Blythson Limited

Blythson Limited - 5 Ashley Avenue

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on 31 January 2017. We previously inspected this service in October 2014 and there were no concerns. The service provides care and accommodation to three people with learning disabilities. People have their own bedrooms located on the first floor. Communal areas are located on the ground floor but the service is unsuitable for those with mobility issues that affect their use of stairs.

There was a registered manager in post who was available in the service Monday to Friday and was included in a telephone on call rota at weekends to advise staff if needed. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives spoke positively about the high quality of the care and support provided. Their feedback informed our findings which were that people were provided with a safe, clean environment that was maintained to a high standard. All safety checks and tests of equipment and installations were routinely completed.

There were enough skilled staff to support people and provide continuity of care. The provider implemented safe recruitment procedures to ensure the suitability of new staff. New staff were inducted into their role and received appropriate training for this. All staff received regular mandatory training and additional specialist training to ensure they had the skills and knowledge to support people appropriately and safely.

Staff were given opportunities to meet regularly with the registered manager on an individual basis and with other staff in staff meetings. Staff performance, development and training was monitored through annual appraisal. Staff said that they felt valued, well supported and listened to. They understood how to keep people safe and protect them from harm; they understood how to respond to emergency situations that required them to evacuate people, or keep them safe until help arrived.

People's mental capacity was assessed and there was a clear culture of least restrictive practice, people were encouraged and enabled by staff to make every day basic care and support decisions for themselves but staff understood and were working to the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. All three people had been referred to DoLS and two authorisations received to date. The registered manager had a clear understanding of the criteria for making an application and ensured the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Risks were appropriately assessed to ensure measures implemented kept people safe. Strategies were in

place to guide staff in their support of peoples whose anxiety affected their behaviour from time to time. People were supported and enabled to develop their independence and learn new things within the limitations of their abilities and at a pace to suit them.

People were placed at the centre of the service and the involvement of their relatives and other people important in their lives was clearly embedded. Relatives were able to contribute their thoughts and views through reviews and in informal discussion. Professionals and relatives were also surveyed for their feedback and relatives said they thought their comments were acted upon.

People were treated with dignity and respect. Staff understood people's methods of communication and their interactions with people were gentle, patient and respectful. People could not use the complaints procedure but staff understood how they expressed their sadness and unhappiness and would look for the causes of this. Relatives said they felt confident that if they did need to complain this would be dealt with and addressed immediately.

Medicines were well managed. People were encouraged to eat healthily and menus were devised specifically from their known preferences, Staff enabled people to experiment with new types of food and people enjoyed a range of food including from time to time takeaways which they enjoyed. People's health and wellbeing was monitored closely and referrals were made to health professionals if and when required.

People were supported to develop relationships and maintain those that were important to them, there was excellent support for them to use new technology to do so and one person regularly used face time to engage with their relatives.

People were offered a wide range of activities and stimulation tailored to their specific interests and preferences, staff ensured people had a community presence most days.

A comprehensive system was in place for the assessment and monitoring of all aspects of the service to ensure service quality was maintained. The provider kept themselves informed about changes that impacted on the future of learning disability care services and ensured policies and procedures guiding the support of staff were kept updated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The premises were clean and well maintained required servicing and checks were undertaken. Emergency procedures in the event of fire or other events were in place and staff were provided with out of hours support.

Staff understood how to keep people safe from harm and risks were appropriately assessed. Staff took appropriate action and understood the reporting process for when incidents and accidents occurred.

There was good staff continuity and enough staff on duty with the right knowledge and skills. The recruitment process ensured checks were made of staff suitability.

Is the service effective?

Good

The service was effective.

Systems were in place to ensure staff received the right induction and training for their role and could discuss their training and development needs, staff felt supported and listened.

Staff understood people's methods of communication and knew how to support them when they expressed anxiety through behaviour. People were supported in line with the principles of the Mental Capacity Act 2005; people were helped by staff to make decisions and choices and these were respected.

