Ashingham House Limited

Ashingham House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 30 March 2015, was unannounced and was carried out by one inspector and a specialist advisor.

Ashingham House is a privately owned service providing care and support for up to ten people with different learning disabilities. People may also have behaviours that challenge and communication needs. There were nine people living at the service at the time of the inspection. The house is a large detached property set in its own grounds in a rural area. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had its own vehicle to make sure people were able to access facilities in the local area and pursue a variety of activities.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty

Summary of findings

Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. We received information from the service informing us that four people had applications granted to deprive them of their liberty to make sure they were kept as safe as possible. There were five applications still being processed by the DoLS office. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Safeguarding procedures were in place to keep people safe from harm. On three occasions these procedures had not been followed by the registered manager. The staff had not consulted with the local authority safeguarding team when incidents had occurred, which they should have done as part of the procedures. The registered manager took action to address this issue when we raised it.

People told us and indicated that they felt safe at the service; and if they had any concerns, they were confident these would be addressed quickly by the registered manager or the deputy manager. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures.

People were not always empowered to have as much control and independence as possible. When people received their medicines they were not given the choice of where and how they preferred to have their medicines. People were not supported to be as independent as possible and their dignity was not respected when they were given their medicines.

People who were not able to use speech to communicate where given limited choices about the meals they received. People were not being supported to develop their decision making skills to promote their independence and have more control. People were offered and received a balanced and healthy diet. People looked healthy and had a wide range of foods available. When people were not eating well the staff made sure they were seen by dieticians and their doctor.

Staff were caring and respected people's privacy. People received the individual care and support they needed to keep them as safe as possible. People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team.

The care and support needs of each person was different and each person's care plan was personal to them. Most of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. However, plans for behaviours that challenged did not support positive behaviour. Specialist behavioural support had not been accessed to support people and staff in using approved techniques to manage behaviours that challenged.

Staff had the support they needed to make sure they could care safely and effectively for people. Staff had received regular one to one meetings with a senior member of staff. Staff had completed induction training when they first started to work at the service and had gone on to complete other training provided by the company. The training records were up to date and reflected the amount of training the staff had received.

There were regular staff meetings. Staff said they could go to the registered manager at any time and they would be listened to. A system of recruitment checks was in place to ensure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There was enough staff to take people out to do the things they wanted to. People were involved in activities which they enjoyed.

The complaints procedure was on display in a format that was accessible to people. Feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff told us that the service was well led and that the management team were supportive and approachable. They said there was a culture of openness within Ashingham House which allowed them to suggest new ideas which were often acted on. Quality assurance systems were consistently applied. Audits and health and safety checks were carried out.

Summary of findings

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The service was not consistently safe.

People had not been fully protected from abuse and harm as safeguarding policies and procedures had not been consistently followed. Staff knew how to protect and keep people safe.

The registered manager monitored incidents and accidents to make sure the care provided was safe. However, action to reduce the risk of re -occurrence had not always been taken.

People's medicines were managed safely.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

There was enough skilled and experienced staff on duty to make sure people received the care and support they needed. Recruitment procedures ensured new members of staff received appropriate checks before they started work.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff were using unapproved techniques when managing people's behaviours that challenged.

Staff had regular one to one meetings or appraisals with the registered manager or a senior member of staff to support them in their learning and development.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's mental capacity to consent to care or treatment was assessed and recorded.

Staff had an induction programme when they first started to work at the service. There was an on-going training programme for staff and the majority of staff had the training they needed to keep people safe.

When people had specific physical or complex needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink but people did not always have a choice about meals.

Is the service caring?

Good

The service was caring.

Summary of findings

Staff communicated with people in a caring and compassionate way. If people were unable to communicate using speech staff made gestures and signs that they could understand.

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy was supported and respected.

The staff involved people in making decisions around their care and support. People, when able, were involved in reviews of the care being given. If people we unable to do this the staff sought the support of advocates to speak on behalf of people.

Is the service responsive?

