Care Management Group Limited

Care Management Group - 287 Dyke Road

Inspection report

287 Dyke Road
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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

We carried out a comprehensive inspection of Care Management Group, 287 Dyke Road on 12 April 2018. The registered manager had been informed of the inspection 24 hours prior to us undertaking the inspection. We gave the registered manager 24 hours' notice of the inspection because the service is small and staff are often supporting people with activities in the community. 287 Dyke Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 home provides accommodation and support for up to eight people, primarily young adults, aged 18-30 with profound learning disabilities, physical disabilities, communication and sensory impairments and complex needs such as epilepsy. 287 Dyke Road currently has one person outside of this age group, but who meets the criteria of support that the service provides. At the time of the inspection seven people were living at the home with one person about to move to 287 Dyke Road from another service. The home accommodates those it supports within one self-contained building. The building has eight ensuite bedrooms over three floors, two connecting communal areas, a dining room and large gardens. The home had a lift that allowed access to each floor and each room is adapted with ceiling tracking hoists.

At the last inspection on 5 January 2016 we rated the service as Good. At the last inspection we had identified a breach, (areas of practice that needed to improve) because medicines were not always managed safely. At this inspection we found that improvements had been and that medication management and administration was being managed safely and effectively, and in accordance with guidance and regulations.

People and their relatives were happy with the care provided by staff who held a detailed working knowledge of each person's needs and requirements. One relative told us, "They judge what level of assistance he needs at that time. They know when to keep out of his face as he gets cross sometimes. They know him so well." Another relative commented that, "The staff have given me back my confidence in the care system".

Staff had been recruited in line with regulations and good practice and had received training appropriate to their roles and responsibilities. There were enough staff to care for people safely.

Staff were knowledgeable about safeguarding procedures and aware of what action they needed to take when they suspected abuse or harm had occurred. Staff had a good understanding of equality, diversity

and human rights.

People's needs had been assessed appropriately. People's care plans and daily activities had been developed in a person-centred way that placed them at the forefront of their support. People's rooms had been decorated and personalised to a high standard that reflected their cultural, ethnic and lifestyle preferences.

Risks associated with care and support, environment and the use of equipment within the service had been appropriately identified and assessed. The service was effective in the management of risks to people with complex needs within the service to ensure they remained safe. One relative told us, "They judge what level of assistance he needs at that time"

The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Applications for DOLS had been made where appropriate.

People's nutritional and hydration requirements were managed well and in accordance with their specific clinical health requirements. People were actively supported to access healthcare professionals and support when required.

People were provided with opportunities to participate in in-house activities and to regularly access the local and wider community. People were supported to make choices in every aspect of their daily routines and activities, while relatives were actively encouraged and supported to engage in the support of their family members. One relative told us, "It is a beautiful place, I think it is always clean and they make it happy".

The provider undertook quality assurance audits to measure and monitor the standard of care provided to people and to enable improvement in standards.

Quality Assurance surveys were undertaken by the provider to ensure that people's relatives were satisfied with the service provided.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service had improved to safe

Staff and managers understood their responsibilities in relation to protecting people from unnecessary abuse and harm. Staffing levels were appropriate and recruitment practices were effective in ensuring people received safe support.

The management of medication was robust and administration delivered safely.

Risks were identified, and appropriate assessments were completed that ensured people in the service were safe. The service was clean and Infection control policies and procedures were followed.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led.

Care Management Group - 287 Dyke Road

Detailed findings

Background to this inspection

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

The inspection took place on 12 April 2018 and was announced. We gave the registered manager 24 hours' notice of the inspection because the service is small and staff are often supporting people with activities in the community. We did this to ensure that both staff and people who use the service were on site. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by experience had expertise in the area of Learning Disabilities.

Before the inspection we reviewed information held about the service. The provider had submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We viewed previous inspection reports and statutory notifications sent to us by the registered manager concerning events and incidents that had occurred at the service. Notifications are events, incidents or changes which the service must inform us of.

During the inspection, we spent time with the people who lived at the service and observed the support that they received within the communal lounges, sensory room and kitchen and dining areas. We spent time seeing how staff interacted and communicated with people who use this service. People had a range of non-verbal ways in which they communicated, which included non-verbal gestures and signs. Therefore, we observed the reactions, facial expressions and physical responses of people to determine their experiences and degree of satisfaction with activities and events.