Staff understood people's health needs and requirements and supported them with health appointments. Staff understood people's food preferences and included these in the meals offered.

Is the service caring?

Outstanding

The service was outstanding in providing caring staff to support people. All staff were committed to providing a strong and visible person-centred culture.

People's relationships with staff were positive and supportive. Relatives felt staff went the extra mile to provide care that was enabling, compassionate and provided people with opportunities to live a fulfilling life.

Staff continuity ensured staff had developed a comprehensive knowledge and understanding of each person's needs and how they made these known. Staff were enthusiastic to support people with new experiences but mindful this should always be at a pace to suit the person.

Staff respected and valued people in the way they responded to them, they were discreet in their support of people's privacy and dignity and supported them to maintain the important relationships in their lives and to make new ones.

Is the service responsive?

Good

The service was responsive.

A comprehensive system was in place for the assessment and transition of new people to the service to ensure their needs could be met. Staff demonstrated an in depth knowledge of people's needs and wishes and this was reflected in care plans that guided staff support, relatives were consulted.

People were provided with lots of opportunities for activity and stimulation inside and out of the service, activity planners were tailored to their own preferences. Staff monitored people's level of interest and offered alternatives.

A complaints procedure was in place but people lacked capacity to use it staff understood however, how people expressed their sadness and unhappiness and would look for causes for this when they became aware of it.

Is the service well-led?

Good

The service was well led

Staff found the provider and registered manager approachable and easy to talk with. Staff were given opportunities to meet and felt able to express their views, they felt listened to, valued and able to influence change.

A comprehensive system of assessment and monitoring of all aspects of the service was established at staff, registered manager and provider level. Actions were taken to address shortfalls identified from these audits to ensure service quality

was maintained and improved upon.

Relatives were surveyed for their views and were confident action would be taken if improvements were needed. Updated policies and procedures were in place to guide staff support. Business continuity plans were in place.

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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 took place on the 31 January 2017. As people and staff were usually out during the day we gave the provider short notice of our inspection to ensure that a senior staff member would be available to meet with us. The inspection team consisted of one inspector.

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 also looked at all the other information we held about the service, including previous inspection reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met two out of three of the people that lived at the service they had complex communication needs so we used other tools to help us understand their experiences for example the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received feedback from three relatives. We contacted two care professionals and are awaiting feedback from them.

We looked at two peoples care and health plans, risk assessments and medicine records. We also looked at operational records for the service including: staff personnel records including supervision, training and

appraisal, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

We last inspected this service on 14 October 2014 when no concerns were found.

Good

Is the service safe?

Our findings

People were happy and sought the company of staff. Staff told us how much they enjoyed working in the service. Relatives commented "It's absolutely brilliant, best place he's ever been". "If he wasn't happy there we would know." "Staff ensure that X is safe at all times, they ensure X has a good quality of life." "X home always looks good and their bedroom is lovely, a sanctuary if X needs it. X is very happy to return to their own home after they have spent an enjoyable day / weekend with us."
The premises were clean and well maintained. All required servicing of gas and electrical installations, portable electrical items and the fire alarm and fire fighting equipment had been completed and updates were booked at regular intervals. Staff undertook routine tests of the fire alarm, and monthly visual checks of emergency lighting and fire extinguishers; this was to ensure these were in working order. Fire drills were held regularly with three held in January 2017. Staff shifts rotated so all staff should experience a minimum of two drills within a 12 month period including night staff. Emergency evacuation procedures were in place for each person, these guided staff in the support they needed to provide in the event of fire or other incident requiring evacuation of the premises. Staff were provided with out of hours emergency contact numbers for services and also for senior staff who would be on call and able to respond. A protocol was in place to inform staff in what circumstances they needed to alert on call staff.

