

Education and Services for People with Autism Limited






35-37 Portland Avenue

Inspection report

35-37 Portland Avenue
Deneside
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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	

Overall summary

This inspection took place on 12 October 2015 and was unannounced. This meant the provider did not know we were carrying on the inspection on that day.

35-37 Portland Avenue provides accommodation and personal care for up to four people. The home is a pair of semi-detached bungalows, each with two bedrooms, a lounge and kitchen. They are set in their own gardens in a residential area, near to public transport routes and local shops.

There was a registered manager in place who had been in their present post at the home for over ten years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

We found people were engaged in their care and the running of the home and staff helped people to express their wishes, likes and dislikes and the activities they wanted to do. People's care plans were very person centred and written in a way that described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for people living at the home to understand and also included pictures and symbols.

People who used the service, and family members, were extremely complimentary about the standard of care provided.

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. We found the registered provider was following legal requirements in relation to MCA.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills. We also viewed records that showed us there were safe and robust recruitment processes in place.

Throughout the day we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing and it was evident that all staff knew people at the home very well. This included their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in

people's care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their individual needs and personality.

People were supported by well trained staff. The provider had its own training department which supported staff to gain the skills and knowledge they needed to meet the needs of people who used the service.

People were protected from the risk of abuse. The care staff we spoke with understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. Staff were able to describe what actions they would take if they witnessed or suspected abuse was taking place.

People received a balanced diet. People at the home had specific diets and preferences and staff were very knowledgeable about these. We saw staff offered a selection of preferred meals and people chose what they wanted to eat. There were snacks and drinks available at all times as well as healthy options for people to choose from which staff encouraged.

We found that the registered manager had checks in place to make sure the building was clean and well-maintained. Improvements to the building and required maintenance was undertaken when required to ensure health and safety for people living and working at the home. There was a designated infection control champion at the home and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

We saw the provider had policies and procedures for dealing with medicines and these were followed by staff. Medicines were securely stored and there were checks and safeguards in place to make sure people received the correct treatment.

People were supported to take part in activities they were interested in and routines they preferred. Staff were constantly looking for more opportunities for people to try.

We found that the registered provider had comprehensive systems in place for monitoring the quality of the service. This included monthly audits of all

Summary of findings

aspects of the service, such as medication and learning and development for staff, which were used to critically review the home. We also saw the views of the people using the service, their advocates and relatives were regularly sought and used to make changes. The manager produced action plans, which clearly showed when developments were planned or had taken place.

There was a complaints policy at the home which provided people who used the service and their

representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Summary of findings

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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication.

There were sufficient staff working at the home and they had been trained to work with people in a positive way which protected their human rights.

The service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

Good



Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitive and they supported people with kindness and compassion.

The staff were very knowledgeable about people's support needs and their ways of communication and conversations and these were tailored to individual's preferences.

Good



Is the service responsive?

The service was responsive.

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them and the running of the home.

Good



Summary of findings

We also saw the provider had in place signs and signals for staff to recognise when a person's mood might change. Staff were able to intervene to prevent a situation from escalating.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

Is the service well-led?

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open culture.

The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



35-37 Portland Avenue

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 checked whether the registered 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.

One adult social care inspector completed this unannounced inspection of 35-37 Portland Avenue on 12 October 2015.

Before the inspection we reviewed all the information we held about the home. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful about the service.

Before the inspection we reviewed any information from the local safeguarding team, local authority and health services commissioners, the lead infection control nurse and Local Healthwatch; no concerns were raised by these organisations.

During the inspection we spoke with four people who lived at the home. We also carried out observations and looked at two people's records. We spoke with three staff members including the registered manager about how the home was run.

We spent time observing people in various areas of the home including the dining room / lounge areas.

We were shown around the premises by people living at the home and saw some of the bedrooms, bathrooms, kitchens and living / dining areas.

We also spent time looking at records, which included people's care records, and records relating to the management of the home.

Is the service safe?

