Liaise Loddon Limited

Glebelands

Inspection report

14 Wallis Road, Fairfields,
Basingstoke, Hampshire RG21 3DN
Tel: 01256 844607
Website: www.liaise.co.uk

Date of inspection visit: 14 and 20 July 2015
Date of publication: 24/09/2015

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 unannounced inspection of Glebelands took place on 14 and 20 July 2015. The service offers accommodation and support for up to four people who have learning disabilities or autism. The primary aim at Glebelands is to support people to lead a full and active life within their local communities and continue with life-long learning and personal development. The service is a detached bungalow, with a substantial rear garden, within a residential area, which has been furnished to meet individual needs. At the time of the inspection there were four people living in the home. Three people had their own en-suite bedroom and one had a separate lounge, bathroom and bedroom, all of which had been specially adapted to meet their needs.

The service did not have a registered manager. 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. The previous manager left the service on 19 June 2015 and an experienced manager from within the provider's care group was appointed to replace them on 1 July 2015. Records confirmed that this manager had started the process to become the registered manager of the service.

Summary of findings

People and relatives told us they trusted the care staff who made them feel safe. Care staff had completed safeguarding training and had access to current legislation and guidance. Care staff had identified and responded appropriately to safeguarding incidents to protect people from harm. The provider had made changes to people's care as a result of incidents to safeguard them. People were safeguarded from the risk of abuse as incidents were reported and acted upon.

Risks to people had been identified in their care plans and measures were in place to manage these. For example it had been identified that one person was at risk of seizures due to epilepsy. Care staff understood the potential risks to people's health and welfare, and followed guidance to manage them safely. People were kept safe as appropriate risk assessments were in place, which were understood by care staff.

The manager completed a staffing needs analysis in order to ensure that there were sufficient care staff deployed with the necessary experience and skills to support people safely. We observed flexibility in the staffing levels which ensured sufficient suitably training care staff were deployed in order to meet people's individual needs. Care staff had undergone required pre-employment checks, to ensure people were protected from being supported by unsuitable staff. Staff had received an induction into their role, on-going training, opportunities for professional development and regular supervision. People were cared for by sufficient numbers of trained and well supported care staff.

The manager completed a staffing needs analysis based on people's dependency and behaviours to ensure there were always sufficient staff with the necessary experience and skills to support people safely. We observed there was flexibility in the staffing levels to ensure people's individual needs were met. Staff had undergone required pre-employment checks, to ensure people were protected from being supported by unsuitable staff. Staff had received an induction into their role, on-going training, opportunities for professional development and regular supervision. People were cared for by sufficient numbers of trained and well supported care staff.

Medicines were administered safely in a way people preferred, by trained care staff who had their competency regularly assessed by the provider. Medicines were stored and disposed of safely, in accordance with current legislation and guidance.

The service was clean and hygienic. Cleaning staff were diligent and understood how their role was important to maintain people's safety. The provider operated cleanliness and infection control policies and procedures, in accordance with current national guidance, to protect people from the risks of poor hygiene and infection.

People were actively involved in making decisions about their care and were always asked for their consent before any support was provided. Relationships between care staff and people were relaxed and positive. Care staff supported people to identify their individual wishes and needs by effectively using their individual and unique methods of communication. People were encouraged to be as independent as they were able to be, as safely as possible.

Care staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The MCA 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf. People were supported by care staff who supported them to make day to day decisions.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The manager had completed the required training and was aware of relevant case law. Since the last inspection the provider had made four DoLS applications, which had been authorised and appropriately notified to the CQC. The provider had taken the necessary action to ensure people's rights were recognised and maintained.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Summary of findings

People's dignity and privacy were respected and supported by care staff, who were skilled in using individual's specific communication methods. Care staff were aware of changes in people's needs, which were reported to relevant healthcare services promptly where required.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme ensured people were supported to pursue social activities which protected them from social isolation.

Relatives told us they knew how to complain and that the provider encouraged them to raise concerns. When complaints were made records showed they were investigated and action was taken by the provider to make improvements where required.

Care staff had received training in the values of the provider as part of their induction. Relatives and staff told us the service was well managed, with an open and positive culture. People and care staff told us the manager, specialist support workers and team leaders were very approachable, willing to listen and make any necessary changes to improve things for people. Care staff told us their greatest strength compared to other services was the team spirit and willingness to support each other without being asked. The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the service and drive improvements.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.