Requires improvement

The service was not consistently responsive

People were not always treated with dignity and respect that promoted their independence and autonomy.

People's care and support was not always consistent when their needs changed.

People were involved in identifying their needs, choices and preferences and in how they were met.

People raised any concerns or complaints with the staff and registered manager, who would listen and take the appropriate action.

Is the service well-led?

Good

The service was well – led.

The provider had provided the required oversight and scrutiny to support the service.

People said and indicated, and staff told us, that the registered manager was open and approachable. The staff were aware of the service's ethos for caring for people as individuals, and the vision for on-going improvements.

There were systems in place to monitor the service's progress using audits and questionnaires. There were plans for improvements. Records were suitably detailed, were accurate and stored safely

Ashingham House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 30 March 2015 and was unannounced. The inspection was carried out by one inspector and a specialist advisor. The specialist advisor was someone who had clinical experience and knowledge of working with people who have a learning disability.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We assessed if people's care needs were being met by reviewing their care records. We looked at four people's care plans and risk assessments. We spoke with or observed the support received by the nine people and spent time with seven of them. As some of the people could not talk to us we used different forms of communication to find out what they thought about the service. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties like cleaning their bedrooms and doing their washing and engaging people in activities.

We looked at a range of other records which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We spoke with seven members of staff, which included a team leader and the registered manager. We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

We last inspected this service on 16 November 2013. There were no concerns identified.

Requires improvement

Is the service safe?

Our findings

The provider had policies and procedures for ensuring that any concerns about people's safety were reported. There were three incidents recorded which had involved people physically confronting each other and all were potentially abusive situations. The staff had dealt with the incidences but had not followed procedures by first consulting with the local council safeguarding team who would have discussed the issue. A decision would then have been made on how to proceed to keep people safe in the way that suited them best.

People were not fully protected from abuse as policies and procedures had not been followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us and indicated that they felt safe. People looked comfortable with other people and staff. People said and indicated that if they were not happy with something they would report it to the registered manager who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. However, one care plan described that a person had specific needs that were challenging. Incidences were recorded on specific forms that staff completed when people exhibited challenging behaviours. The purpose of these records was that someone competent should read about the incidences and analyse the situations and information. The information contained in the forms should have been used to adjust the person's support to meet their needs in a better way, the emphasis being on the reduction in the number of challenging incidents by supporting the person to have different, more effective ways of getting their needs met. The registered manager said that none of the incident forms had been reviewed since the last psychiatric review in November 2014. From looking at the forms there was two particular support times when challenging behaviour was more likely to occur. Because nothing had been done to adjust the support for this person, they were repeatedly put in situations that they found challenging to cope with.

One part of the care plan identified that a person exhibited behaviours when in a certain part of the service and when there was a lot of people around. The person had been in this situation and this had led to behaviours that challenged. In different parts of the person's care plan it stated several times, that the person, 'Can interact well with others in the right environment – calm, quiet areas'. Staff told us that the person spent a great deal of time isolated in their bedroom through choice but the person was not supported in an environment that best suited them.

People's care and support was not always reviewed and implemented to meet people's individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said and indicated that they liked going out and doing different activities. People were able to access the kitchen and make their own drinks. Potential risks to people in their everyday lives had been identified, such as when undertaking household tasks, attending to their personal care, monitoring their health. There was also risk assessments for when people went out into the community, using transport and also whilst in the service. Guidance was in place for staff to follow about the action

Requires improvement

Is the service safe?

they needed to take to make sure that people were protected from harm. This reduced the potential risks to the person and others. People accessed the community safely on a regular basis.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were administered from a small room in which they were stored securely. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Bottles and packets of medicines were routinely dated on opening. This showed that staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor.

Some people were given medicines on a 'when required basis' if they presented with a behaviour that was considered challenging. There was a written criteria for each person in their care plan who needed 'when required medicines'. This guided staff to make other changes and try different strategies to people's support before giving the medicine. The incident report forms showed that this medicine was given only under the conditions stated in their care plan. People only received this medicine as a last resort and it was not used excessively. Records stated how people responded to the medicine and any other actions that were taken, such as first aid or detailing potential injuries on a body map.