At a previous inspection in 2014 we had assessed the recruitment process for new staff to be conducted robustly. Since that time no new staff had been recruited. We checked three staff records to ensure that the recruitment process was consistently thorough and all the required checks were in place prior to employment. The service operated a two stage recruitment process that enabled new applicants to be observed engaging and interacting with people in the service. This two tier interview process helped inform the interview process and whether applicants demonstrated the right skills and attitudes for the role. All new staff completed a probationary period during which their performance was monitored and assessed.

Continuity within the staff team was very good with many staff having worked for more than three years and some for over ten within the service. Staff felt the fact that staff stayed was a testament to how much they enjoyed working in the service and their commitment to the staff team and to the people they supported. One staff member told us that although she had retired she missed the people and the service so much that she had returned as a flexi bank worker. People had complex needs and relied on staff having a good understanding of their different methods of communication. Continuity of staffing was important to ensure people's needs were understood and met consistently in accordance with their needs and wishes. To make sure people were only supported by staff who knew them well the provider had developed a staff bank of former staff who wished to work more flexibly; this avoided the need to use agency staff.

Staff thought that there were enough staff. Staff worked in teams of two and their shifts were two long days with four days off; long shifts enabled people to spend longer out without the need to return for a staff shift change. Monday to Friday during office hours staffing was supplemented by the registered manager and an activities person. This reduced to two staff at weekends one of whom was usually a driver to ensure that people could also be taken out at the weekend. At night there was one waking night and one sleep in staff. Staff said they enjoyed the fact that they had quality time to spend with people and we observed that staff

were able to support people on a one to one basis with in house activities and external visits and activities in the community.

The registered manager and staff knew peoples characters and needs well and understood how they responded to situations and potential areas of risk for them. Each person had a range of individual risk assessments tailored to their specific needs and areas of risk. Environmental risk assessments were also in place where these would affect everyone in the house including staff. Risk information was comprehensive and made clear the risk reduction measures in place. Risks were routinely updated at regular intervals or when issues arose.

Accidents and incidents were rare and only one had occurred since the last inspection in 2014 and this did not require to be alerted to the Care Quality Commission. Staff understood the need to respond to incidents and accidents initially to safeguard the person from harm and then to record and report the incident/accident to their senior or the registered manager, the infrequency of incidents/accidents meant that at this time there was no need to implement a process for analysing trends or patterns to accident or incident occurrence.

Medicines were managed well and a previous recommendation for minor improvements had been implemented. Systems for the ordering, receipt, and storage and disposal of medicines were satisfactory. All administering staff were trained and this was kept updated. The majority of medicines were provided in a pre-packaged dosage system. Prescribed medicines provided outside of the dosage system were dated upon opening which would help with medicine auditing. Medicine administration records (MAR) were completed well. Staff understood people's individual preferences in how they took their medicines. People's photographs were added to the medicine records to ensure staff gave the right medicine to the right person. Allergies that people had were clearly recorded to inform staff. Individual protocols for administration of medicines that people took now and again were in place, the protocols made clear to staff in what circumstances these medicines would be given so that staff administered them consistently.

Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. Staff were able to tell us about the signs of abuse, and how they would report their concerns and to whom; including those agencies outside of the organisation, such as the local authority safeguarding team.

Good

Is the service effective?

Our findings

Relatives told us that they felt communication with them was good and they were always kept informed of any issues arising, comments included "They are fantastic staff, really brilliant they know him and his little ways they're great and go above and beyond what they need to". "X has had many health issues over the years which can be very traumatic for X. Staff have shown great care and sensitivity in helping X through and supporting us as well. "
Staff said "There is good team working, staff talk and listen to each other here."

Although no new staff had been recruited since the last inspection an in depth induction programme was in place and the registered manager was aware of the nationally recognised Care Certificate programme by 'skills for care' which has been developed and will be implemented for new care staff at induction. (The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life).

The registered manager informed us that staff competency was assessed throughout their induction period and they worked their first five shifts as an extra person on the rota. This enabled them to spend time understanding the routines of the service and people's individual needs. Only those completing the induction successfully received a certificate and passed their probation.

