

Royal Mencap Society

Royal Mencap Society - 17 Flaxfield Road

Inspection report

17 Flaxfield Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on the 8, 11 and 12 January 2016.

17 Flaxfield Road is a residential care home which provides residential care for up to five adults with mild to moderate learning disabilities. The care home comprised of two floors with its own secure garden and was within walking distance of Basingstoke town centre. At the time of the inspection five people were using the service.

17 Flaxfield Road has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Relatives of people using the service told us they felt their family members were kept safe. Support workers understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and managed. People were assisted by support workers who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable support workers. New support workers induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely. There were sufficient support workers employed to ensure that people's individual needs were met.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as large scale resident or support worker sickness and fire or floods. Fire drills were documented, understood by support workers and practiced to ensure people were kept safe.

People were protected from the unsafe administration of medicines. Support workers responsible for administering medicines had received training to ensure people's medicines were administered, stored and disposed of correctly. Support workers skills in medicines management were regularly reviewed by the manager to ensure they remained competent to continue.

People, where possible, were supported by support workers to make their own decisions. Support workers were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005. The service worked with people and support workers when required to assess people's capacity to make specific decisions for themselves. Support workers sought people's consent before delivering care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

The service encouraged people to attend a weekly 'Speakeasy' advocacy session which provides

independent advice to people. This enabled people to access independent advice and support if they required it as well as encouraging people to speak about things that mattered to them.

Support workers received an effective induction into working at 17 Flaxfield Road and completed the provider's mandatory training to ensure that they had the skills and knowledge required to support people effectively.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were able to choose their meals and they enjoyed what was provided. Records showed people's food and drink preferences were documented in their care plans and were understood by support workers. People at risk of choking received personalised health care professional assessments and recommendations made were followed by support workers to ensure their needs were being met.

People's health needs were met as the support workers and the registered manager promptly engaged with healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain people's safety and welfare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications had been submitted to

the relevant supervisory body to ensure people were not being unlawfully restricted.

Support workers had taken time to develop close relationships with the people they were assisting. Support workers actively promoted people's independence and sought activities and work placements to ensure their continued development. Support worker demonstrated in every interaction that they knew and understood the needs of the people they were supporting. Relatives told us they were happy with the care provided. The registered manager and support workers were able to identify and discuss the importance of maintaining people's dignity and privacy at all times. People were encouraged and supported by support workers to make choices about their care including how they spent their day within the home or in the community.

Summary of findings

People had care plans which were personalised to their needs and wishes. They contained detailed information to assist support workers to provide care in a manner that respected each person's individual requirements and promoted treating people with dignity.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. Relatives and support workers were encouraged to provide feedback on the quality of the service during regular meetings with support workers and the registered manager. Information was made available in alternative formats to allow people receiving the service to provide their feedback or complaints.

The provider's values of care were communicated to people and understood by support workers. Relatives told us and we saw these standards were evidenced in the way that care was delivered.

The registered manager and support workers promoted a culture which focused on providing individuals with the opportunities to live their lives as independent members of the community. People were assisted by support workers who encouraged them to raise concerns with them and the registered manager. The provider had a routine and regular monitoring quality monitoring process in place to assess the quality of the service being provided.

The registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe.

Relatives told us and we saw that the home had a confident registered manager and support workers told us they felt supported by the registered manager.

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

People were safeguarded from the risk of abuse. Support workers were trained to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place. Support workers had undergone thorough and relevant pre-employment checks to ensure their suitability.

People were supported by sufficient numbers of support workers to be able to meet their needs.

People's individual risks had been identified, recorded and detailed guidance provided for support workers to manage these effectively.

Medicines were administered safely by support workers whose competency was assessed by the registered manager.

Good



Is the service effective?

The service was effective.

Support workers had specific training and knowledge to enable them to meet people's needs and wishes.

Support workers demonstrated an awareness of how to offer choice and make best interest decisions for people. Support workers knew, understood and ensured the legal requirements of the Mental Capacity Act (MCA) 2005 were met.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. Support workers knew people's preferences regarding food and drink and encouraged people to make healthy food and drink choices.

Support workers sought healthcare advice and support for people whenever required

Good



Is the service caring?

The service was caring.

Support workers were very caring in their approach with people, supporting them in a kind and sensitive manner. Support workers were motivated to develop positive, companionable and friendly relationships with people.

People were involved to participate in creating their own personal care plans to ensure they met their individual needs and preferences. These were adhered to by support workers.

People were actively encouraged to access an advocacy service, "Speakeasy". This enabled people to gain independent advice and support if they required it.