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

Good

People were supported by care staff who knew how to protect them from abuse and were aware of each person's individual needs. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon by staff.

Risks to people were identified and effectively managed by staff to ensure people's safety.

People were cared for safely by sufficient numbers of staff, who had undergone thorough and relevant pre-employment checks to ensure their suitability.

People's prescribed medicines were managed safely in accordance with current legislation and guidance.

Is the service effective?
The service was effective.

Good

Care staff received appropriate training and supervision to enable them to support people's needs effectively.

People were supported to make their own decisions and choices by staff who demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People's nutritional and hydration requirements were met in a way which promoted their choices.

People were supported to access a range of health services when required which meant their daily health needs were met.

Is the service caring?
The service was caring

Good

People had positive and caring relationships with the care staff who treated them with kindness, showing compassion and concern for their welfare.

Care staff supported people and their relatives to be actively involved in making decisions about their care.

Care staff promoted people's independence and ensured their privacy and dignity were respected in the way their care was provided.

Is the service responsive?
The service was responsive

Good

People received personalised care that was tailored to their needs. The service was responsive people's needs. Care staff understood people's specific needs and provided care in accordance with their wishes.

Care staff listened to people's views and responded to them on a daily basis. There were processes in place to seek feedback from people and their relatives about the quality of the service.

Summary of findings

There was a satisfactory complaints procedure in place which provided people with information about how to complain. Learning from complaints was used by the provider to drive improvements in the service.

Is the service well-led?

Good

The service was well-led.

The provider promoted a positive culture within the service based on open and honest communication between people, their relatives and care staff.

The manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities and felt well supported.

The provider was driven to deliver high quality care by effectively operating quality assurance systems, which identified areas for improvement and ensured action was taken to address them.

Glebelands

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection of Glebelands took place on 14 and 20 July 2015 and was unannounced. When planning the inspection visit we took into account the size of the service and that some people could find unknown visitors unsettling. As a result this inspection was carried out by one inspector.

Before the inspection we examined previous CQC inspection reports. At our last inspection on 14 January 2014 we did not identify any concerns about the support being provided. We read all of the notifications received about the service. Providers have to tell us about important and significant events relating to the service they provide using a notification. We also reviewed the Provider Information Return (PIR) from the service. 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. Information from the PIR is used to help us decide the issues we need to focus on during the inspection. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate. We also looked at the provider's website to identify their published values and details of the care they provided.

During our inspection we spoke with the four people who use the service. We also spoke with the staff including the manager, the area manager, the senior specialist and specialist support worker, a team leader, a senior support worker, seven support workers, the cleaner and the cook.

We used a range of different methods to help us understand the experiences of people using the service who had limited verbal communication and were not always able to tell us about their experience. These included observations and pathway tracking of four people. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the service.

During our inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, activities and when medicines were administered.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). The provider had recently implemented an electronic recording system which we also reviewed. We looked at six staff recruitment, supervision and training files. We also looked at records relating to the management of the service, such as health and safety audits, emergency contingency plans, minutes of staff meetings and provider quality assurance reports.

Following the visit we spoke with the relatives of the four people and four health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Glebelands. Where people had limited verbal communication care staff spoke with people using sign language unique to the person and their individual picture boards. During our inspection we observed people regularly smiling and engaging with care staff in a relaxed, friendly manner. People frequently made signs, including hand and facial gestures, which indicated they were happy. Without exception, all relatives told us people were safe because care staff knew the needs of people and how to support them. One person told us they were happy at Glebelands and trusted care staff who were his "friend". A relative told us their loved one, "couldn't be in a safer place. Most of the staff have been there a long time and know everyone's needs and moods and intervene quickly to protect them." Another relative said, "The staff are in tune with everyone and how they are feeling. They all know when people are worried or anxious and really work well as a team to allow people as much freedom within the home, whilst making sure everyone is safe."

The provider ensured care staff had completed safeguarding training, which was confirmed by records. Care staff had access to current guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Care staff demonstrated their understanding of their role and responsibility to protect people. They were able to tell us how they would deal with safeguarding issues, if they arose. For example, one senior care staff told us, "I would always make sure the person was safe then inform the manager if someone was being abused or if I was worried about care practice. If the concerns were about the manager I would tell you (CQC) or local safeguarding." Care staff were confident the provider and manager would listen to their concerns and act on them if required.