The company took its training responsibilities seriously and had invested in the development and training of its staff. All of the staff had a learning plan in place to help their development; all had achieved a nationally recognised vocational care qualification (NVQ). Staff told us that they received lots of training; some of which was class room based and delivered by one of the providers who was a director of the company and a trained trainer. Staff preferred this style of interactive training because it enabled them to discuss with others the subject matter and develop a better understanding. Training was divided up into training that needed to be updated annually, bi annually or every three years; it consisted of basic care training mandatory for all care staff and additional specialised training to ensure staff had the skills to meet the specific needs of people in the service. A central database of staff training was maintained and registered managers and individual staff were reminded when training updates were due, courses were arranged on a rolling basis to accommodate the need for staff updates.

A system for the routine supervision of staff and annual appraisal of their performance was in place. This enabled staff to meet regularly on a 1-1 basis with the registered manager to discuss their training and development needs, any issues relating to their role or the needs of people in the service. Staff said that they had handovers between shifts, and this provided them with the opportunity for daily updates regarding people's care needs or other information they needed to be made aware of.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes to ensure the least restrictive measures are in place to keep people safe. DoLS referrals had been made for all the people in the service and to date two had been authorised.

Capacity assessments had been completed for each person in regard to their ability to consent to the care and support they received. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. Staff sought consent from people when supporting them with their care and support, and respected people's right to refuse and reoffer this at a later time. Where one person had required medical intervention the registered manager was able to demonstrate that a best interest decision had been made on the person's behalf involving relatives and relevant health and social care professionals. The service was working to the principles of the Deprivation of Liberty Safeguards and meeting its requirements.

People in the service were described as being preverbal because they had not developed speech, therefore their methods of communication were predominantly through making sounds, showing staff what they wanted for example by taking their hand. Some people used Makaton signs or expressed their emotions through body language. Staff demonstrated that they understood and were familiar with people's individual characters and how they made their needs and their emotions known. Staff knew when it was ok for a person to monopolise a visitor and perhaps when they needed to intervene by using tried and tested distractions. Sometimes people could express their anxieties through behaviour and all staff were trained in the 'Management of Actual or Potential Aggression (MAPA) how to de-escalate situations in a calm way that keeps everyone safe. Staff were guided by strategies developed for the relevant people and this ensured they all responded in a consistent manner.

People had lived in the service for many years and through continuity in staffing staff had developed an in depth understanding of what food preferences people had and how they expressed their likes and dislikes when offered new meal choices. In this way staff had been able to develop menus incorporating people's food preferences for the meals provided in the service but also foods people were likely to choose for takeaway meals or when out in the community. The registered manager was mindful of the need to ensure that people maintained a varied and healthy diet and staff took care to monitor what people ate and drank and that their weights remained stable.

People had individual health action plans in place these explained all the different health needs each person had and how these were being met. People were supported to have regular health check-ups and attend appointments with dentists and opticians. Scheduled appointments were put in the diary which was checked daily at handover and this reminded staff and ensured people were supported to attend appointments. The outcome of health appointments were recorded in people's daily notes and care records and used to inform updates to health and care plans. Where necessary people were referred to other health professionals such as occupational therapist, or psychologist to help with specific issues. Some people had specific health needs for example epilepsy; staff had received training to understand and support people with this condition. Although people in the service had never experienced a seizure whilst living there guidance was available to inform staff what to do in the event of a seizure occurring.

Outstanding ☆

Is the service caring?

Our findings

We asked relatives about their experiences of the care given in the service and received wholly positive feedback from everyone we spoke with. Relatives said they appreciated the quality of care and support provided and in many instances felt staff went the extra mile in the support they gave. One relative said "He's really relaxed around staff and he always looks nice they are really good." Another spoke about the support staff gave to enable a person to attend church each week they said "X loves going to church and staff have been able to facilitate this. X is a much loved member of the congregation".

