessments, going to the GP to get things 'checked out' and following things up directly with hospital consultants."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's choice and consent was valued, and they were continually consulted about their care. We saw staff using various tools such as objects of reference or pictures to support people in making choices.
● Staff had a good understanding of mental capacity and told us they valued people's choices. They were able to apply their knowledge of the MCA to people they supported. For example, one staff member said, "One person can make decisions but can get overwhelmed if they have too much choice, so we break it down a bit at a time." Another staff member said, "Just because people can't always verbally tell us what they want, doesn't mean they can't make decisions. One person will take my hand and lead me to what they want instead."
● Relatives were confident that people were offered choice and control in all aspects of their life. One relative told us, "People have complete freedom and choice - they do what they want to do."
● Where a person was assessed as lacking capacity, DoLS applications had been made. These assessments had not been completed by professionals yet, but the manager had reviewed these every 3 months and emailed the relevant team to query when these would be completed.
● People's ability to consent to care had been assessed. Where it was deemed they lacked capacity to make a specific decision, best interest meetings had been held with health and social care professionals and relatives.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people were not always able to tell us that staff were kind of caring, we observed positive relationships had been built between staff and people. We asked one person if they liked staff and they smiled and gave a thumbs up. Another person, when asked if they liked living at 368 the Ridge, smiled and nodded, giving the Makaton sign for 'Home.'
- People appeared happy to see staff and greeted them with a hug or by holding their hands. Staff knew people well and talked to them about their interests and preferences. One person was excited about going out on the bus and staff talked to them about what they were going to do and who they were going to see.
- Relatives were positive about the caring nature of staff. One relative told us, "Staff are very good - they seem to look after everybody. They do their job to the best of their ability and I think they can't do any better." Another said, "They're amazing and brilliant - my son has an amazing life with them. I can't think of anything better for him."
- Staff told us they enjoyed working with people and were passionate about making a difference. One staff member said, "I love it here, it's all about the residents." Another said, "It's more than work, we're like a family here."
- Staff had a good understanding of equality and diversity. They treated each person on an individual basis and understood what made them unique. The interim manager said, "No-one is the same. They all have different ways of expressing themselves, different preferences and interest. We work in such different ways with each one but the positive outcomes are the same."
- People had choice and control over how they wanted to decorate their bedrooms so that they could create a safe space to relax in. They chose their wallpaper and furniture and there was photographs and personal belongings to make the room feel homely.

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to people, understood how they communicated decisions and valued their opinions. A relative told us, "What I love the most is that it's my relative's life. He does what he wants, and he is so happy."
- People had regular meetings with their keyworkers to discuss their support needs, activities they would like to do and personal goals.
- One person was being supported during the inspection to choose where they wanted to go on holiday. Their keyworker knew they loved swimming and music, so showed them videos of holiday destinations

which had both. The staff member said, "I know when the person likes something because they jump up and down and sing."
● People were also involved in the recruitment of new staff. Potential candidates were introduced to people and their interactions observed by management. People's facial expressions and behaviour towards that staff member were documented and used as part of the interview process.

Respecting and promoting people's privacy, dignity and independence
● People's privacy, dignity and independence was continually promoted and encouraged.
● We observed staff closing people's doors when providing personal care or giving medicines. People also had frosting on their windows to create additional privacy, particularly if people did not like closing their curtains. A staff member said, "I am always discreet when providing personal care and support them immediately to ensure they are not uncomfortable."
● Staff had all received training in maintaining confidentiality and told us they would not discuss people's needs in front of others. People's documentation was secured in lockable cabinets and IT systems password protected to ensure only those that required it, had access to certain bits of information.
● We saw lots of examples of people's independence being promoted throughout the inspection. One person had adapted crockery to support them to eat on their own. Some people were supported to clear the table after mealtimes or clean their bedrooms with staff support. Another person was given support to make their own cup of tea. Staff were calm and encouraging in their approach, doing things step by step and praising people when they completed tasks.
● One staff member said, "I like to try new things with people. There's no reason they can't do things, even if it's one step at a time." Relatives agreed that independence was promoted, one telling us, "Staff try very hard to encourage independence, even if it's something small like putting something in the bin."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered during pre-assessments was used to formulate detailed care plans centred around the person. People's care documentation was person specific and continually updated to reflect their preferences, wishes and support needs. Information included detailed routines, how to support people going out, what they could do themselves and what they needed support with.
- There was a "You said, we did" document, which detailed how people had expressed their wishes and what staff did to meet them. For example, one person used the Makaton sign for 'Beer' and had been supported to go to the pub that afternoon.
- People also had 'Light touch' files. These were smaller, condensed care plans for agency staff to read which summarised people's key support needs.
- People had their own key-workers. This was a named member of staff who had a central role in their life and would oversee their support needs and care plans. Care needs, and personal goals were reviewed with people and their keyworkers every two months. Staff explained how people were involved and how they communicated their decisions.
- We saw that annual reviews of people's care were completed with relatives and professionals. Relatives also received a monthly email or phone call to inform them what people had been doing and about their wellbeing. One relative said, "Staff always keep me updated so I always know how my son is and what is going on."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, things they might say or do and what that meant.
- We observed staff using different tools to communicate with people. This included the use of Makaton, a type of sign language. It was clear the staff knew this well and they communicated confidently with people. One person had adopted their own form of sign language that they used. Staff recognised this and