Since our last inspection an allegation of financial abuse by a senior member of care staff had been referred to the police and local safeguarding authority. Relatives and a social care professional told us they had been impressed with the openness of the provider and care staff to investigate and learn from the incident. We looked at records which showed that this safeguarding incident had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance.

People, relatives and care staff were aware of the actions taken by the provider in response to these circumstances to protect people from a recurrence. As a result of the allegation the provider had implemented processes to support people to manage their finances safely, whilst ensuring they had unrestricted access to their money whenever they wished. We observed these processes in practice when people were supported on a community walk and visits to a local restaurant, and horse riding school. Care staff safeguarded people against the risk of abuse and took the correct actions if they suspected people were at risk of harm.

Risks to people had been assessed in relation to areas such as mobility, activities and behaviours which may challenge. People's care plans noted what support people needed to keep safe, for example in relation to environmental risks within the service. People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately.

Risk assessments were completed with the aim of keeping people safe whilst supporting them to be as independent as possible. A member of care staff told us, "Of course people's safety is important but so is supporting them to live life to the full. And the best way to do that is to get to know people and understand what they want." Health and social care professionals told us the provider and care staff effectively managed the balance between promoting people's independence, whilst ensuring they were kept safe.

Risk assessments were detailed and gave care staff clear guidance to follow in order to provide the required support to keep people safe. Care staff were able to demonstrate their knowledge of people's needs and risk assessments, which was consistent with the guidance contained within people's care plans.

If people displayed behaviours which may challenge others, these were monitored and where required referred to health professionals for guidance. Records showed this guidance was then followed in practice by care staff. The provider ensured risks to people associated with their behaviours were identified and managed safely. For example care staff were able to describe the support required to reduce the risk of a person experiencing concussion or a head injury.

Good

Is the service safe?

During our inspection we observed frequent incidents where care staff responded appropriately to known behavioural triggers for people. This early intervention prevented people's behaviour escalating to where they may challenge care staff and other people. When people displayed behaviours which may challenge, we observed sensitive interventions by care staff. These ensured that people's dignity and human rights were protected whilst the safety of them, other people and care staff were maintained. We noted one person who was calmed and reassured by care staff who continually offered them the opportunity to participate in different of activities.

People's records contained an emergency information sheet which detailed key information about them in the event of an emergency, such as their means of communication, medicines, known allergies and the support they required. People were kept safe as care staff had access to relevant information which they could act upon if required.

Relatives told us there were always sufficient care staff to support people safely, which was confirmed by care staff and rotas we reviewed. During the inspection we saw there were enough care staff to respond immediately when people asked for or required support. Care staff had time to engage in meaningful interactions with people who had their full attention and support. People were supported by sufficient levels of care staff to meet their needs in an unhurried manner.

The manager conducted a daily staffing needs analysis with the senior staff to ensure sufficient care staff were deployed to meet people's needs. This analysis accounted for any increase in people's behaviours which may challenge and changes in people's dependency. If more care staff were needed to meet the needs of people, they were recruited from the service's core staff group or from within the provider's care group. This ensured consistency for people and that the care staff deployed had the required knowledge and experience to meet people's needs. The provider had an effective system within the care group structure which provided staffing resilience and support if there was unforeseen care staff absence.

The provider had an on-going care staff recruitment programme with procedures which ensured people were supported by care staff with the appropriate experience and character. Care staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Suitable references confirmed the details care staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a thorough system was in place for pre-employment checks.

People's medicines were managed safely by trained care staff. The team leader told us designated care staff had received administration of medicines training and their competency had been assessed by the manager. This was confirmed by training records. Care staff knew about the different types of medicines taken by people and potential side effects, even if they were not designated to administer them. Care staff had detailed knowledge of the action to take if a person refused to take their medicines.

The medicine files included people's photographs, a medicines profile and medication administration records sheets (MARs). The MARs we looked at were accurate and showed that people had received the correct amount of medicine at the right times.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to ensure they remained effective. Medicines were disposed of safely. People's prescribed medicines were managed safely in accordance with current guidance.

The service was clean and hygienic. Cleaning staff were diligent and understood how their role was important to people's safety. The provider operated cleanliness and infection control policies and procedures, in accordance with current national guidance to protect people from the risks of poor hygiene and infection. Care staff had completed required training in relation to infection control. We observed care staff respond to several incidents during our inspection where they demonstrated good practice in accordance with the provider's policies. People were protected from the harm of acquired infections by care staff who effectively implemented infection prevention and control measures.