Our findings

People who used this service told us they felt safe. They told us, “It’s good here and the staff are nice,” “It’s safe because I tell them (staff) when I’m going out and I know where they are if I need them – I ring them up.” In one person’s care plan they had stated that if they could live anywhere in the world it would be at 35-37 Portland Avenue because they felt safe there. In a recent survey carried out by the provider, relatives said they were confident the provider helped people to stay safe.

Staff told us they helped people remain safe because they had ‘up to date risk assessments in place,’ ‘ongoing training’ for staff, and ‘up to date policies and procedures.’ They told us they had appropriate staffing levels and that the building provided ‘a safe environment’.

Staff said their work helped people remain safe because they monitored people’s health and care needs and they had undertaken safeguarding training to help them recognise and respond if they suspected or witnessed abuse. We asked two staff members what they would do if they suspected abuse was taking place. They were all able to tell us the right action to take. This included reporting to the registered manager and the local authority.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at two people’s care plans. Each had an assessment of people’s care needs which included risk assessments. Risk assessments included areas such as accessing community facilities and traveling. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting and promoting people to be independent and still take part in their daily routines and activities around the home and in their community. Some people had recently moved on from 35-37 Portland Avenue to live independently following structured support from staff at the home.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

When we spoke with staff about people’s safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a person’s behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff including the role of the local authority. Staff had easy access to information on the home’s safeguarding procedures and a list of contact numbers were available. The registered manager was aware of their responsibilities to report any concerns to the local authority and ensure the immediate safety of service users.

Staff told us they had confidence in that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact management out of hours should they require support. We saw there was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered or senior managers.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed ‘as and when required’, for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

We looked at two staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview and background checks which were in line with the provider’s recruitment policy.

Is the service safe?

Through our observations and discussions with the manager and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at 35-37 Portland Avenue. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people's chosen daily activities in their home or community. There were arrangements in place to cover staff either for expected or short notice absences and if people's needs increased. For example though illness, where more staff were required to support them. This demonstrated that sufficient staff were on duty across the day and night to keep people using the service safe.

The provider had a policy in place to promote infection control and cleanliness measures within the service. The

service had an infection control lead to ensure there were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which staff followed to ensure all areas of the home were appropriately cleaned each day. And some people were encouraged and supported to take an active part in cleaning their areas of the home and take part in household tasks. The registered manager had sought to resolve a problem with condensation in one part of the home and was in liaison with the housing provider to ensure a more permanent solution. We saw staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about the home's infection control procedures.

Is the service effective?

Our findings

People told us they had plenty to do and the staff helped them to organise their lifestyles. In a recent survey carried out by the provider, relatives said they were happy with the support of staff and the provider maintained 'high standards' of care.

Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences. We saw that staff took time to listen to what people told them, and explored ways to support them in the way that people wanted. Staff talked about their strong relationships, with people who used the service and their relatives which helped them to be effective. They told us they had 'good training and support from the company and outside specialists' and they provided 'skilled staff' who met people's needs in a 'supportive environment'.

We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective signs, gestures and pictures this approach supported staff to create meaningful interactions with the people they were supporting. Care records contained guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to their care and support.

People had access to food and drink. Staff told us menus were based on people's preferences and their likes and dislikes. If people didn't want what was on the menu then an alternative was always available. Staff told us "We sit down and agree what meals people would like. We try to encourage people to try different things but there are some meals where this is not possible because they are favourites, they have a very strong view and would be unhappy." People could also help themselves to a snack or drink of their choice at any time and some people had routines they liked to follow.

People had regular checks on their weight and a record of what they had eaten daily records were kept. We saw guidance was in place to support staff with offering healthy options to maintain a balanced diet whilst supporting the people to still eat.

People were supported by staff that had the opportunity to develop their skills and knowledge through a comprehensive training programme. Staff told us the provider had its own training department which supported staff to gain the skills and knowledge they needed to meet the needs of people who used the service. Many of the specialist courses were carried out by trainers who also gave ongoing support to staff. Records showed there was an extensive programme of induction and specialised training for all staff to prepare them for their work at the home. Training included 'Common Induction Standards' with courses in 'Autism Awareness', 'Communicating with people with Autism Spectrum Conditions', 'Sign Language', 'First Aid', 'Manual / People Handling', 'Food Hygiene', 'Fire Safety' and 'An Introduction to Behaviour'.

