

Unified Care Limited

37 Coleraine Road

## Inspection report

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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

The inspection took place on 14 and 19 March 2018 and was unannounced. The service was last inspected on 9 March 2017, where we found the provider to be in breach of one regulation in relation to good governance. At the inspection on 14 and 19 March 2018, we found that the provider had made sufficient improvements and were no longer in breach of a legal requirement.

37 Coleraine Road is registered to provide accommodation and personal care support for up to four people with a learning disability, autistic spectrum disorder, younger adults and mental health needs. The service is set in an adapted house providing accommodation to people over three floors. The ground floor communal areas comprise of a kitchen, a dining room and a living room. At the time of our inspection, four people were living at the service.

37 Coleraine Road 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 provider is also registered at this location to provide personal care support. This service provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection, seven people were using the service.

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

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe with staff and there were enough staff to meet their needs. Staff were trained in safeguarding and knew how to safeguard people against harm and abuse. People's risk assessments were individualised, regularly reviewed and gave sufficient information to staff on how to provide safe care. Staff kept detailed records of people's accidents and incidents, and the registered manager analysed the records to learn lessons from them to reduce similar future incidents. These lessons were shared with staff during staff meetings, handovers and supervision. Staff wore appropriate protection equipment to prevent the risk of spread of infection. The premises adaptations met health and safety and people's individual needs.

Staff knew people's individual needs and were provided adequate training to meet those needs. Staff told us they felt supported by the registered manager and received regular supervision. People were supported to meet their dietary needs and told us they liked the food. Staff assisted and supported people to access ongoing healthcare services to maintain healthier lives. 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. Staff understood people's right to choices and asked their permission before providing care.

People told us staff were caring and respected their privacy. Staff knew how to support people in a dignified way and treated everyone equally. People were supported and encouraged to remain independent. Staff knew the importance of confidentiality.

Staff were aware of people's likes and dislikes and found people's care plans useful in providing personalised care. People's care plans were detailed and regularly reviewed. Staff supported people in developing activity plans and to get involved in a range of activities. People and relatives were encouraged to raise concerns and their complaints were addressed satisfactorily in a timely manner. The provider had an 'ageing and death' policy in place but staff were not trained in end of life care. We have made a recommendation about staff training in end of life care.

People, their relatives and staff told us the management was approachable and the registered manager had made improvements. The provider had systems and processes in place to monitor and evaluate the quality and safety of the service. The registered manager worked with independent consultant in securing autism accreditation.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People and relatives told us they felt safe with staff. Staff knew how to identify and report any concerns or signs of abuse. There were sufficient numbers of suitable staff to provide safe care.

Staff were given detailed information on risks associated to people's health and care, and how to manage those risks. People received medicines on time by staff that were appropriately trained.

The provider met infection control requirements and shared learning from incidents and safeguarding with the staff team to prevent future occurrence.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who received regular training and supervision to deliver effective care.

Staff supported people with their nutrition and hydration needs and people told us they liked the food. People were supported to access ongoing healthcare services.

People liked their bedrooms and were able to access facilities around the home with ease. Staff understood people's right to make decisions and sought their consent before providing care.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were friendly and listened to their needs. We observed relaxed atmosphere where staff and people shared positive working relationships.

Staff promoted people's independence by encouraging and supporting them to do things for themselves. People told us staff treated them with dignity and respect.

## Is the service responsive?

Good 

The service was responsive.

People received personalised care and staff knew people's likes and dislikes. People's care plans were detailed and regularly reviewed. Staff were aware of people's religious and cultural needs and supported them where requested to meet those needs.

Staff supported people to develop activity plans that included a range of activities including physical, social and leisure, individual and group.

People and their relatives were encouraged to raise concerns and complaints. The provider maintained clear and accurate complaints records.

There was an 'ageing and death' policy in place and the provider had developed an end of life care plan.

## Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff told us the management was approachable. They said the registered manager had made improvements which were good for the service.