Good

Is the service effective?

Our findings

Relatives and health and social care professionals were complimentary about the effectiveness of the service. One relative told us "I don't think there's anywhere better at caring for people with autism and complex needs. From the top down everyone is working to support people to live the life they want for themselves." Another relative who was a health professional with experience in autism care told us, "They're brilliant, a lot better than other services. The staff always have time and know how to support people with autism by promoting their freedom of choice and independence."

Relatives and health and social care professionals told us care staff had the skills and knowledge to provide the support people required in accordance with their care plans. The manager told us all care staff completed an induction course recognised by the social care industry, which records confirmed. This ensured care staff met the standards required of people working in adult social care before they could work safely unsupervised. Care staff told us that they had spent time working with experienced staff when they first started to work at Glebelands. This ensured they had the appropriate knowledge and skills to support people effectively. Care staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role. Care staff had effective training to support them to deliver safe care to meet people's needs.

Records showed that the required care staff training was up to date and included further training specific to the needs of the people they supported, including autism, learning disability, and positive behaviour management. Care staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development.

Care staff told us they were encouraged to enrol on the Qualifications and Credit Framework (QCF). QCF's are work based awards which replaced National Vocational Qualifications (NVQ's). They are achieved through assessment and training. All care staff had obtained either an NVQ level two, or were in the process of completing a QCF diploma. We spoke with a team leader and specialist support worker who told us the provider was supporting them to achieve the next level. People received care from care staff who were supported in their professional development.

Care staff had received a formal supervision every six to eight weeks and had an annual appraisal. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. We noted that a suggestion by a support worker in their supervision had been implemented in a person's care plan to improve the quality of their care. Care staff told us that the team spirit and pride within the service encouraged them to speak immediately if they had concerns about anything, particularly in relation to people's needs

People were supported to make choices about how they spent their time. Care staff knew when people needed support and understood their individual communication methods. Care staff communicated with people using the methods detailed in their support plans. We observed care staff supporting people with limited verbal communication making choices by using pictures and their knowledge of the individual's adapted sign language and body language. People were given choices and asked for their consent before care staff undertook any care or other activities.

The provider and care staff involved people and where required relatives and social workers in all decisions relating to people's care and support. During our inspection care staff continuously sought people's consent and allowed them time to consider their decisions. Care staff demonstrated their knowledge about the decisions and choices people were able to make and how they would know the person was consenting to a decision.

People care plans had a communication assessment which detailed how information should be communicated to the person, how to involve them in decisions, and the people to consult about decisions made in their best interests. During our inspection we observed care staff providing support and explanations in accordance with people's wishes and their communication plans.

Staff had completed training in the Mental Capacity Act 2005 (MCA), which records confirmed. Where people lacked

Good

Is the service effective?

the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions. We reviewed best interest decisions which had been made in relation to surgical and dental procedures, which had protected people's health and welfare. Other best interest decisions we reviewed demonstrated that people had also been protected by the provider from potential financial abuse in relation to the purchase of expensive items, such as computer gaming systems and bedroom furniture. Best interest decisions involved relatives, care staff, social workers and relevant health professionals. Records confirmed best interest decisions had been made in accordance with current legislation and guidance.

A relative told us, "The staff are excellent at keeping us informed and make sure we are involved in all the important decisions. People were supported by care staff who understood the need to seek people's consent and the principles of the MCA 2005 in relation to people's daily care.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to residential care services. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The manager and care staff had completed the required training and were aware of relevant case law.

People's care plans adopted the least restrictive approach and detailed a proportionate response to the risk of harm. One person had a restriction reduction plan with an associated best interest decision. This detailed measures to protect the person and other people if they were displaying behaviours which may challenge others. We noted there was also a long term plan to reduce the impact of the restriction and to remove the restriction completely. We observed care staff delivering sensitive care and support in accordance with this plan. This demonstrated the manager and senior care staff had taken the necessary action to ensure the service was working in a way which recognised and maintained people's rights. At the time of our inspection four people were subject of DoLS authorisations. People's human rights were protected by care staff who understood the DoLS.

One person told us they enjoyed the food prepared by the cook. Relatives told us the cook was "excellent" and "always makes nutritious meals that the young men enjoy". One relative said, "The cook is really like another care worker. They (people) all love him." We spoke with the cook who prepared home cooked meals from fresh ingredients they had purchased. The cook had worked at Glebelands for seven years and was able to tell us people's likes and dislikes. The cook prepared a monthly menu together with people, which was rotated weekly. When required the cook was supported by another member of care staff who was an experienced restaurant cook.