responded using the person's preferred style.
● Elements of people's care documentation and complaints were available in an easy read format to support people in their understanding. We also saw staff using objects of reference such as food or clothes to encourage people to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were involved in activities that they enjoyed and that promoted their wellbeing. Each person had their own personalised activities plan that centred around their preferences.
● Relatives told us they were impressed with the number of activities offered. One said, "My relative experiences so much and goes to different places; London, London eye, London dungeons, Brighton - one carer takes him everywhere, he's constantly doing something." Another told us, "My son does lots of activities, shopping, cooking, painting – staff are always involving him in things."
● People enjoyed lots of activities such as shopping, aromatherapy, the cinema and cooking. This included days out to theme parks, the beach, the theatre and festivals. These were based on people's preferences. We observed one person during the inspection saying they wanted to go to a festival and staff immediately started researching this with them.
● The interim manager told us that building relationships with the local community was important for people and fully promoted. One person liked to go to the pub and staff knew them so well they had their favourite drink waiting for them when they arrived. Other people were supported to engage with staff at their local bank or build relationships with their hairdressers or bus drivers.
● Activities were tailor-made to people to ensure they felt less anxious and enjoyed them to the fullest. For example, two people went swimming at the same time as a blind society group because it was quieter. They had spoken with staff from the swimming pool and people were allowed to swim earlier than usual opening times when it was less crowded.
● Another person because anxious with lots of people but wanted to go to see a show in London. Staff hired a car, so they didn't have to use public transport. They took them to an autism friendly showing of their favourite musical, with altered lighting and reduced noise to support with their anxiety. There were photos of the person enjoying the experience.
● The interim manager told us they wanted people to experience as many places, people, culture and diversity as possible. They had planned to take people to a Lesbian, Gay, Bisexual and Transgender (LGBT) event. People were explained what the event was about and asked if they wanted to attend. This was something people were looking forward to.

Improving care quality in response to complaints or concerns
● Relatives told us that they had no reason to complain about the service but that they would have no issues contacting the registered manager or staff with any concerns. One relative said, "I have no complaints whatsoever about this service, nor have I ever had any." Another told us, "My relative has been there for over 20 years and I've never had to complain."
● Although there had been no complaints since the previous inspection, there was a clear complaints process displayed around the home. This was available in pictorial format for people.
● The interim manager explained that although people couldn't always complain, staff understood their facial expressions and actions as a sign they weren't happy and talked to them about addressing this further. They gave an example of an incident between two people. They said, "One of the people appeared really unhappy so I sat with them and talked to them about how they were feeling and whether they wanted to make a complaint." The person decided they did not want to take the issue further, however the interim manager said it was important that they were offered the opportunity to do so.
● Pictorial complaints were also tailor-made to people. For example, one person used pictures of a smiling

or unhappy face to communicate their feelings, while another person preferred to use pictures of a 'thumbs up' or 'thumbs down'.

End of life care and support

● No-one was receiving end of life care at the time of inspection. However, the interim manager recognised this was something that should be explored in case a person's health deteriorated or they experienced a sudden death. They said, "It always helps to be as prepared as possible. It's about supporting people and also staff and asking how we are going to support them to understand and grieve."

● Easy read documentation had been used with some people to help identify their wants and wishes for the future. Where these were identified, they had been documented in people's care plans. Some people and their relatives did not want to discuss end of life care and this had also been respected and acknowledged in people's documentation.