The registered manager carried out regular checks and audits to ensure people's safety and quality of care. People, their relatives and staff were asked for their feedback.

The provider worked with the local authority and other organisations to improve people's quality of lives.

# 37 Coleraine Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 19 March 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used information the provider gave us during the inspection 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 authorities and healthcare professionals about their views of the quality of care delivered by the service.

During the inspection, we met three people living at the residential care home and spoke to three people using the supported living services. We spent time observing interactions between people and the staff who were supporting them. We spoke with the registered manager, the director, the team leader and four care staff. We looked at two care plans and four staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

Following our inspection visit, we spoke to two relatives and two healthcare professionals. We also reviewed documents provided to us after the inspection. These included policies and procedures, two people's care plans, risk assessments, positive behaviour support plan, person centred plan, people's record of achievements and photos, building maintenance improvement plan, internal audits and the last management monitoring visit report.

## Is the service safe?

### Our findings

People told us they felt safe living at the service and their relatives told us the service was safe. One person said, "Cameras have been put in the communal areas for our protection. Yes, they asked our permission. I am safe here." A relative commented, "Where he is now takes a lot of worry and weight off my head. Ability to communicate with the director, the manager and staff is very good and is the key to feeling safe. It is the right setting for him." Another relative told us, "There are always staff with them [people using the service]. Yes, they are safe there."

Staff were trained in safeguarding and whistleblowing, and had read and signed the provider's safeguarding and whistleblowing policies. Staff knew their role in keeping people safe, identifying and reporting abuse and concerns. Staff comments included, "It is about protecting service users from harm and abuse. Straight away have to report it to the manager. If the manager does not take any actions, I would go to [local authority]" and "Safeguarding is about protection of vulnerable adults and children. I make sure they are safe in the house and out in the community. I would report any concerns to the team leader and record any signs of harm and abuse. Happy to go higher if concerns are not addressed satisfactorily." There had been three safeguarding cases since the last inspection. The safeguarding records were clear, accurate and comprised of safeguarding alert and notification forms, investigation notes and investigation outcomes. Staff told us they were informed about the safeguarding outcomes so that they could learn lessons from them.

Risks associated to people's health, mobility and care were identified, assessed, and measures were applied to manage those risks. People's risk assessments gave information on the type and severity of risks, and control measures for staff to follow to ensure people's safety. The risk assessments were reviewed every month and when people's needs changed. People's risk assessments were specific to their needs and were for areas such as medication, personal care, incontinence, behaviour, self-neglect, self-harming, accessing the kitchen, accessing the community, choking, eating and drinking and finance. For example, one person was identified at risk of missed medication. The medication risk assessment stated, "Staff to administer [person using the service] medication at all times and support and encourage him through the process by giving him the tablets together with a glass of water. Staff to see the process through until the end as [person using the service] is often indecisive / hesitant when taking his medication. Only trained staff to manage and administer medicines." Another person at risk of choking had detailed choking risk assessment, corresponding support plan and speech and language therapist guidelines instructing staff on how to support the person. The assessment and plans stated, "food must be cut into small pieces, staff to remind [person using the service] to finish what is in her mouth before she puts more food in and to slow down when eating."

Staff told us they were given sufficient information to gain a better understanding of risks to people and how to provide safe care. One staff member said, "Staff are provided with personal behavioural support plans, risk assessments and support plans so as to provide safe care but also for our own safety." This meant staff were provided with sufficient information to support people safely.

During the inspection, we saw people living at the care home were supported in a timely manner. People living at supported living units told us there were enough staff to meet their needs. Staff told us there were sufficient staff numbers to provide safe care and people on one to one staff ratios were supported appropriately. Staff's comments included, "Shifts are planned better and we have enough staff", "Yes, there are enough staff, rotas are designed to meet people's needs" and "There are always two staff on shift and the manager. She [the registered manager] helps out if any issues." The registered manager and the team leader developed three weeks rolling staff rotas and the staff numbers changed when people had appointments or plans to go out. Staff rotas were easy to follow and confirmed there were enough staff on shifts to meet people's needs. Staff recruitment files showed the provider carried out appropriate recruitment, identity, right to work, reference and criminal record checks to ensure they were safe to work with vulnerable people.