We observed the provision of meals during breakfast, lunch and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs. People were encouraged and supported to prepare their own meals in accordance with their eating and drinking plans. People were supported to have enough to eat and drink and were provided with a balanced, healthy diet.

Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. People were supported to stay healthy. We observed that care staff had made prompt referrals to relevant health professionals where required. This included a person who had a stomach infection and a person who required a dental procedure.

Good

Is the service caring?

Our findings

There was a calm and relaxed atmosphere at Glebelands, where interactions between people and care staff were compassionate and professional. People's relatives told us care staff were caring and professional. One relative said, "The staff are very good at providing the right amount of support when it is needed." Another relative told us the provider was always looking for ways to improve the quality of people's life.

Care staff had developed trusting relationships with people and spoke with insight about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Care staff understood people's care plans and the events that had informed them. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed. Care staff gave us examples about how they sought people's views in relation to their personal care. They also told us how people were encouraged to maintain their independence.

Relatives told us people were encouraged to be as independent as possible. They told us people were able to make choices about their day to day lives and care staff respected those choices. People had their own activity boards which they completed themselves or with support where required. This board showed what they were doing, when and with whom.

The team leader told us that the caring qualities of prospective care staff were evaluated through the provider's recruitment and induction process, confirmed by records. The newest member of the care staff told us they had been supported to get to know people and build a rapport with them. They told us, "It's really important to get to know the person and understand them before you can support them properly." This enabled people to build trust with care staff in order to develop positive relationships. People experienced positive relationships with staff.

People were supported to maintain relationships with people who were important to them. Relatives and visitors were welcomed to the service and there were no restrictions on times or lengths of visits. During visits to the service care staff supported families to take part in activities of their loved one's choice and supported people to regularly visit relatives at their homes.

Care staff were sensitive to people's wishes. During our inspection one person became anxious whilst playing their computer game. We observed care staff gently reassure the person by providing a therapeutic massage, which eased their anxieties.

People using the service had developed a close relationship with the cook, who had completed the provider's required training. When required the cook supported care staff to provide reassurance by driving the service minibus to and from activities. On the day of our inspection we observed people smiling when the cook agreed to support care staff on a group drive and visit to a local pub. A health and social care professional told us that people had developed an excellent rapport with the cook when preparing vegetables and responded to him in a positive manner. They told us this was demonstrated when the cook supported a person, at their request on a recent hospital appointment.

We observed meaningful and mutually respectful interactions between people and care staff. During our inspection we observed people display signs that they were worried. Care staff responded immediately to people and supported them to communicate what they wanted. One person repeatedly took care staff by the hand and led them to their picture board, where they indicated what they wanted to do. Care staff spoke in positive encouraging terms with people which reassured them. People's anxieties were relieved quickly following care staff interventions.

The manager and care staff displayed great pride in the development of people's life skills and the promotion of their independence. Care staff told us they were proud of the service commitment to all of the people at Glebelands and their families. Care staff communicated with people in a caring manner, continually providing information and explanations in a sensitive and patient way people understood. The specialist support worker showed us some social stories which had been created to support people's understanding of significant events. We reviewed one such social story which had been used to compassionately explain and support a person through their grief after a beloved family member had passed away.

Good

Is the service caring?

A health and social care professional told us they had been impressed with the way the service had supported the person to attend their loved one's funeral, ensuring both of their wishes had been respected and fulfilled.

Care staff had developed trusting relationships with people. People were proactively supported to express their views and care staff were skilled at giving people explanations they needed. One person was visually impaired and was supported to move freely whenever they wished. During the inspection we observed care staff constantly providing a commentary about where they were and where they going, which made the person feel safe. Care staff continually spoke with this person in a caring way, providing descriptions of events taking place in the service, which reassured them.

Care staff demonstrated detailed knowledge about people and were able to tell us about the personal histories and preferences of each person living there. Care staff had comprehensive knowledge about people's support plans and the events that had informed them.

People and, where appropriate, their relatives were involved in making decisions about their own care. Families attended formal review meetings where appropriate. Monthly reviews were completed by the specialist support worker with people, which included achievements against the person's own objectives, future goals and their overall well-being.

Good

Is the service responsive?