There was a strong, visible person-centred culture. People were calm and relaxed their interactions and relationships with staff were positive and supportive. Relatives were satisfied with the high quality of care and support and made this clear in survey responses.

The service had a warm, homely and welcoming atmosphere which relatives and staff commented on, Relatives and staff all said there was a homely feel to the service and staff commented frequently about how the service felt like a family, "It's homely - I like walking in, it's such a lovely home, staff really do care."

Communal areas had been made to appear cosy and informal, by the use of high-quality fabrics and furnishings for example of comfortable sofas and armchairs and soft carpeting. The décor was complemented by pictures and ornaments.

Relatives told us that they were involved in decisions about care and were active partners in discussions about improving the quality of people's lives and experiences. They thought communication with them was very good and they were always kept informed of any changes or events in their relative's life.

Staff enabled people to maintain contact with friends and relatives and helped them to mark important events by helping them with sending cards or preparing gifts for their relatives and these were much appreciated by relatives. To maintain family contact staff utilised new technology to help one person have face time with their relatives each week. Staff positively supported friendships that people had outside the service and this benefited the people involved this included having people from other services that people knew to come for coffee or for a meal similarly people were supported to visit other people in their homes to enable to maintain and expand their social circle.

People did not have developed speech but made their needs and wishes known through a range of vocalisations, body language and some use of simple sign language. Staff demonstrated a good knowledge and understanding or people's individual methods of communication. They communicated with people in an appropriate manner according to their understanding their different personalities and preferences. Staff spoke clearly, steadily and quietly so people did not become anxious. Each person had a communication passport, which gave practical information in a personalised way about how to support people who cannot easily speak for themselves. The passports gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty, and angry or in pain. Staff made us aware on arrival of how people behaved to ensure we understood and responded to people in the same way as staff.

Because people were unable to tell us about the support they received we observed how they and staff spent time together when at home and interacted with each other. Staff treated people professionally and with respect at all times. They demonstrated kindness, patience and gentleness in their engagement with each and were alert to changes in the person's mood and behaviour. We saw a staff member sitting patiently with one person who was engaged in an activity the staff member was a familiar and comforting presence who intervening on occasion to make the activity more interesting. When the person had enough of the activity they led the staff member to the kitchen and the staff member knew this was the signal to say the person now wanted to have a cup of tea. Staff had worked to reduce this behaviour by introducing distractions of other activities or things the person was interested in so that the person was not having cups of tea continuously throughout the day and this strategy had worked well.

Another person was having a music session before they went out they were having one to one support from a staff member during this who engaged in dancing with the person to ensure they got the most out of the musical experience.. Staff spoke affectionately about and to people, because people were unable to engage in conversation with staff, staff ensured their demeanour was positive and smiling when engaging with people and they gave them their full attention and responded with genuine interest. This showed consideration for the way people in which people engaged and responded to the world around them. When staff provided people with support it was unrushed and undertaken at the persons pace to ensure they were not made to feel anxious. Staff were attentive to people's needs and their emotional state for example at one point in the inspection staff recognised one person was becoming excited by the presence of strangers in the house and needed some time away with a staff member doing an activity they enjoyed. Staff used touch appropriately such as taking the person's hand gently when reinforcing something they had said.

Staff were striving constantly to challenge themselves as to how they could make people's lives better. Staff continuity ensured staff had developed a comprehensive knowledge and understanding of each person's needs, method of communication and their potential for further development, they were enthusiastic about supporting people to experience new things but mindful this should always be at a pace to suit the person. Staff demonstrated their delight in the progress some people had made. For example in the last few years staff had identified from their observations that two people in particular had a love of travel and movement. For this reason staff arranged a shared holiday to the Isle of Wight for both people - the furthest either person had ever been on holiday; they were supported by staff with their first experience of being on a large ferry boat which they responded to well and encouraged staff in thinking of other transport they could consider in future when taking people out. Because staff understood each person's character and preferences so well and the type of activities in the community that interested them they looked specifically for accommodation that was well placed to enable both people to participate in their preferred activities and interests and this enhanced their overall experience of the holiday.