We spoke with four relatives, three care staff and the registered manager. We spent time observing how

people and staff interacted, including at lunchtime, specifically to see how nutritional and hydration needs were being managed. We reviewed care and support plans of five people, their associated risk management assessments and health records. We also reviewed three staff files including documentation on recruitment, training and supervisions.

We looked at records relating to the management of the service such as policies and procedures, quality assurance audits and medication administration. We also 'pathway tracked' the care and support for two people living at the service. This is a process where we ensure that the support detailed within support plans is the same as that delivered to that person by the provider. We obtain feedback from people and their relatives which, together with observations, allow us to capture specific information about people's experiences of the care they receive.

At the last inspection on 5 January 2016 the service was rated Good.

Good

Is the service safe?

Our findings

At the previous inspection on 5 January 2016, we found that the service was not managing people's medication safely. The services' previous inspection had identified that the recording of the administration of medication was not being completed correctly and that the disposal of medication was not in line with Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was therefore an area that we identified as requiring improvement. An action plan was submitted by the provider. The provider had taken steps to improve its recording, disposal and return of medication where required, through improved recording methods and auditing checks. The provider had improved auditing systems where the registered manager implemented regular monitoring of recording, a process that is then audited quarterly by the regional director.

During the current inspection, staff were following safe procedures in the administration of medication. Medication Administration Records (MAR) had been completed accurately. MAR charts were accurate and provided staff with the information they needed to administer medicines safely. Records of medication administered 'as and when required' were accurate and up-to-date, and included specific protocol as to when these should be administered. Regular auditing of medicine procedures had taken place. This ensured that the processes for the administration of medication worked effectively and that issues could be addressed robustly. Medicines were kept securely and within the required temperature range. Staff had received appropriate medication training, and had been assessed as being competent to administer medicines, including stand-alone training on the administration of Buccal Midazolam medication, which supports people who live with Epilepsy.

People had a range of communication needs and were unable to tell us verbally if they felt safe living at 287 Dyke Road. Observations of the care and support provided, showed that people were happy and comfortable in the presence of staff. People's expressions, reactions and behaviour showed us that they felt safe. One family member told us that they felt their relative was safe at the service because of the oversight of staff. "It's a very safe environment. They ensure it is all monitored very well. Another relative said, "They know him so well but even more they know what he needs to feel safe".

People were kept safe from the risk of unnecessary harm and abuse. Staff confirmed that they had received Safeguarding training. Staff understood safeguarding procedures on how to respond to any concerns of suspected abuse and harm. They understood their own roles and responsibilities in reporting concerns to the Registered Manager, and of the formal recording procedures required to document these concerns. The provider had been proactive in alerting, the local authority on Safeguarding issues. The provider worked transparently with external stakeholders in safeguarding activity or investigations. Staff were knowledgeable of people's specific communication needs. This meant they were able to identify when people were unhappy and to be aware when possible abuse may have occurred.

The registered manager told us that the staff team will discuss safeguarding activity in team meetings and will use examples of safeguarding's from other services as learning opportunities. The registered manager told us that this "gets staff looking at abuse in a different way". The impact of this is that staff awareness is

greater on the triggers and warning signs of abuse, allowing earlier intervention.

Risks to people were assessed robustly and managed effectively to ensure their safety. People had very complex needs and staff demonstrated a good knowledge of the individual needs of people which allowed them to meet these needs safely. People had personalised risk assessments which reflected their multiple needs in areas such as moving and handling, medication and swallowing. The assessments ensured that risks were reduced as much as possible whilst avoiding any unnecessary restrictive practices. We observed this during the administration of medication and in the provision of fluids, where effective infection control procedures were adhered to systematically to ensure risks were reduced. Some people were supported at night with non-invasive positive pressure ventilation machines (BiPap). This technology prevents airways from closing and reduces obstructions in order for people to breathe easily and regularly through the night. Equipment was monitored regularly to ensure that it was working effectively. Some people in the service had portable air conditioning units in their rooms. The registered manager explained that the people that these units helped would often be hot upon waking each morning and the units were effective in cooling their body temperatures down. The impact of this was that people were less anxious and ensured that behaviour that could be challenging to others was minimised. Regular audit checks were also viewed on maintaining specialist equipment. Guidance provided clear instructions for staff in how to support people to maintain good skin integrity and reduce risk, for example, around the site of a feeding tube.