People received medicines on time by staff that were trained and their competency assessed. One person from the supported living units said, "They [staff] support me to take medicines. They come at eight in the morning and remind me to take medicines. They make sure I have taken my medicines." People's medicines administration records were appropriately completed and there were no gaps. People's medicines were stored safely in lockable cupboards and had individualised medication profile detailing lists of medicines, dosages, time of administration and side effects. Each person had individualised "pro re nata" (PRN) protocols instructing staff on what, when and how to administer prescribed PRNs. PRN medicines are those used as and when required for specific situations. All staff had read and signed PRN protocol, medication policy and were aware of the procedures.

The provider carried out regular health and safety, fire safety, water and electrical checks and tests to ensure people's safety. All fire equipment and exit checks were in date, there were monthly fire drill records and each person had individual personal emergency evacuation plans. However, we found two of the fire safety action plan points had not been fully completed. We asked the registered manager and the director about this and they addressed the two outstanding action points during and following the inspection. We were satisfied with the provider's actions in response to our query.

Staff were aware of their role in infection control and ensured they wore personal protective equipment to reduce the risk of spread of infection. The management carried out six monthly infection control audits, records seen confirmed this. The care home and supported living units were clean and did not have malodour.

The provider maintained clear and accurate accident and incident records, and Antecedent-Behaviour-Consequence (ABC) charts. An ABC chart is an observational tool that allows the service to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating. The registered manager maintained accident / incident and ABC logs that detailed information on dates of the incidents, description of the incident, actions taken / patterns and triggers identified, records seen confirmed this. The learning gained from this exercise was then discussed and shared with the staff team during staff meetings, handovers and one to one supervisions. The registered manager told us it was important for them to learn from incidents, complaints and safeguarding to prevent them from occurring again in future.

## Is the service effective?

### Our findings

People told us their needs were met. One person said, "They [staff] try to help me the best they can." Another person commented, "Yes, my needs are met." Relatives and healthcare professionals said staff knew and understood people's needs. A relative told us, "I am very happy with the service, they [staff] meet my son and daughter's needs." Healthcare professionals told us they felt the service met people's individualised care needs.

The provider assessed people's needs before people started using the service to identify people's health, medical, mobility and social care needs. During the needs assessment process they spoke to people, their relatives and healthcare professionals involved in people's care. The provider offered care placements to only those people they felt they had expertise to meet their needs.

Staff told us they received sufficient training to support people with their needs. One staff member said, "I had training in dysphasia to support [person using the service] and the last one was in Autism. It [training] helps us to understand the clients and their needs, to give them a better quality of life." All new staff were provided with detailed induction training including shadowing existing staff, induction records seen confirmed this. Training matrix showed when staff had attended training, any training gaps and the future training dates to meet those gaps. Training records showed staff had received relevant to their role and specialist training such as Autism, breakaway techniques and communication. The registered manager had delivered training to staff on 'care vs support worker' that informed staff on how to support and encourage people to learn daily living skills. A staff member commented, "I learnt difference between a carer and support worker's role. My role is about encouraging and prompting people to do things so that they can remain independent." The registered manager told us they were in the process of improving distance learning system so that it was user friendly and accessible.

Staff supervision and appraisal records showed they received regular supervision and annual appraisals. One staff member said, "Yes, I get one to one supervision, I think every two months. She [registered manager] asks me how I am finding working here, have any concerns, training needs." The provider made sure that staff were given regular training and supervision to deliver effective care and support.

Staff supported people to eat a variety of food and drinks to maintain a balanced diet. People living at supported living units told us they liked the food and that their nutrition and hydration needs were met. Staff encouraged people to take part in food shopping and meal preparations. One person commented, "Food is fantastic here. I go out with staff for food shopping." Another person said, "I help out in cooking and like the food here. I get to eat what I like."