Birthdays and special events were always celebrated and for one person who was marking a special birthday. The person was known to have a love of colour, music, singing and dance and having noted how well the person had responded to a previous holiday staff proposed a to a well-known theme park near Paris in France. Relatives were consulted and kept informed as the arrangements for the trip progressed. For the person this meant they were supported to obtain their first ever adult passport. Staff were enthusiastic that this has now opened the person's options for further travel outside the UK in future. The trip was a great success and relatives praised staff in enabling the person to have a wonderful experience. Staff have taken photographs for the person's album and will help them develop a collage for their bedroom as a reminder. In addition so that relatives and other people in the house did not miss the celebrations staff arranged a birthday party to which the person's friend's relatives, neighbours and current and former staff attended attend.

Staff wanted to enable one person to enjoy a wider range of activities in the community but this was affected by the person anxiety of large crowds and they also needed two to one staffing when out. Staff had spent time working with the person to increase their experience of being in crowded areas and gradually worked with the person to enable them to attend their first theatre show. A higher level of staff support was needed and provided to make this a success but extra funding was not available, staff were committed to ensuring the person had the opportunity to have this experience and an extra staff member who worked particularly well with the person gave up their own free time to accompany them to the theatre Staff were glad to do this and as it was such a success further shows are now planned. Because of the recent holiday and theatre successes staff are enthusiastic about expanding the opportunities available for the person to experience things that most people take for granted in their everyday lives for example, the person has a love of aeroplanes so staff are planning a step by step approach to introducing the person to getting on an aeroplane as a birthday treat, with hopes this may lead to their experiencing a short flight at some stage in the future.

Staff had also worked hard to help people re-engage with some of the important people in their lives; this had provided positive results with some people having more contact with relatives who were now more firmly part of their life. For one person staff spent time discussing and working out the logistics with relatives how they could enable the person to maintain contact. A supported trip to the person's family home had not only enabled them to spend time with the most important person in their life but to also reconnect with other members of their wider family that they had not seen since childhood. The provider had ensured that additional staffing was provided above the hours the person was funded for to enable the trip to take place without incident and further visits were now planned.

If people needed to attend appointments or spend time in hospital staff accompanied them and spent time with them to relieve their anxiety and ensure they received the right support whilst experiencing medical care.

People required one to one support and supervision. Staff ensured they gave people as much freedom as it was safe to do so. People liked to spend time in their rooms and staff understood the signs of when people wanted to do this. Staff respected people's privacy and kept a discreet eye on them when in their rooms to ensure they had their own personal time but were also safe. Staff and relatives had helped to ensure people's bedrooms were decorated and personalised to reflect their own tastes and interests, with pictures and photographs of family and small possessions that were important to them.

People were supported to be as independent as possible and staff supported people to take responsibility for aspects of the household routine, for example people were supported with staff prompting and supervision to take their dishes back to the kitchen when finished, or to help with hoovering.

There were no restrictions on visiting. Relatives were made welcome but because people were often out most made a point of ringing the service first to ensure the person they were visiting was in. "I usually ring first but sometimes I do go without letting them know, I think it's important to do that sometimes, if X is out that's good I would be glad, if X is in then I can see them".

People were not at an age when consideration of end of life wishes were particularly pressing but the registered manager recognised that with an aging group of relatives there was a need to raise this sensitive subject to establish the wishes of relatives in regard to how they would want their relative supported to the end of their life. The registered manager confirmed that this would be an area she would bring into reviews of peoples care over the year to ensure this was in place.

Good

Is the service responsive?

Our findings

Relatives told us that they were sent progress reports about their relative every six months and could comment on these, they sometimes attended reviews by the placing authority when these were organised. They said they felt confident of raising issues if they were unhappy. Comments included ", "Staff support X to participate in all kinds of activities in the home and community. These are many and varied and take X interests into account."