We looked at records which showed all staff working at 35-37 Portland Avenue had received relevant training which included National Vocational Qualifications (NVQ) in care and promoting independence. Staff commented positively about this training in particular about autism specific training courses. The registered manager told us staff were supported to achieve relevant qualifications and access training to provide 'continuous professional development' including courses such as, Diploma in Health and Social Care Level 4, Level 4 in Management, and 'Studio 3' (training to support people who have behaviour which challenges staff) and Autism Spectrum Conditions Training.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals GPs, specialist epilepsy trained nurses and occupational therapists if they had concerns over people's health care needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

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

Is the service effective?

treatment when this is in their best interests and legally authorised under the MCA. The application 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. All necessary DoLS applications had been considered, or were in the process of being submitted by

the provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

Is the service caring?

Our findings

We spoke with people about the support they received from staff at the home. One person said “I know they care about me and help me do the things I like – and I care about them too.”

Staff said they were caring because they had a ‘nurturing nature’ and they helped to ‘build trust’ with people at the home. They said ‘we provide informed choices for people in ways they can understand.’ Many staff told us about providing services which promoted dignity and ensured peoples’ rights were upheld. In a recent survey carried out by the provider, relatives confirmed the provider treated people with dignity and respect.

When we inspected we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for peoples’ wellbeing. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people’s care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people easily understood sometimes using the same language and phrases which gave people reassurance. Throughout our visit we observed staff and people who used the service engaged in general communication, shared experiences, debate and jokes.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely understanding of peoples’ needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We found people were involved in the running of the home and were supported to take up opportunities to make decisions and choices during the day. For example people chose what to eat, or where to sit in the lounges and what activities to take part in. We also saw people were comfortable to assert their views and preferences and were

empowered and encouraged to be in control of their lives. We found there was an impetus in the home to support people to be integrated in the local community. For example shopping expeditions supported people to be more independent and meet regularly with friends and acquaintances.

We spoke with the registered manager who gave examples of how they respected people’s choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

We observed staff gave people time to make choices. They were patient with people and discussed options with them. People were supported to make preparations to go out and given information and explanations by staff to help them prepare.

In response to people’s needs for equality we found the provider had in place arrangements to assess people’s needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their abilities and enabled them to learn new skills. We saw through plans and reviews people had achieved their goals and their well-being had been promoted.

The registered manager told us the people who lived at 35-37 Portland Avenue had capacity to make decisions in most areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person’s best interests. We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions at the home. For example, meetings were held regularly so people could decide and agree about decisions affecting their home such as bedroom locations, activities, meal choices and holidays.

We spoke with the registered manager who gave examples of how they respected people’s choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people

Is the service caring?

with respect, actively listening to them and responding to their gestures and requests appropriately. We saw staff responding to people's body language, making sure their personal space was respected. Relationships between people and with carers were relaxed, friendly and informal which helped people to feel comfortable. People appeared to be relaxed and happy with the support provided by staff. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. Staff who

told us they were very aware of the need to maintain and support people's privacy when they were living together in the same house. We saw people were encouraged to use their bedroom as personal spaces and we saw staff (and other residents) knocked on people's bedroom doors and waited to be invited in before opening the door. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

Is the service responsive?

Our findings

People who used the service explained how their care and welfare needs were met. They said it was 'like a consultation,' 'It's about me so I need to be involved' and 'I'll make the arrangements because it's my life.' One person told us, "You can always complain if there's something you're not happy about." In a recent survey relatives said the provider placed a high priority on people's health and wellbeing and the support they receive is very 'person centred'.

Staff told us the service they provided was responsive because they 'respected individuality,' made sure everyone had 'person centred plans' which were 'regularly reviewed and adapted' to meet peoples changing needs.