People living at the care home ate at home, at the day centre and at least once a week either in a restaurant or a pub. Staff designed weekly food menus and asked people's preferences by using pictorial food menus and speaking to their relatives where required. During the inspection, we saw people chose what they wanted to eat, drink and how much they wanted to eat. People with special dietary needs were referred to speech and language therapist (SALT), and staff followed the recommended SALT diet guidelines to meet

people's individual dietary needs. During the inspection, we saw one person on special dietary needs given the food that met their SALT diet guidelines. This person was also recommended food high in fat and sugar for their weight gain. Staff and the management told us they included recommended food in the person's breakfast such as cream in their porridge. However, they did not record this in the person's daily care logs. The registered manager told us moving forward they would ensure staff recorded the additional food intake in the person's daily care logs. The provider weighed people's weights twice a month, records showed people's weights were maintained. The care home had recently been inspected by the environmental health agency and was awarded five star food and hygiene certificate. This showed the provider maintained good food and hygiene standards.

People's daily care logs showed how staff supported people with their personal care, behavioural, social care, and nutrition and hydration needs. For example, one person's daily care logs stated "[Person using the service] had showered himself with our prompting, staff praised him. He made himself four slices of toast and was trying to cook egg, staff intervened and supported him." Staff also completed handover and shift records that detailed how people were supported.

Staff worked across two of the provider's services and told us they worked well as a team. The registered manager had arranged for a healthcare professional to deliver training to staff on how to communicate effectively and work efficiently as a team. Since the training, the registered manager introduced a communication book for staff and the management to record specific incidents, messages and action points in relation to care delivery. The communication book had various records of actions that were required to be taken to deliver effective care and support such as doctor's appointments, medication review and care plans reviews.

The provider supported people to live heather lives by accessing healthcare services. Each person's care file had a record of medical and healthcare professionals' appointments and correspondence detailing appointments such as doctor, optician and SALT. Staff recorded follow up actions and recommendations in people's care files and in staff communication book.

During the inspection, we observed people access their bedrooms and other facilities in the home and supported living units with comfort. We found a couple of maintenance issues in the care home which the provider addressed satisfactorily during the inspection. People living in the supported living units told us they liked their bedrooms. One person said, "I like my bedroom. I chose the paint colour for my bedroom walls. I can use the washing machine, do my laundry every Thursday." The care home and supported living units had showers and bath tubs to meet people's individual needs and preferences.

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 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection, we observed people were given choices and staff encouraged them to make decisions. People's care files had copies of consent forms, mental capacity and DoLS assessments and DoLS authorisation certificates, these were all in date. Staff demonstrated a good understanding of the MCA and

DoLS, and how to support people to make decisions. One staff member commented, "It is about supporting people with decision making. We use various tools such as pictures, objects of reference to give them choices and enable them to make decisions." Another staff member said, "It is to ensure we use appropriate processes such as a best interest meeting to make sure right decision is made on people's behalf." This demonstrated the provider had ensured staff knew and understood their role in encouraging and supporting people to make decisions.

## Is the service caring?

### Our findings

People and relatives told us staff were caring, and they felt listened to. One person said, "Staff are quite nice and friendly. They listen to me." Another person told us, "Yes, staff are caring and friendly." Relatives' comments included, "They [people using the service] have been living there for quite some time. They seem happy there and get on well with staff" and "Staff are friendly and their approach is caring."

Staff spoke about people in a caring and compassionate way. During the inspection, we observed positive and meaningful interactions between people and staff and the care home and supported living units had a calm and relaxed atmosphere. A healthcare professional told us people were fond of staff and shared good working relationships. Some staff had been working for the service a number of years and had developed positive rapport with people. One person told us, "I have known [staff member] for the last 12 years. He understands me." People told us they got on well with other people at the service. A person commented, "We watch television together, I get on well with people living here."