Staff commented: "It's a small service so we get time to spend with people and get to know them we have quality time. "Another said "when I walked in here I could feel the difference, it's very interactive" and "I was given guidance about how to interpret people's body language so I knew how they preferred to be supported."
During the inspection people were helped by staff to participate in activities they enjoyed such as floor dominoes or skittles or going out for a drive and lunch. The dining room was divided into two areas with one area for the table and chairs and the remainder set aside for activity equipment which could be used by everyone but was used predominantly by one person who spent much of their time at the service currently by choice, staff were conscious that the person could be overstimulated by too much choice of activities and so ensured this was managed. A trampoline had also been purchased specifically with this person in mind. This had been set into the ground to make it easier to use, care had been taken to ensure it was safe for all people using the garden. In good weather this formed part of the person's activity and stimulation plan.

Each person had an activity planner that reflected their specific activities and interests for example two people went horse-riding each week, out for walks, drives in the car, visits to the airport to see the aeroplanes, or out for lunch. All three people also had a massage therapy session each week which they enjoyed. Activity planners showed that two people were out every day. One person who preferred in house activities had a therapy planner in place that provided different types of stimulation this had been developed with the involvement of an occupational therapist Staff had developed this further so that each day the person experienced something different. For example using a whistle or experiencing different sounds and textures; staff monitored what worked and what worked less well and changed the stimulation offered. For example they knew the person had a love of balloons and were planning on introducing a sensory activity session with balloons when other people in the house who might be affected were out. Staff were also working to encourage the person back into participating in community activities whenever the person indicated they might wish to go out but this was always on the person's terms.

Since our last inspection no one new had been admitted to the service; the existing resident group had settled well into living together in the service and found strategies for avoiding each other when they wanted to by using communal areas when other people were in their rooms. We had previously reviewed the pre-admission and assessment process for new people and found this to be satisfactory. People were only admitted to the service following a comprehensive and sometimes lengthy process of assessment of their needs. This information was gathered from face to face visits and information from a number of sources. Each person had experienced a period of transition to ensure their needs could be met and this had been undertaken at a pace to suit them.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit their individual requirements. Each person had a detailed plan of care that guided staff in the support they needed to provide for each assessed need. Staff supported people to make everyday choices and decision's and respected these, for example what they wore, what they ate, what they did. People's day to day care needs were very settled and their routines well established but when needs changed care records were updated and risks reviewed. Responses to significant changes were discussed and agreed with relevant representatives of the person before they were implemented. Goals and aspirations were recorded for people based on an understanding of what they liked to do and their potential to develop and learn new things. People were supported to work towards meeting these. In discussion and from our observation staff showed themselves to be knowledgeable about people's individual needs and how they liked to be supported. Staff kept detailed daily reports of the wellbeing and activity of each person. Individual care plans were reviewed every six months and informed a comprehensive progress report; this was shared with care professionals and relatives. People were also reviewed from time to time by their funding authority to confirm the placement was still appropriate.

There was a complaints procedure and the complaints log recorded no complaints had been received in the preceding 12 months. Relatives we spoke with said they felt confident of being able to make a complaint and felt this would be listened to and addressed. An easy read version of the complaint procedure was available to people in this and other services operated by the provider but people in this house would not be able to understand or use this. Staff said and demonstrated that they understood peoples individual methods of communication and how they used sign, body language, noise, behaviour, mood and demeanour to express their feelings and emotions and that they would always look for the causes to this.

Good

Is the service well-led?

Our findings

Relatives told us they had faith in the provider who they trusted to do what was right for people commenting that the provider was "more for the residents." "We are sure his needs are met, we are definitely satisfied." ""We meet with the provider and manager several times each year, we discuss how things are going for X and we are able to share continuing progress and triumphs, and also any concerns we may have." A survey comment stated the respondent "was very impressed by the manager's management of the service."

Staff told us it was a good place to work and this was why they stayed. They said "It's a small home and good quality it feels like a family this comes from the top down, we get texts for recognition of good work".