Our findings

People had lived at the service for many years. Their care needs were consistently reviewed by care staff and with family members and other relevant health professionals where appropriate. One relative told us "They are very quick to deal with any problems and we are the first to know." Another relative told us they had been “consulted every step of the way with regard to important decisions about their care.” Relatives said that the provider actively encouraged families to visit and speak with all of the care staff so they had a full picture about the support being provided.

A health and social care professional told us, “The service is very flexible. Due to the nature of people’s complex needs and behaviours sometimes plans need to change quickly. The staff are very good at adapting to people’s changing moods and anxieties whilst providing stimulating activities.” Each person had an activity schedule which was tailored to their personal interests and pursuits. This ensured people had a range of varied and stimulating activities every day. People were supported by staff who understood their individual needs and the support required to meet them.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others. We observed positive behaviour management and sensitive interventions throughout our inspection, which ensured people were treated with respect and their human rights were protected.

During our inspection we observed care staff accompany people on walks of their choice within the community, visiting a local restaurant and attending a horse riding school. Before attending rural riding stables one person had displayed anxieties and behaviour which may challenge. Once at the “horseology” stables this person began smiling and was eager to meet the horses. We observed two people who were calm and relaxed whilst riding horses accompanied by instructors and care staff. On other days people had activities arranged such as swimming, bike rides and visits to activity centres, the cinema and pub. Care staff had identified people’s individual needs and interests and arranged activities to meet them.

People were encouraged to take part in activities of their choice outside the service. Immediately prior to leaving the service on any trip the activity leader completed a risk assessment which identified the person’s mood and behaviour at the time. Where people had been assessed to be worried or anxious two senior care staff had to assess the risk. The senior care staff had to agree the person’s participation was in their best interest and the level of risk was acceptable. This assessment directed the care staff to consider people’s individual community risk assessments. These ‘risk assessments for trips off site’ had been completed for the four external activities on the day of our inspection. People’s involvement in the community and their independence was promoted by care staff who effectively identified potential risks and managed them safely.

The specialist support worker told us that people using the service were settled and the last person arrived almost five years ago. Due to the stability within the service they told us that compatibility with other people already living there would be a main consideration before any new people could be moved to the service. This consideration would ensure people continued to experience person centred care planning, which effectively managed their anxieties.

People told us that they received person centred care that was responsive to their needs. People, their relatives and local authority social workers told us that they had been involved in the assessment and planning of people’s care. Relatives told us the provider was committed to ensuring people had care plans that reflected how they would like to receive their care and support. One relative told us, “One of their strengths at Glebelands is how they include us in all decisions and make you feel your opinion is valued.”

Each person’s care plan included a ‘What’s important to me’ record. This documented the person’s life history, including significant events, what was important to them at the moment and their future ambitions.

People, their relatives and health professionals told us staff consistently responded to people’s needs and wishes in a prompt manner. Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported. This meant staff had access to information which enabled them to provide support in

Good

Is the service responsive?

line with the individual's wishes and preferences. Staff were aware of the support people required detailed in these plans, which we observed being followed in practice during the inspection.

Staff talked knowledgably about the people they supported. Staff took account of people's changing views and preferences. They told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed the two handovers on the day of our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities.

People, relatives and care managers said they were involved in regular meetings with the manager and senior care staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. Each support plan contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

People's records included emergency information. These contained key information about the person in the event they were admitted to hospital or referred to other health professionals, such as the dentist. This ensured health professionals would have the required information in order to be able to support people appropriately.

People also had an 'If I need treatment' assessment. This document detailed support people required, 'Before treatment', 'During treatment' and 'After treatment'. These documents provided detailed step by step guidance to care staff and health professionals in the event people required treatment. 'Before treatment' included the creation of a social story to explain what was going to happen and regular visits to the place of treatment before the actual appointment. 'During treatment' included guidance on the environment required and how to administer anaesthetic.' Consideration was also given to maximising the opportunity to complete other treatments required at the same time, for example blood tests. 'After treatment' included guidance about how to return people to their home environment and normality at the earliest opportunity. Care staff told us how they adopted this process when people needed to attend hospital appointments. We observed that the identified ratio of care staff accompanied people to all health care appointments. This demonstrated that the provider ensured people received person centred care when they used or moved between different services.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been two complaints about the service, which had been recorded and investigated appropriately by the provider. One complaint had been made by the parents of one person. The parents told us the support and care practice of staff was very good but wished their son had more freedom within the environment of the service. We noted the parent's concerns had been acknowledged and investigated. The provider had arranged for the person's restriction reduction plan and environment support plans to be reviewed and monitoring of their daily activities to inform a review of their care. The area manager told us they were arranging a full review of the person's care with the person's parents to explore opportunities to promote their independence, whilst ensuring all people were safe.