There were enough staff on duty to meet people's needs and keep them safe. People, who could, said that the staff were always available when they needed them. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Some people required one to one support at all times whilst others were supported in smaller groups. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When there was not enough staff available the registered manager used agency staff. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. Staff files showed that the relevant safety checks had been completed before staff started work. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview. Records of interviews showed that the recruitment process was fair and thorough. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances at the service were safe. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in the event of a fire.

Requires improvement

Is the service effective?

Our findings

Some people had behaviours that challenged. The manager told us that the provider had recently subscribed to an organisation who would help carry out an assessment for people who had additional support needs. This organisation had supplied physical intervention training for staff to manage behaviours that challenged as a last resort. The training organisation was accredited by the British Institute of Learning Disabilities (BILD). This scheme accredits training organisations that deliver behaviour support and management training in conjunction with the use of physical skills or restrictive physical interventions and emphasis was placed on avoiding conflict situations.

People were at risk of being controlled and restrained inappropriately. In one care plan there was instruction for physical interventions that needed to be used if a person displayed challenging behaviour. The description in the care plan stated, "If X attempts to hit out, take both wrists and bring them down to waist level. Hold wrists gently" and then stated, "This is a reassurance hold, not restraint". However, this was a restraint hold. There had been no specialist individual assessment or consultation about the restraint measures. There was no positive behaviour support plan to demonstrate that this was the best way to deal with the behaviour.

People were at risk of receiving inappropriate care and support as the interventions being used by staff did not match people's direct assessed support needs. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's choices and preferences at mealtimes were limited. The service had a four weekly rotating menu on display in the dining room. This was in a written format so it was not meaningful to everyone. There was no picture or other accessible version of the menu, was and today's choice was not highlighted. There was a choice list available and a staff member said "We go round and ask daily, and those who can, choose". Some people were unable to communicate using speech and might not know or understand what the choices were. A staff member said they used to use photographs but this had stopped some time ago, they did not know why. The registered manager told us that some people could not choose and wanted both options. Some people preferred a vegetarian diet; there were no choices for people who were vegetarian. People went into the kitchen one at a time and took the plate of food they wanted from the kitchen, which had been prepared by the chef.

The lack of effective support limited the development of choice making skills. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said and indicated that they liked the meals and the food. Some people were able to tell us what their favourite foods were and said that sometimes they had their favourite foods. The staff and the chef knew what people liked and disliked. The food was nutritious and well prepared. People appeared healthy and well nourished. Mealtimes were sociable and enjoyable occasions. Staff ate with people and they chatted and checked that people liked what they were eating. People enjoyed their meals. On the whole people could help themselves to drinks and snacks when they wanted to but the kitchen was locked when the chef was cooking the main meal to reduce the risk of people entering the kitchen and being unsafe.

The staff team knew people well and knew how they liked to receive their care and support. Staff were attentive and anticipated the needs of people when they could not say what they wanted or needed. People and staff got on well together. People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything that they needed. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support. They were able to explain what they would do if people became upset or restless.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so

Requires improvement

Is the service effective?

that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests. The registered manager had applied for and obtained deprivation of liberty safeguards (DoLS) authorisations for four people. Applications for the other five people were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people's behaviour changed and there were changes made to their medicines, these decisions were made by the right clinical specialists with input from the staff. When people lacked capacity to give consent to these changes there was mental capacity assessment available and best interest decision making was recorded.

Health care professionals involved with people thought the service was good and they had no concerns about the care and support that people received. Visiting professionals said the staff actively sought support when they needed it and did not work in isolation. They said the staff engaged with them and attended training that they provided. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them.