There were sufficient numbers of trained staff to ensure the safety of people. Staffing levels were consistently maintained. Records showed that staff continued to be recruited according to safe practices in that appropriate checks and references were sought to ensure that they were suitable to work at the service.

Systems remained in place to monitor the environmental safety of the premises, such as hazardous substances and food hygiene. Monthly health and safety audits were also viewed. Checks were undertaken to ensure the safety of the equipment such as moving and handling equipment, slings, pressure relieving beds, fire safety and water temperatures. People's ability and needs to evacuate the premises in the event of an emergency and fire had been assessed, and each person had an individual Personal evacuation plan in place.

People continued to receive care within a clean environment. All areas of the home were clean and appropriately maintained. We observed staff using protective personal equipment when providing personal care, supporting people during the lunch period and when administering medication. All staff had received training in Infection Prevention and Control and the appropriate infection control policies were in place.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw evidence of effective responses to incidents and follow up actions. Records showed that the staff took actions to change practice and to minimise risk of occurrence.

Good

Is the service effective?

Our findings

The provider had continued to undertake assessments of people's individual care and support needs. These ensured that their support and treatment needs could be met in line with current standards and legislation. Care plans had been developed that recorded each person's needs and outcomes, with clear and detailed guidance on how staff could support them to meet those needs. Assessments on people's complex needs were seen that supported effective delivery of care in areas such as pressure sores. Assessments detailed where people required repositioning and monitoring to maintain good skin integrity. There were clear assessments, and guidance on how staff should support people who utilise complex sleep systems. These included positioning photos provided by physiotherapists to ensure that people slept appropriately and effectively. We saw records of night checks undertaken that monitor peoples sleep positions.

Staff maintained had a good understanding of equality and diversity issues and how this should be put into practice with people they support. This was reinforced through training and the registered manager ensuring that policies and procedures were understood. Processes were in place to educate staff and promote a culture that helped prevent discrimination and provide protection to groups covered by the Equality Act 2010. One relative told us, "They help him to be aware of his culture and chat about our family with him", while another stated, "All our beliefs are respected and recorded"

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at whether the service was working within the principles of the Mental Capacity Act and operating appropriately under the Deprivation of Liberty Safeguards. These safeguards ensure that the rights of people are protected if there are any restrictions to their liberty. These safeguards will have been authorised by the local authority to ensure that the person has been protected from harm.

The registered manager understood when DoLS applications should be made and evidence was seen that these had been completed where applicable. DoLS applications included details of the rationale behind specific restrictive practices and why they were in a person's best interest. The registered manager understood fully however the importance behind best interest decisions and the need to ensure that these decisions should be recorded accordingly. Records showed that all staff had undertaken Mental Capacity Act training. Staff demonstrated a good working knowledge of the issues around capacity and decision making. Staff informed us that people should be supported to make their own decisions as much as possible. We observed staff using their knowledge of people's preferences and communication methods to

ensure this best practice was applied.

As people had complex needs, people required specialist support and equipment to ensure that their nutrition and hydration needs could be met. We observed that people's nutritional needs were being met effectively. People required their nutrition, fluid and medicine delivered via an enteral feeding system. This is a flexible tube that enables fluids and liquid foods to be delivered directly into the gut. Assessments determining the nutritional needs for each person were in place. Health support plans provided clear instructions for staff to ensure people's nutritional needs were met.

We observed staff supporting people with their nutritional requirements in an effective and caring way. Staff informed people of what was happening at each stage, providing encouragement and guidance throughout. Feedback viewed from the community dietician following the inspection showed that the service sought their advice and applied it effectively to meet people's nutritional needs. The dietician said, "I have a very good working relationship with the staff who contact me at the first sign of any issues. Residents are discussed and reviewed regularly."

Appropriate infection control procedures were ensured, whilst the dignity of the person was maintained with the application of clothes protectors. People who were able to receive food orally were supported throughout the process through constant communication from staff and by being consulted on their choices and needs.