People were supported and encouraged to express their views and be involved in their care planning. Staff used various mediums to engage with people who did not communicate verbally such as Makaton sign language, objects of reference and pictures to know their wishes and preferences. Makaton is a language programme using signs and symbols to help people to communicate. People's care plans informed staff about people's individual communication needs and on how to communicate with people.

People and relatives told us staff were respectful and provided care in a dignified way. A person told us, "They [staff] respect my privacy." One relative said, "Yes, staff treats [people who used the service] with respect and dignity." Another relative commented, "I feel that he is treated with dignity and respect. When I visit him, I see that." Staff gave us examples on how they ensured people's dignity and privacy were maintained. Their comments included, "I use Makaton language to communicate with him. I give him time to get ready and treat him like an individual", "Female service users are supported by female staff to maintain their dignity" and "I ensure people get some private space and time when needed. I bear in mind to make sure two people who do not get on well with each other or do not like each other, their wishes are respected. I knock on people's door before entering."

Staff underwent distance learning training in equality and diversity, and had read the provider's policy on equality and diversity. One staff member commented, "All the clients are individuals and support them in a way that meets their individual needs." The registered manager and the director told us they encouraged people from lesbian, gay, bisexual and transgender (LGBT) communities to use their service and that would review their publicity materials to demonstrate that they were open to working with LGBT people.

People were supported to learn daily living skills and remain as independent as they could. One person told us, "Staff asks me to do things which is good for me as it is good for my independence and I like to achieve things." A relative commented, "They [staff] do their best to involve him [person using the service] in daily chores so as to support him to remain as independent as he can." Staff knew the importance of confidentiality. A staff member said, "I ensure confidentiality is maintained for example, when disposing

empty boxes of medicines, I cross out their names. Do not talk about people's personal matters to others." People's sensitive information was stored securely.

## Is the service responsive?

### Our findings

People and their relatives told us that staff were responsive their needs and knew their likes and dislikes. Staff demonstrated good understanding of people likes and dislikes and their support needs. For example, one staff member told us, " [Person using the service] likes having showers, enjoys intensive interaction such as tickling, touch, hold. He loves sensory baths; it is part of weekly activities now. He has a sweet tooth, likes cakes, cheese and dairy products." Staff told us they were given sufficient information on people's likes, dislikes and aspirations. This enabled them to provide personalised care. A staff member commented, "We all work professionally and support people in a person-centred way."

People's care plans included information on their background history, health and medical conditions, needs and support required in areas such as personal care, mobility, health, communication, dietary, daily living skills, behaviour, and work and educational, and social and recreational. The care plans were reviewed monthly and as and when people's needs changed. Records confirmed this. Staff were aware of people's cultural and religious needs and they were recorded in people's care plans. A person commented, "I go to [place of worship] every Friday. [Staff member] takes me to [place of worship] every Friday." One staff member told us that a person using the service ate food specific to their spiritual needs. Each person had an individualised and updated hospital passport, it is a document designed to give hospital staff helpful information about people that is not only about their illness and health.

The provider had been working with an independent consultant with expertise in Autism to review and develop people's detailed individualised positive behaviour support (PBS) plans. PBS is about ensuring people receive the right support at the right time and to improve the quality of their lives. We looked at people's existing PBS plans and found they provided staff with instructions on how to support people when they displayed behaviour that challenged them. These plans detailed behaviours of concern, triggers and signs and gave clear instructions to staff on measures to take to support the person when they displayed the behaviour that challenged the service. For example, one person's PBS stated, "Behaviours of concern as grabbing people's hair or clothing, things in close proximity, scratches and smearing", environmental and other triggers as "busy environment, unfamiliar surroundings, sudden noises, people not informing what is going to happen", signs to look for such as "stops smiling, starts to grab, removes himself from area, grabs hair and refuses to let go." The PBS plan under 'support strategies' section stated, "offer reassurance, talk about positive things, divert attentions, speak in a firm manner, use two staff, offer alternative options." This demonstrated people received care that was person-centred and responsive to their needs.