Staff had one to one meetings with the registered manager or a senior member of the staff team every month. Staff who had just started to work at the service had one to one meetings every two weeks to make sure they were receiving extra support to do their jobs effectively and safely. Staff said this gave them opportunity to discuss any issues or concerns that they had about caring and supporting people and gave them the support that they needed to do their jobs more effectively. Staff competencies were checked before they were able to work with people on their own. Staff also received feedback on their performance. Staff had an annual appraisal which identified their development and training needs and set personal objectives. When training needs were identified staff were supported to access the necessary training. If staff were not achieving their personal objectives they were supported by the registered manager and senior staff to look at different ways to achieve them. Staff received extra supervision and mentoring if issues were highlighted.

People were supported by staff that had the skills and knowledge to meet their needs. Staff were able to tell us what training courses they had completed. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Staff told us that they felt supported and that the training was good. Regular training updates were provided in subjects, such as, moving and handling, first aid and infection control. Most staff had completed training courses on epilepsy, learning disability and autism. Staff were encouraged to attend other specialist training relevant to their roles.

Good

Is the service caring?

Our findings

People indicated they thought the staff were caring. People put their arms around the staff and they went and sat next to them in the communal areas and at meal times. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff.

People and staff worked together in the kitchen to prepare drinks and snacks. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. When people could not communicate using speech, staff were able to interpret and understand their wishes and needs and supported them in the way they wanted. The staff team were polite while supporting people and while talking with each other. People were involved in what was going on and were aware of what was being said and were involved in conversations between staff. Staff gave people the time they needed to say what they wanted. They listened to people's views and took action to support their wishes.

People, when they were able, were involved in planning their own care and deciding what they wanted to do. If people had family then their views and opinions were sought in planning people's care. Some people did not have relatives who could support them. In these cases people had access and visits from advocates to make sure they were supported to have a 'voice' about the care and support they wanted and needed. The advocate was there to represent people's interests, which they did by supporting people to speak, or by speaking on people's behalf.

People's preferences about what care and support they needed with their personal hygiene routine were detailed. One person found that having their feet washed with a flannel for 20 seconds per foot enjoyable and so staff did this. Staff said people were supported to do as much for themselves as possible. People were encouraged make their own drinks, do bits of housework, and set the dining room up for meal time.

Everyone had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. Some people had posters and pictures on their walls. People had equipment like radios and music systems, so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

When people had to attend health care appointments, they were supported by their key worker or staff that knew them well and who would be able to help health care professionals understand their communication needs.

Requires improvement

Is the service responsive?

Our findings

When people received their medicines they were not always treated as individuals and with dignity and respect. All medicines were stored in a central location. People's care plans did not show any assessments that considered if people wished, were able, or could, with support, take control of their own medicines. People were called to come, one at a time, to the central location that was in a public area of the service, they were asked to sit on a chair and take their medicine while staff observed. People were called away from whatever they were doing to come to the room. At one point people were in a line outside the room. We asked staff why they did not go to people and bring the medicines to them. Staff said, "This is the way it has always been done". One care plan stated that a person "may come to the office, but must be the only service user in the vicinity, or they will walk away. If they refuse to remain by the room, staff transport the medicine to the person's bedroom and administer it there". The staff had not considered changing their procedure to accommodate the person so they would not have to experience any distress. Staff told us they had not considered it up to this point. The registered manager told us that they administered the medicines like this as it was 'safest way' and 'reduced the risk of mistakes' but agreed that they were not treating people individually and respectfully. They stated, "We just want to keep everyone as safe as possible. Maybe we are being over protective".

People were not always treated with dignity and respect that promoted their independence and autonomy. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to be involved in the care and support that they needed when they wanted it. The staff worked around their wishes and preferences on a daily basis. People talked to and indicated to staff about the care and support they wanted and how they preferred to have things done. When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. There was information about what made people happy and what made them unhappy and what made them angry. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted. The staff had worked with the community learning disability team and had developed communication passports for some people. These explained the best way to communicate with the person like using Makaton or observing for changes in mood. Makaton is a type of sign language used by some people with learning disabilities and those that communicate with them. Staff had been taught some sign language to communicate more effectively with the people they supported. As well as verbal communication, staff signed and mimed using everyday objects to communicate with people when needed. People looked relaxed and they understood what was being communicated.