Staff had undertaken an induction programme and ongoing training to meet the individual needs of people in the service. New staff shadowed established staff members as part of their orientation. The amount of shadowing each staff members undertakes was dependent on their previous care experience. The provider ensured that new staff members spend time getting to know the people who use the service and to understand their needs.

Staff had completed the training they needed to be effective in their roles. Staff received training that was specific to people's needs, for example Epilepsy training. Staff were also training in Gastronomy Care and Enteral Feeding, chest condition management, airway suction and nebulisation, some of which was provided by either a clinical nurse trainer or a Nutricia nurse. Staff informed us that they were able to request further training and shadowing opportunities following their induction if they felt they required further support in a specific area. One staff member told us that they found training very helpful and allowed them to "gain more confidence" in their ability to undertake their role successfully. One relative told us, "The staff definitely know what they are doing. They just get on with it confidently and with minimal fuss". Some staff were working towards recognised accreditation schemes such as Profound and Multiple Learning Disabilities (PMLD) qualification and Postural Care in order to support people to live healthier lives. CMG has a healthcare facilitator who provides support, advice and training to ensure people receive excellent health care support.

Feedback from staff and the registered manager confirmed that staff development and programmes for personal development are in place. Staff received formal one to one supervision meetings. Supervisions are development meetings that ensure that staff are receiving the necessary support to undertake their role and to discuss training and development opportunities.

People's individual needs were met by the design and adaption of the premises. The main building was well designed and provided adequate communal space for wheelchair access. Each bedroom possessed an ensuite bathroom, although these were utilised to store health and care supplies specifically for that person. However, the service had fully adapted communal bathrooms that met the needs of people living at the

service. Bedrooms, corridors and communal areas were well lit and maintained. The kitchen and communal area had a separate sink at wheelchair level to allow people to maintain regular hand hygiene. Specialist technology was used in order to respond to people's needs. People's rooms were equipped with overhead tracking hoists in order to meet their moving and handling requirements.

Staff worked effectively with each other as well as with other services and organisations. Staff worked together at handovers in the mornings and evenings, whilst the shift leader coordinated staff during the daytime. Observations of staff confirmed they worked well together in a structured and co-ordinated way. One staff member told us "Everything here runs very well. We have a very efficient team". Staff worked in partnership with specialised health professionals such as dentist, GP's, physiotherapists, and specialist nurses. The service arranged for people to see dieticians every six month, or as and when needed. The provider had a thorough approach to planning and co-ordinating people's moves to other services. Evidence was seen of a detailed and co-ordinated transition with external agencies for one person that reflected both individual circumstances and preferences.

Observations and conversations with staff showed us that they knew people's needs well. This allowed them to effectively identify and seek specialist input from other professionals and specialists when required. Feedback from one professional following the inspection demonstrated the provider's engagement with health professionals to obtain good outcomes for people. One professional said, "Through the hard work and care provided by staff at 287 Dyke road, (the person's) pressure area has now completely resolved and he is accessing community activities." Records showed that people had regular and timely access to healthcare services. Each person had their own healthcare file and associated health plans that detailed which health care professionals were involved in their support. Each person has a hospital plan or 'passport'. This is a document that can be used should a person be admitted to hospital that allows health staff to have a better understanding of that person's needs. People's health records held detailed instructional information on areas such as respiratory needs, stoma care, dysphagia, chest and breathing, bowels. Notes of healthcare appointments included follow up actions that the provider had completed.

Good

Is the service caring?

Our findings

People were supported by staff who knew their needs well. We observed staff treating people with kindness and compassion. We observed people responding to this care positively with smiles and positive body language. Staff supported people with dignity and respect and spoke to them in a kind and friendly manner throughout the day. Staff were attentive and responded to people in a timely manner when needed. Staff were proactive in their engagement with people and did not wait for contact to be initiated as a result of any emerging needs. One staff member told us that they liked "all the different characters" within the service and that "we know them so well".

Staff ensured that people were able to express their preferences and be actively involved in making decisions. People had access to TV and music facilities that could be operated through technology to allow residents to select what music and programmes they wanted. We observed one person using his head and eyes to indicate to the supporting carer what choice he wished to make. People were also supported to use visual aids and assistive technology to allow them to express their wishes and preferences. Disability distress assessment tools were used to identify when people, who have difficulty expressing their views, are in pain. The tool allowed staff to assess signs and behaviour to anticipate changes in people's physical and emotional wellbeing.