Since the last inspection the provider had employed an activities coordinator who worked with people and staff to develop activity plans and participated and facilitated activities sessions. A staff member told us, "Another improvement is activities, we have got an activities coordinator who works with people and staff to design activity plans." People living in the care home were encouraged and supported by staff to participate in a range of activities. For example, a person's weekly activity plan included activities such as attending day centre, yoga, dance classes, group activities, one to one communication sessions, sensory, puzzles, personal shopping and, lunch outs. Another person who was visually impaired and enjoyed sensory activities had access to different types of sensory tools including lights, different textured and varied sound producing

objects. We saw these at the inspection. During the inspection, the management told us they were building a sensory room in one of their supported living units where the person would be supported to have one to one sensory sessions.

People living in supported units told us they engaged in a range of activities and staff supported them when requested. Each person had a weekly activity plan that they had designed with their keyworker and this was reviewed as and when the person wished. A person said, "I go to barbers every week and for lunch later with a staff member who I have known for years. He is more like a friend to me. I like listening to music and playing dartboard. I have my own CD player and dartboard." This person showed us their bedroom and we saw a number of compact discs, the compact disc player and a dartboard in their room. Another person commented, "I like going for walks in parks, buying snacks. Staff does not have to help me just [need to] accompany me."

Following the inspection, the provider sent us people's activities profiles that included photos of them engaging in activities and the impact they had on their lives. For example, a person had participated much more in outdoor athletic activities such as dance, yoga, cycling and had lost weight as per their agreed goals. This person's cooking and meal preparation skills had improved and we noticed this corroborated with their daily care logs. People were supported to go out in the community and trips such as to the farm, seaside, and [live television show taping]. The provider was in the process of organising and planning a holiday this summer for people using the service.

Staff had recently started conducting key working sessions where they met with people once a month to discuss their activity plans, daily living skills, and set goals for the future. For example, one person's key working session records stated "I have been attending day centre three times a week, I have regularly been going out for walk in the community / parks, been attending dance and yoga sessions and beauty sessions. I make myself a cup of coffee almost perfectly with little support and prompting given by staff, I am getting better at signing 'yes' and indicating to staff of what my choice is. I would like to gain more living skills, maintain good physical health and be more independent." This showed the provider supported people with personalised activities to meet their likes, wishes and aspirations.

People and relatives were encouraged to raise concerns and make complaints. The provider maintained accurate complaints records including investigation documents, outcomes and correspondence. People and relatives told us they knew how to make a complaint and would feel comfortable to do so, and were happy with how their complaints were addressed. One relative said, "I had suggested that they could improve in providing technology based mental stimulating activities that could enhance his [person using the service] learning skills. I spoke to them [the management] about it and they bought an [electronic tablet] for him. He has been using it ever since and enjoys using it." This showed the provider listened to people's concerns and complaints and addressed them satisfactorily in a timely manner.

The provider had an 'ageing and death' policy that described staff's role in meeting people's end of life care wishes, and support for people and staff during the bereavement process. Following the inspection, the registered manager sent us a newly developed end of life care plan that they had plans to use to engage in end of life care discussions with people and their relatives where necessary. People living at the care home and supported living units currently did not require end of life care support. We found staff had not been trained in end of life care.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to training staff in end of life care.

## Is the service well-led?

### Our findings

During our previous inspection in March 2017, we found the service had not kept accurate and up to date records relating to people's care delivery. During this inspection we checked to determine whether the required improvements had been made. We found the service had reviewed and updated people's care plans and risk assessments.

People told us they liked living at the service. One person said, "I have a good life here." Another person commented, "This is my home. I like living here." A third person said, "I am happy living here. I have been here for a year and half." A relative commented, "He seems okay with the environment and settled-in well here. I am happy with [person using the service] living at the service."