We spoke with staff, and the registered manager who told us everyone who lived at the home had a care plan. They described to us in detail how staff at the home made sure people were properly cared for and we looked at how this was written in their care plans.

We looked at the care records of people who used the service to see how peoples' needs were to be met by care staff. The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and personal statements about their hopes for the future. We found every area of need had very clear descriptions of the actions staff were to take to support them. For some people we saw detailed information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

Some of the people who lived at this home found it difficult to say what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called 'About Me'. This told staff, in detail, all about each person's needs and preferences, using pictures and photographs.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may

have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. We saw examples of how staff had taken action to promote one person's independence and take calculated risks so they could have a more independent lifestyle. The registered manager told us that the home had helped support people who wished to become more independent to move to their own home.

The way care plans were written showed how people were to be supported and there were reviews to see if their needs had changed. These reviews included meetings which had been attended by relatives, care staff and peoples social workers. We saw each person had a key worker whose role it was to spend time with people to review their care plans on a monthly basis. Key worker's played an important role in peoples' lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. There was evidence a great deal of thought, consideration and care had gone into peoples' care plans.

We saw staff write down the support provided to people each day. The records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify and respond appropriately to people's changes.

The home supported people to carry out activities within the service and in the community and encouraged them to maintain hobbies and interests. Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs. Some people preferred to have numerous activities and busy lives. Sufficient staff had been provided and co-ordination was in place to enable people to consistently access community facilities and also to support people to attend health care appointments.

Is the service responsive?

The service protected people from the risks of social isolation and recognised the importance of social contact and companionship. The service had good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected.

When people used or moved between different services this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure their wishes and preferences were followed.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made but none had been. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Is the service well-led?

Our findings

Staff told us the provider ‘promotes openness and transparency’ with ‘strong values.’ One staff member told us, “We are led by an extensive highly trained management team with excellent leadership skills.”

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by a general manager and there were regular monitoring visits to the service. These showed that the provider’s senior managers had oversight of the quality of the service at 35-37 Portland Avenue.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw he interacted and supported people who lived at 35-37 Portland Avenue and supported staff to do the same. From our conversations with the registered manager it was clear he knew the needs of the people who used the service in detail. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people’s needs.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

We saw that regular review meetings took place where staff and people who used the service and their representatives were provided with feedback and kept up-to date about any changes within the service. The registered manager told us he encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including the learning disability teams, psychologists and speech therapists in order to ensure people received a good service at 35-37 Portland Avenue.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people’s

representatives were asked for their views by completing service user surveys. The outcome of the survey was available at the home and had been circulated to residents and stakeholders; with details of any actions identified as a result of this feedback.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance systems in place for the registered manager to self-monitoring included recorded checks of care plans, risk assessments, medication, people’s nutrition, health and safety, fire, and the environment. When we visited the service and looked at a sample of these records to confirm they were completed. The registered manager showed us how he and senior staff carried out regular checks to make sure people’s needs were being effectively met. We saw there was a detailed thorough audit assessment tool used to identify areas of good practice and areas where improvements could or needed to be made.

The registered manager told us each they carried out reviews of other services owned by the provider; in return they were also subject to peer reviews. This system provides an additional layer of auditing and demonstrated there was a culture of transparency and openness from the provider. This ensured strong governance arrangements were in place. The quality audit we looked at was very detailed and covered all aspects of care. For example, as well as the general environment, health and safety issues such as how infection control was managed, fire risk assessments to make sure these were up-to-date, bath water temperatures to make sure they were not too hot or cold, were all looked at. The audit also included a check on care plans, equipment to make sure it was safe, medication, peoples’ social life and whether people were treated with dignity. We saw any issues identified through this process were included in the home’s action plan, which was looked at again during subsequent ‘quality audits’.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed regularly and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to

Is the service well-led?

safely meet people's needs. All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.

We saw the provider had extensive management systems in place to support the registered manager including finance, training and human resources support located at the providers local head office.