People's relatives told us that they were involved in the care planning and ongoing support for their family members. They informed us that they were listened to and that staff and the manager responded to their questions and input.

Staff had a good understanding of when people were unhappy and required additional emotional support. People's support plans provided detailed guidance for staff on what physical movements, facial expressions and audible signals would be displayed should a person be upset or in pain. One support plan stated, "If I am upset or in pain, I will moan, scrunch my face up and tense my body". Staff demonstrated that they were familiar with these signs and could respond accordingly.

Relatives of people informed that the staff team are kind and compassionate in the care they provide and their approach to people. One relative told us, "The staff are amazing and caring and really do keep us going as a family." Relatives felt secure in the knowledge their relatives were cared for and that the staff were kind and supportive. Relatives felt listened to and well advised and supported by the service. One relative told us, "They know exactly what he needs and how to care for him and look after me too". Staff were sensitive to times when people needed caring and compassionate support. One person who had suffered a close bereavement was supported using a guide that supports people with learning disabilities. Staff supported the person to cope with their loss through reflective conversation, visual reminders, and continuing with routines they practiced with their family member.

People's privacy and dignity was respected. We observed a staff member administering medicines discreetly and compassionately during a busy lunch period. When the dining area became busy, the staff member supported people to a more private and discreet area to administer their medication and ensured that they

had drawn the separation curtain between communal areas to maintain people's privacy. We also observed staff ensuring that doors of rooms and bathrooms were closed when attending to personal care requirements. Staff spoke with each other about people's support in a respectful manner that maintained the dignity of the person. Staff showed people respect by lowering themselves to people's level in their wheelchairs and establishing eye contact in order to ask them questions. One relative told us about their son, "He has dignity. They treat him like an adult and he is always clean and nicely dressed". Staff respected people's rooms and privacy. Another relative informed us that staff, "Knock on the door and wait before coming in. You can lock the door if you would like to and there is a mutual respect between us all".

The provider took practical and secure steps in relation to protecting the privacy of people's records and information. The service stored hard copy information on files in the office area. Staff had a good understanding of privacy and confidentiality and had received training.

The registered manager and staff demonstrated that equality and diversity considerations were embedded and promoted within the care that they delivered to people. For example, staff and relatives told us about the support provided to two people of a particular faith, and the cultural and religious support provided to other people. One person had been supported to decorate their room with cultural items and a décor that reflected their ethnic background. The person accessed his religion through music and staff had supported him to attend a religious community choir, and had arranged for a choir to come to the home. Staff had ensured that one person's faith was continuously supported despite the person having no family members to support them. The registered manager stated that the broad cultural differences of the staff team supported a positive culture of diversity within the service. Relatives were happy with the approach of the service towards the diverse cultural needs of people. They told us "They help him (son) to be aware of his culture and chat about our family with him", while another stated that, "All our beliefs are respected and recorded". This demonstrated a commitment by the provider to ensure that independence is promoted.

Good

Is the service responsive?

Our findings

People's needs were assessed and care plans developed that met those needs. The care plans also detailed how these needs were to be met. Care plans detailed people's preferences, likes, dislikes and how they wished for their care to be delivered. Support plans recorded people's personal history, their religious and cultural needs and how this shaped the support they wished to receive. Care plans had been drawn up with the support and input of family members which allowed a more personalised reflection of that person's personality and preferences. One relative informed us "They learned all about him and what he needs very quickly". Relatives we spoke to confirmed that the service would update them in a timely manner on any changes or developments in the support and health of their family members.

The provider was proactive in promoting personalised support. Each person's bedroom had been decorated in a person-centred way that immediately identified and displayed their preferences and cultural needs. Care plans provided guidance for staff when they supported people who faced difficulties with verbal communication. One care plan detailed how eye contact, facial expressions and sounds indicated how the person was feeling. The plan explained how staff should then communicate with that person, "Always say my name first and speak in a clear voice using minimal complex words. I will give eye contact if I am listening and often smile at you." We observed this interaction and communication during the day.