People, their relatives and health care professionals told us the service was well-led and that both the registered manager and the director were approachable. A person said, "If I am not happy about things I will speak to [the team leader], [the director] and [the registered manager]. Yes, I find them very approachable." One relative told us, "There is a manager who is always available and returns calls. I have no concerns." Healthcare professionals' commented that the registered manager was enthusiastic about the improvements and showed willingness to make changes.

Staff told us they felt supported by the registered manager and the director. A staff member commented, "[Registered manager] is my line manager, to be honest I find it easier to talk to her and ask her questions. Yes, I feel supported. [Registered manager] asks us for our views such as how do I find other staff and listens to our requests. For example, when I asked for a new swimming costume for [person using the service] and she bought it straightaway", "Yes, yes she [registered manager] is really helpful. She keeps in contact with staff, even [when] not on-call she answers her phone, she always comes back to your messages" and "The director is hands on, has relationship with clients and understands gaps in the resources, and does his best to meet those gaps."

Staff told us that the registered manager had made some improvements and that the management was stable. Their comments included, "The management is very stable. There have been good changes for the service and the staff team. This April we are having a staff away day as a team bonding event which is great. Activities for people have improved", "A year ago things were rough but since then things have changed and improvements made. For example, documentation has got better, we are completing ABC reports and incidents. Shifts are planned better" and "A lot has changed, a lot of improvements in activities, people have more activities to do, people are encouraged to follow healthy balanced diets."

Staff told us they felt valued and were given opportunities to develop professionally. For example, one staff member commented, "I used to be support worker before then I was given an opportunity to do National Vocational Qualification level three and then team leader course, level four in the management and was offered team leader post. I am currently doing level five management course and the director is paying for the course." Another staff member said, "I started as a support worker and now leading the autism accreditation. I was given training in autistic accreditation." This showed the provider promoted a positive

culture that was inclusive and empowering that enabled staff to deliver care that helped achieve good outcomes for people.

The provider carried out regular audits and checks to identify areas of improvements and to ensure safety and quality of service delivery. The February 2018 internal audits showed the registered manager carried out regular internal audits of people's care plans, risk assessments, medication administration records, health and safety, and building maintenance. Following internal audits the registered manager developed action plans to address any identified gaps and errors, records seen confirmed this. The provider carried out independent quarterly monitoring checks and made recommendations to the registered manager to improve the service. Records seen confirmed this.

The registered manager had been working with an independent consultant with an expertise in autism to train staff in how to support people with autistic spectrum disorder, positive behaviour support plans and review activities and daily plans to become more autistic friendly. The registered manager told us they were working towards gaining autism accreditation. Autism accreditation is a way of services to show they offer excellent support to autistic children and adults. The provider had trained staff in using skills and tools to support people with autism to learn daily living skills and remain independent. A staff member was trained in autism accreditation and worked as a champion in the area to train and mentor staff to implement principles of autism accreditation. Staff we spoke to confirmed this. This demonstrated the provider worked continuously to learn and improve the services offered to people.

The registered manager introduced a relatives' meeting to enable them to ask them of their opinions around care delivery, inform them of the progress their family members were making and any changes that were being introduced. The first relatives' meeting took place in March 2018 and the provider had planned to arrange these at least three times a year. The registered manager conducted regular staff meetings where they asked their opinions around people's care and improvements required. Staff told us the registered manager asked them about their feedback during supervision and felt they were listened to.

Last year's people and relatives' completed feedback questionnaires showed they were happy with the service and staff. Some of the quotes from the questionnaires included, "The service and care provided is fantastic. All the staff work very hard, and I would like to thank them all very much indeed" and "I am happy with the care my son and daughter are receiving." The provider was in the process of sending out feedback questionnaires. This showed the provider involved people, relatives and staff to improve the services.

The provider worked with the local authority, the learning disability team, healthcare professionals, and other organisations such as day centres, autism accreditation, and [(a) local sports team] to improve the care delivery.