A person with complex support needs had a support plan that described the best ways to communicate with them. The support plan said to use the person's name and then a single word prompt for the support they needed. It also suggested using objects in the environment that made the communication obvious such as a washcloth to suggest having a wash. There was a detailed list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best.

Staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. People had choices to do different things like shopping, swimming and visiting places. Some people liked to go to a nearby sports centre where they joined in activities like table tennis. People went out in the evening to discos. People were supported to go on weekends away

Requires improvement

Is the service responsive?

and holidays. If they wanted to, people stayed at home. There were opportunities for people to express their views about their own support and care. Staff listened to what people said and acted according to their wishes.

Staff felt confident to pass complaints they received to the registered manager or the deputy manager. Concerns from people were resolved quickly and informally. When complaints had been made these had been investigated and responded to appropriately. The service had a written complaints process that was written in a way that people could understand. It was available and accessible. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong. They would then try and resolve the issue.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who was supported by a deputy manager and care staff. People were able to approach the registered manager when they wanted to. Staff told us that the registered manager was available, accessible and they felt they could approach them if they had any concerns. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported and valued by the registered manager and said that on the whole the staff team worked well together. The registered manager demonstrated a good knowledge of the people who used the service.

Our observations and discussions with people, staff, and visiting professionals showed that there was an open and positive culture between people, staff and management. The organisations visions and values were to support people to be as independent while keeping them safe. They wanted to make sure people reached their full potential and they wanted to provide them with the opportunities to do this. They aimed to provide them with choice and care, which was personalised to their needs. One person when they first arrived at the service was socially isolated and did not want to leave their room. The staff had supported them over a period of time to start communicating and mixing with other people. The person was now going out shopping and had been on holiday. Staff said it was really rewarding to see someone change and become happy and sociable. Staff said they were given the opportunity to spend quality time with the person and the outcome for the person meant that there was a positive change in how they lived their life.

Staff were clear about their roles and responsibilities. Staff were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to. The registered manager had recognised the key challenges of the service and was taking action to manage these. They had maintained sufficient staffing levels to meet the assessed needs of people and sourced additional staff and support to manage people with complex needs.

People were listened to and their views were taken seriously. If any issues were identified they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright and if they wanted anything. There were regular house meetings and people spent individual time with their key worker.

There were effective systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through key worker meetings and reviews. Surveys questionnaires had been sent to relatives, staff and visiting professionals. The last survey was December 2014. The outcomes of the surveys had been analysed by the company at head office. The results were positive. Staff were satisfied or very satisfied that they were valued member of the staff team. They were satisfied or very satisfied with the support they received from management and the training they received to do their jobs effectively and safely. Visiting professionals were satisfied with the information they were given by staff about people when they asked for it. They said they were treated in a professional manner by the staff and they were satisfied with the care and support that people received. Relatives were satisfied or very satisfied with concerns or complaints were dealt with. They were satisfied with the choices their relative received and how they were encouraged and supported to be as independent as possible.

The registered manager and staff audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. There were regular quality assurance checks under taken by the quality assurance manager from the company's head office. These were unannounced and happened four or five times a year. The quality assurance manager looked at different aspects of the service at each visit. Any short falls were identified and a report was sent to the registered manager so that the shortfalls could be addressed and improvements made to the service. This was reviewed by the quality assurance manager at each visit to ensure that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had not made suitable arrangements to protect people from abuse by not responding to allegations of abuse appropriately. The registered person had not made sure control and restraint interventions being carried out by staff matched service user's direct support needs. Regulation 13(1) (2)(3) (4)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are meet**.** Care and support did not always meet service users individual needs Regulation 9 (1)(b)(c)(2)(b)(d)

Regulated activity	Regulation
	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Service user's were not always treated with dignity and respect that promoted their independence and autonomy. Regulation 10 (1)(b).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.