● People also had easy read care passports. These were specific documents designed to be shared with health professionals if a person got admitted into hospital. They included information such as the person's preferences, support needs, communication methods and a full medical history.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a manager, however they had not yet been registered with CQC. Although they had not yet been registered, they had submitted their application and were in the process of being registered. The manager was a registered manager at two other services owned by the provider.
- At the time of inspection, the manager was on extended leave. Therefore, an interim manager had been appointed to manage the service in their absence.
- The interim manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. There were additional annual audits completed by a quality assurance lead for the company and the provider. However, we found that their audit processes had not identified improvements required to people's mental capacity documentation.
- Although people had specific mental capacity assessments, these did not reflect involvement from people, such as how the decision was communicated to them and how a decision for capacity was reached. Although professionals and relatives had been involved with some decisions, their views were not always included on assessments.
- Staff, professionals and relatives told us that people were involved in these decisions, therefore we considered the impact on people to be low. However, the interim manager acknowledged the improvements needed to the recording of mental capacity and ensured they would complete this going forward.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The interim manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. However, we found that the format used for gaining people's views was not always effective.
- There were easy read feedback forms for people. The previous registered manager had attached an information document at the end of them stating that if people were unresponsive, staff should complete the forms on their behalf, using their knowledge of the person. Through looking at the feedback forms, staff had needed to complete them for most people.
- We discussed the value of using this type of feedback form for people with the interim manager. If staff

were filling in forms on their behalf, we questioned whether they were a true reflection of people's views. The interim manager acknowledged this was an area for improvement and advised they would discuss with other managers ways in which they could improve this process.

● Annual surveys were also sent out to relatives and professionals. We viewed the most recent surveys received and all feedback was positive. Comments included, "We are happy with the service provided because our relative seems settled and happy", "Quality of care is excellent",
"Great service" and, "I don't feel the service can improve as they all do such a good job." One relative told us, "I complete questionnaires periodically and it's always very positive from my point of view."

● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes. People were also invited to these meetings and their views about ideas documented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Although people could not tell us their views about management, we observed that people were comfortable around the interim manager and that the interim manager knew them, and their support needs extremely well. We observed people seeking out the interim manager to ask questions. They held hands with them and talked about their interests and support needs. When engaging, people were smiling and laughing.

● Relatives told us that although they had not met the manager yet, they had heard positive things about them. They spoke highly of the interim manager. One relative told us, "I've not met the new manager yet but the interim manager is lovely and very good. I would happily phone them if I had any worries."

● Professionals were complimentary of the manager and interim manager. One said, "I found both wonderful to work with. Very caring and always willing to improve their service user's needs." Another professional told us, "I believe that the manager is a confident and very experienced manager who leads a strong staff team and leads by example and is a strong role model."

● Staff told us they felt well supported by the manager, even though they had only been at the service a short space of time and described them as, "A breath of fresh air." One staff member said, "They are really nice and very approachable. They give the impression that nothing is more important than the residents and I love that." Another staff member told us, "They are very person centred. They encourage us to go out and do things that people want. They are definitely changing things for the better."

● Staff told us the interim manager was respectful and encouraged learning and growth to achieve positive outcomes for people. One staff member said, "Instead of giving me the answer, they encourage me to work through problems myself. I learn something new every day."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Staff told us that an open and honest culture was promoted and that they were taught to share any concerns they had. One staff member said, "There is always clear communication between staff and the manager and their door is always open. If there is an issue, you don't feel judged by them and they really listen."

● The manager and interim manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the Safeguarding team and CQC.

● The interim manager was keen to promote honesty amongst the team and learn from mistakes together. They said, "We don't cover up here, if we make a mistake, we own it and learn from it." It's also teaching staff to be open and honest, take ownership when mistakes happen. It's not about telling off, it's about learning."

● Relatives also told us that they were told of any concerns and involved with outcomes. One relative said, "If there's any incidents I am called immediately, and they always show passion for my son's wellbeing."

Continuous learning and improving care; Working in partnership with others

● Staff, relatives and professionals told us that the manager and interim manager were passionate about making people's lives fulfilling and offering them the best opportunities. A professional told us that they were impressed with the ideas that the manager had and how open they were about improving. They said, "The manager has always been confident in running ideas past me with regard to exploring ideas/theories about client's health needs and will always take time to listen and discuss my responses. It's as though she is not prepared to leave any stone unturned and wants to explore all possible avenues."

● The interim manager valued the importance of working with others. They worked closely with health and social care professionals to achieve this. They also promoted the social aspect of people getting to know others. For example, one person was building relationships with staff that work at the local recycling centre. The interim manager said, "Three weeks out of the month, the staff buy cakes and provide tea and one day of the month, the person gets cakes and tea for the staff. The person thoroughly enjoys it and looks forward to it every week."

● The interim manager attended regular meetings with managers from other services owned by the provider. They explained this was a hugely beneficial learning tool as they could share ideas and talk about new opportunities for people and staff. The interim manager said, "Even though we are all individual homes, we can all work together to find something different and unique. This was also how we found about autism friendly shows at theatre - another manager told us."