People and relatives were also able to raise issues in their quarterly service reviews with the manager or senior specialist support worker. One relative told us that whenever they had raised concerns to the care staff they had responded promptly and taken steps to address the issues raised.

Good

Is the service well-led?

Our findings

Health and social care professionals told us they experienced good communication with the manager and care staff who were always open and honest. A social worker who supported one person told us the care staff were a good team, committed to people with whom they shared a close bond. People, relatives and health and social care professionals, praised the care staff for their dedication and support.

The culture of the home supported communication and people and relatives felt able to express their views freely. There were regular house meetings and care reviews, which were recorded, where people and relatives were actively involved in developing the service. The service had a communication book where all care staff wrote important messages regarding people's needs and care practice. Care staff told us they read this book either before the shift handovers or during their own personal breaks.

Where concerns had been raised in reviews the manager and team leaders held meetings to discuss the issues raised and how the service could improve. All staff were encouraged to contribute in these meetings, minutes of which had been recorded. Action plans were then created to address improvements, which had been implemented. For example care staff had identified concerns that one person frequently sought reassurance when they were anxious by eating or drinking. We noted that the senior staff had introduced plans to monitor people's nutritional intake and encourage healthy eating and drinking. A member of care staff identified that one person's repetitive behaviours were linked to their lack of any concept relating to time. This meant they would often request food having already eaten. The care staff implemented the use of a simple kitchen timer to demonstrate the passing of time which reassured the person and reduced their anxiety and repetitive behaviours. This demonstrated the management team believed in openness and a willingness to listen to suggestions to improve the service.

The provider had clear values, visions and a mission statement. The main values were, 'We are positive; empowering; and open. During our inspection we observed the manager and team leaders engage with care staff and positively manage them. For example the senior care staff listened intently when care staff were talking about people's moods and behaviours, then provided clear guidance about how to support the person. There was a positive learning culture within the service and we observed care staff empowering people by providing opportunities for personal growth whilst supporting their individual learning objectives. For example one person's goal was to be able to communicate independently. We noted the improvements made by this person in relation to their communication with care staff. The care staff demonstrated the provider's values in their care practice.

The registered manager and senior staff demonstrated good management. People and relatives told us the provider and care staff were always approachable and knew what was happening. Staff told us they were able to express their thoughts about the service through the regular staff meetings, which records confirmed. The manager told us they worked shifts alongside staff which enabled them to build positive relationships with people and staff, which records confirmed.

One relative told us, "The specialist support workers and other senior staff are a great team, and have managed the home really well since the last manager left." Another relative said, "The service is really well organised. Whenever you phone up it doesn't matter who answers they always know what is going on".

There were regular staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan service improvements. For example, records showed staff had spent time discussing how to support people with complex needs to move freely within the service, promoting everyone's independence, whilst ensuring they were safe.

We found that accidents and incidents had been recorded appropriately. Learning from incidents and investigations took place and appropriate changes were implemented. Care staff told us there was an open culture within the home and the manager encouraged the reporting of, and learning from mistakes. One care staff told us that when a medicines error had been identified the manager had addressed the learning points with them and had reassessed their competency to administer medicines. We noted that learning points from this incident had been delivered to other care staff to drive improvements.

The manager and provider carried out a comprehensive programme of regular audits to monitor the quality of the service and plan improvements. These included audits of

Good

Is the service well-led?

medicines management, staff needs analysis, staff supervisions, infection control, care records, fire safety, and people's finances. Actions were created from these audits, which we noted had been completed. We noted one financial audit had identified a small shortfall in one person's money wallet. A further check identified a receipt for the discrepancy that had been misplaced. The provider had a specialism leader who reviewed people's care plans monthly to ensure people received positive support towards their personal growth and learning objectives. One review provided guidance for the specialist support workers in relation to monitoring the effectiveness of individual's care plans and measuring people's progress towards their personal goals and learning objectives. The specialist support worker demonstrated how they had implemented this guidance. The manager also had to send a weekly report to the provider detailing significant events and action taken.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.