People received care which was respectful of their right to privacy and maintained their dignity.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs had been appropriately assessed by the registered manager and support workers. Support workers reviewed and updated people's risk assessments on a regular basis.

People were encouraged to make choices about their care, including their participation in activities and how they wished to spend their time at the home.

There were processes in place to enable people and relatives to raise any issues or concerns they had about the service.

Is the service well-led?

The service was well led.

The registered manager promoted a culture which placed the emphasis on individualised care delivery, of high quality and sought feedback from people and their relatives in order to improve.

Support workers were aware of their role and felt supported by the registered manager. They told us they were able to raise concerns and felt the registered manager provided good leadership.

The provider and registered manager regularly monitored the quality of the service provided so that improvements could be made.

Good



Royal Mencap Society - 17 Flaxfield Road

Detailed findings

Background to this inspection

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

This inspection took place on the 8 and 11 and 12 January 2016 and was unannounced.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people, three support workers and the registered manager. We looked at five people's support plans, three support workers recruitment files, support workers training records and five medicine administration records. We also looked at support workers rotas for the dates 5 October 2015 to the 11 January 2016, quality assurance audits, policies and procedures relating to the running of the service and maintenance records. During the inspection we spent time observing support workers interactions with people including a lunch time sitting and when completing tasks in the local community. After the inspection we spoke with a relative.

The last inspection of this home was completed on the 2 July 2013 where no concerns were raised.

Is the service safe?

Our findings

People told us they felt safe living at 17 Flaxfield Road. This was confirmed by relatives who told us their family members were kept safe.

People were protected from the risks of abuse because support workers understood the signs of abuse and the actions they should take if they identified these. Support workers were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. The provider used a national safeguarding policy provided by the Department of Health. This provided information about preventing abuse, recognising signs of abuse and how to report it. Support workers were able to describe physical and emotional symptoms people suffering from abuse could exhibit and knew their responsibilities when reporting a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. People had individual risk assessments within their support plans detailing the types of abuse they could be subject to and the actions to be taken to ensure their safety. This included providing guidance regarding support workers being alert to obvious changes in behaviour, recording and reporting this appropriately. Support workers had received training in safeguarding adults and were required to refresh this training annually.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. All people's care plans included their assessed areas of risk. These included risks associated with accessing and working within the community, taking part in external activities such as swimming, going on holiday, money management and if appropriate, nutritional risks, such as risk of choking. Risk assessments included information about action to be taken by support workers to minimise the possibility of harm occurring to people, for example; people using the service who had lessened mobility due to their physical health needs and required assistance when walking. Information in people's support plans provided guidance for support workers about how to support them to mobilise safely around the home and when in the community. Support workers signed people's support plans to state that they understood these risks and we observed them

assisting people in a manner which ensured people's safety. Records showed people had received the appropriate treatment which followed their risk management plans. Risks to people's care were identified and documented. Support workers knew how to meet people's needs safely.

Robust recruitment procedures ensured people were assisted by support workers with appropriate experience and who were of suitable character. Support workers had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of support workers who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by support workers who had been assessed as suitable for the role.

People were assisted by sufficient numbers of support workers to be able to meet their needs safely. This had been assessed by the provider and staffing levels established as a result. The records showed that the service routinely operated with the identified required number of support workers. Where shortfalls in the rotas had been identified these had been supported by the use of agency workers. The registered manager ensured consistency of care by using a regular pool of agency staff. A relief and agency folder had been created by the registered manager for support workers and agency staff. This contained individual profiles on the agency staff available, their photograph as well as their training, qualification, experience and details of their DBS. To assist agency staff upon their arrival information contained within included current information on each resident, people's activity timetables, medicines information as well as their individual responsibilities whilst working within the home with emergency contact details.

People were protected from harm because there were robust contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to fire or flood. Support workers knew the fire drill procedure and this was practised to confirm their understanding of the actions to take in an emergency. Personal Emergency Evacuation Plans (PEEPS)

Is the service safe?