Each individualised care plan was responsive to that person's personal care needs. Records showed preferences for specific toiletries and how these should be applied. Records showed that people were supported to make choices with regards to what clothes they wished to wear. When providing instructions on oral hygiene for one person, the care plan stated that the person "is at risk of aspiration and requires a low foam toothpaste with a minimal amount of water'. Staff confirmed that the support plans in place were helpful in allowing them to respond effectively. One family member told us about their relative, "They are very attentive and know him well already. They think about his level of comfort and ask him if he wants to move if the music is loud or the film is something that doesn't interest him. They accommodate everyone individually". Feedback from a GP was positive on the providers focus on person centred support. One GP said that the service provided, "Excellent overall care with the needs of the service user at the centre of things".

The registered manager recognised the requirement to continually review and update support plans to reflect changes in needs and preferences. Records showed that support plans were updated when required. One staff member confirmed that one person's care plan was updated following a change in medication and they read this to familiarise themselves with the changes.

We observed the use of assistive technology by people to support their involvement in activities and to allow people to control their environment and have more independence. People were using power-link boxes and switches that allowed access and control of other electrical devices. We observed people controlling the cooking equipment during a baking session, giving them control and active involvement. The provider had ensured that this technology was accessible to people according to their level of physical dexterity. One person was able to activate the device through movements of their head in their head rest, while another

person utilised a ribbon switch that allowed less direct methods for activation through body movement. One person liked to hold and throw items and was supplied with a 'grip' device that activated via a button on the grip and also when the device was thrown. This showed that staff were giving careful consideration to people's individual needs and abilities and supported them to be as independent as possible.

People were supported to engage in various activities. The activity/sensory room was utilised to support people and was organised to accommodate people who mobilised using wheelchairs. The communal area was decorated with vivid artwork and colour and contained a large noticeboard with photo collages of events that people had participated in. We saw that people had access to activities such as musical instruments, potter's wheel and arts and crafts. People also had access to sensory equipment such as textured cushions and sensory light systems. One relative informed us of their family member "The activities are very good and stimulating to each of his needs. They think about them all the time and they are the best at knowing exactly what he needs because they observe and listen to him. They provide special things that interest just him and he is still a person and not just part of a group". We observed people taking part in a baking activity. As the activity progressed, people responded with cheers and used their table trays to show their pleasure by tapping and banging them. Symbols, wave drums and bells were used by people to demonstrate their pleasure at the activity whilst staff and people high fived and clapped together. Residents were given opportunities to touch the ingredients by staff and were asked how these felt. Staff supported people to access the providers hydro therapy pool on a regular basis.

A complaints procedure was in place and guidance on how to make a complaint with the provider. The registered manager was clear on what they should do if a complaint was made. The registered manager was proactive in receiving feedback and would look to resolve any issues immediately, or refer them to the regional director if this was not possible. Relatives informed us they knew how to make a formal complaint and stated that they felt confident that the manager would be responsive and transparent in dealing with any issues. One relative told us, "I would approach any staff or management but have never had to. I am confident everything would be sorted out quickly".

Peoples' end of life care was discussed and planned. The registered manager and staff at the service was experienced in providing end of life support for people to ensure they had a comfortable and dignified death. Staff had recently supported a person during their final months and had been actively supported by the palliative care team. Staff arranged for the person's family to stay with them at the service in the week prior to their death. Staff also arranged for interpreter services for family members in the last stages of the person's life to ensure that they were fully involved in the decision-making process. The registered manager had taken responsive and proactive steps with the GP to ensure that the family were able to arrange a quick funeral that was in line with the person's religious practice. Their care plan recorded the individual wishes for people's end of life care. These gave details of treatment and burial wishes and had been signed by relatives where a lack of capacity to make these decisions had been assessed. The service also received first place for outstanding end of life care for an individual form the Palliative Care for People with Learning Disabilities.

Good

Is the service well-led?

Our findings

The service had a Registered Manager in post. The registered manager has been in post since November 2015. 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.

Relatives and staff felt that the service was well-led by the registered manager. Staff informed us that the registered manager was focused, caring and open in their approach to both the running of the service and towards staff. One staff member stated, "She is very open minded and has a big heart", while another commented that "She is very caring and things are being done properly". The registered manager confirmed that she actively promotes an open-door policy for staff.