There was a settled staff team and the registered manager had been in post for many years, people were at ease in her company and she demonstrated a detailed understanding of each person supported and her staff team and any current issues. Staff said they found it easy to talk with each other and with the registered manager who they found approachable. The registered manager was supportive of staff experiencing changes in health and ensured their needs were appropriately risk assessed and supported to protect their health and safety and that of the people supported.

The provider had established a comprehensive system to assess and monitor the performance of each of their services. They met regularly on an individual basis with the registered manager to discuss the wellbeing of people but also operational and resource matters. They also chaired a managers meeting on a monthly basis so there was good individual and peer support for the registered manager. At service level support staff were responsible for completing a daily tasks planner this checked that for example fridge and freezer temperatures had been recorded, cleaning tasks and environmental hazards had been assessed.

Team leaders also had their own checks to make each day to ensure tasks had been completed; their checks mirrored those conducted on a monthly basis by the registered manager and quarterly checks undertaken by the provider to ensure there was a consistent approach to what was monitored. Areas assessed and monitored for example included records, the environment, medicine management, staffing related matters. Actions plans were produced from all these audits team leaders monitored progress of their action plans at shift handover and ensured any outstanding areas had been completed or were prioritised for completion. The provider monitored progress in addressing actions identified through the registered manager audit and the providers own audits. Areas of the providers audit were scored and registered managers could receive a performance related bonus twice annually if they sustained a target of 85% or above on their monthly score for overall quality assurance. The provider produced a detailed computer printout of each service performance every month which highlighted where there were areas for improvement.

The management team demonstrated their commitment to implementing changes, by putting people at the centre when planning, delivering, maintaining and aiming to improve the service they provided. The registered manager ensured that relatives felt included and that their concerns were listened to and acted upon. For example having a telephone conversation with a relative after a person's home visit, to see if

relatives were satisfied with improvements to a person's appearance on arrival. The planned absence of a familiar and long term staff member had created some anxieties for relatives used to liaising with one staff member in particular. To overcome these anxieties the registered manager had allocated a covering staff member to shadow the other staff member until they left to help build a relationship with relatives and provide continuity and reassurance for them and the person supported.

A business continuity plan had been developed in the event of something happening that effected the operation of the service; this was kept in the office and staff knew where to find it. Staff understood the management structure of the company and the service. Staff understood who they were accountable to and their roles and responsibilities within the service in providing care for people.

Relatives said communication with them from the service staff was good. Staff told us there was good communication between staff and the management team and that they felt listened to, valued and able to influence change. Staff were provided with regular opportunities to meet together and minutes of these meetings showed that staff were able to voice their views and ideas. A communication book was used which staff said they always referred to every day and if they had been off for any length of time. Day and night time shift handover forms were used to structure handover discussions and ensure all relevant aspects of care, support and operational matters had been covered.

From our observations of people and staff and feedback from staff and relatives it was clear that changes in support had been successfully cascaded to staff who were putting some of these into everyday practice. Staff showed commitment to caring for people and responding to their individual needs which they discussed and proposed changes to their support in team meetings. For example, staff had changed the way they supported several people which had led to improvements in for example repeat demands for drinks, or for another person improved management of continence at night.

Records were maintained to a high standard. The information they contained was comprehensive, clear, current and the language used displayed a positive and professional attitude towards the people supported.

The provider kept themselves informed about important changes and membership of relevant organisations that promote good practice in delivery of services to people with learning disabilities helped this. There were a range of policies and procedures governing staff practice and how the service needed to be run, the provider used an external company which kept them updated about important changes in legislation and guidance and informed updates to policy, procedure and guidance. Updated policies and procedures guiding staff support and operational matters were alerted to staff that were requested to read and sign when they had read them.

The provider and registered manager were aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the service for example notifications had been sent in to tell us when DoLS applications had been approved. We used this information to monitor the service and to check how any events had been handled. This demonstrated the provider understood their legal obligations.