Staff were aware of whistleblowing and the company's policy. Staff told us that they would feel comfortable reporting any concerns they had and that the open- door policy promoted a culture of transparency. The registered manager stated that they have attempted to embed within the service a culture where staff "should not be afraid to report poor practice" and that the focus was on "ensuring staff know they are protected". One staff member told us, "Laurie is very open minded and you can talk to her"

The provider and registered manager had developed a clear vision for the service and caring values that were evident in the approach and attitude of the staff. Staff took pride in the caring culture that had developed in the service and that the provider and registered manager promoted towards people. The service development plan contained both the provider's statement of purpose as well as a clear vision for the service that focused on inclusiveness, service user voice, respect and the promotion of person centred care. The registered manager had recognised the value and benefits of making the communal garden area more accessible for people and had proposed changes in place to ensure this. The management and staff were well supported at a corporate level through regular service visits from senior directors and the CEO. Quarterly representative groups were held, which were attended by senior management, to ensure that staff were able to give their views on practice issues and contribute towards policy decisions.

The provider carried out quality assurance audits to ensure that staff maintained the standards of care that were expected. The registered manager had been proactive in learning from the areas of medication administration that had required improvement following the service's previous inspection. Audits were undertaken to ensure compliance and quality in health and safety and ongoing medication competency. Ongoing quality assurance checks in all area of care delivery and safety including medication storage temperatures, infection control checks, and environmental levels. Records showed that changes identified were actioned by staff following these checks.

The staff team were aware of their roles and worked well together to provide joined up and consistent care. Shift planning identified individual allocated tasks as well as handover details for subsequent shifts. The impact of this was that staff were clear in their daily duties and what support they would be providing. This

was also evidenced through our observations of staff coordination throughout the day.

Relatives told us that the registered manager was proactive in engaging them and involving them with the care of their family members. One relative told us "Feedback is always welcomed and I feel Laurie really doesn't know how good she is". Relatives informed us, "I'm invited to meetings and they let you know about everything that goes on and they will give you a flyer or letter. We have meetings for suggestions and updates and I feel listened to". Another commented on the progress of family members care, "I get called and they also give me a detailed update whenever I come in". Quality Assurance satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. Feedback from the surveys was positive.

Staff told us that they were engaged in the development of the service. Staff informed that team meetings were proactive in obtaining staff suggestions for improvements to peoples support and to the running of the service. The provider holds a service user awards ceremony that is used to celebrate the achievements of the people they support. Staff and relatives are able to nominate staff in different categories of care delivery.

The registered manager stated that she keeps up-to-date with current practices by reading current guidance. The registered manager is a member of the Profound and Multiple Learning Disabilities (PMLD) forum where good practice and common issues are shared with other managers. The provider holds monthly management meetings where new legislation is discussed then cascaded down to staff during team meetings. The provider had also followed up on previous guidance to take into account NICE guidelines regarding the disposal of medicines, as well as The Handling of Medicines in Social Care by The Royal Pharmaceutical Society of Great Britain.

The registered manager demonstrated that the service is active in promoting learning and ensuring a sustainable workforce. The registered manager spoke of a difficult period for the home, she put forward the staff group to complete a 'Challenge for Change' course which supported them in handling difficult situations and to build resilience as a team. The registered manager stated that staff described feeling valued and listened to as a result of this. Follow up sessions with staff to discuss how they can be supported. The registered manager stated that these developments have changed the way she approached supervisory support whereby staff are encouraged to engage transparently by responding to questions such as, "what prevents you from having a good day?". The registered manager told us that supervisions focus on the strengths of individuals and how these skills can be maximised within the team. The registered manager worked with the staff group to explain the benefits of different approaches and personalities and how staff could utilise these to improve, develop and ensure sustainability.

The provider liaised regularly with other agencies. The registered manager recognised that the complex health and care needs of the people within the service required a multiagency approach. Staff worked in partnership working with local GP's district nurses, specialist dentistry service, local authorities, dieticians and clinical nurses.

The registered manager had engaged with a local community group that supported people with community employment. This link led to opportunities for one person to engage in accessibility reviews in the local area where checks are made on accessibility, changing facilities and hospitality of staff.