were in place for people living at the home. These provided an easy guide for support staff and emergency personnel in regards to the assistance people required due to their needs in the event of a fire. A 'Grab bag' was also in place which also contained this documentation and allowed for quick and easy access to the information required to keep people safe in the event of an emergency. Plans were in place if rooms were no longer suitable for habitation, in this event people would be moved to a local hotel within the county to ensure continuity of care. These plans allowed for people to continue receiving the care they required at the time it was needed. In the event of a lack of support workers being available due to sickness people would be supported by known agency staff and enhanced cleaning practices would be commenced to prevent the spread of any illness.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. Support workers received additional training in medicines management and were also subject to annual competency assessments to ensure they could manage and administer medicines safely. When issues had

been raised regarding support worker's ability to administer medicines appropriate action was taken to prevent a recurrence. This involved re-training support workers where required. There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. Each person had their own uniquely identified secured drugs cabinet which contained their prescribed medicines. These cabinets also included medicines that were required for people to take 'as required', known as PRN medicines. Medicines were mostly administered using a monitored dose system from a blister pack prepared by the providing pharmacy. The home contained no controlled drugs, these are prescription medicines controlled under the Misuse of Drugs Act 1971 or medicines that required refrigeration. In the event that these were required by those living at the home support workers and the registered manager knew the appropriate methods to store and dispose of these medicines appropriately. People were supported to receive their medicines by support workers who received the appropriate, training, guidance and support in order to be able to appropriately manage medicines.

Is the service effective?

Our findings

Relatives we spoke with were positive about the ability of support workers to meet their family members' care needs. Relatives said that they felt support workers were suitably trained and had sufficient knowledge and skills to deliver care, one relative told us, "They (support workers) are all good there".

People were supported by care workers who received an effective induction into their role at 17 Flaxfield Road House. This induction had included a period of shadowing to ensure that they were competent and confident before supporting people. Shadowing is where new support workers are partnered with an experienced support worker as they perform their role. This allows new support workers to see what is expected of them. Support workers had undergone training in areas such as infection prevention and control, fire safety, manual handling, medication and safeguarding to enable them to conduct their role. Support workers were also encouraged and able to ask for additional training in areas that interested them. This included additional training to meet people's specific needs. One support worker told us, "Training, yes, absolutely this is one thing Mencap really excel at". When required support workers had assisted people with behaviours which could challenge. As a result support workers were placed on a team course in order to provide them with the knowledge and expertise to be able to best meet people's needs and those of the other residents. One support worker had completed Makaton training so they could have an alternative means to communicate with people. Makaton is a language programme using signs and symbols to help people communicate. Support workers were also offered the opportunities to take part in National Vocation Qualifications to further expand their knowledge. New support workers were provided with the guidance and information they needed to enable them to undertake their role safely.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people

had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. People living at the home were subject to constant supervision whilst within the local community which is classed as requiring a DoLS authorisation. The registered manager and support workers showed a comprehensive understanding of the DoLS which was evidenced through conversations and the appropriately submitted applications to the local authority. There were records to show that an assessment had been completed on each person identifying whether or not they were capable of making the decision to leave the home safely. Risk assessments were in place to ensure that any restriction to people's liberty was by the least intrusive means possible.

The provider promoted the use of Independent Mental Capacity Advocates (IMCA) for people unable to make key decisions in their life. This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. Records shows that the registered manager was able to respond appropriately when people were no longer able to make decisions which could affect their well being.

Support workers were able to describe when a best interest decision would be most appropriate to make a decision on a person's behalf. Best interest decisions are made when someone lacks the capacity to make a specific decision about their life. Records showed that appropriate mental capacity assessments and accompanying decision specific best interest decisions had been held for people when they lacked the capacity to agree to a particular decision involving their care. This meant that appropriate actions were in place to support people to make decisions and provide legal consent to care.

Is the service effective?

People were assisted by support workers who received guidance and support in their role. There were documented processes in place to supervise and appraise all support workers to ensure they were meeting the requirements of their role.

Supervisions and appraisals are processes which offer support, assurance and learning to help Support workers develop in their role. Support workers told us and records confirmed supervisions occurred approximately every eight to 12 weeks. This process was in place so that support workers received the most relevant and current knowledge and to enable them to conduct their role effectively.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support was requested by support workers. We saw that people were referred to speech and language therapists when appropriate, such as when they were at risk of choking. When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to support workers. This enabled health plans to be followed and for people to receive the care they required to maintain good health. In the event of an emergency or people having the need to be admitted to hospital all residents had a 'Hospital Passport'. This is documentation that accompanies people when they are leaving the home for any length of time. This included information about people's individual physical and mental health diagnosis, any potential risks to their health, for example with eating which required special adaptations and what support they required. This was to ensure that current information about people's needs and support were available to other healthcare professionals to ensure continuity of care.

People were supported have sufficient to eat and drink to maintain a balanced diet. We saw that people had a choice of menu and they enjoyed the food provided. People were also offered choices of hot and cold drinks and snacks throughout the day. Where it had been identified that people had been losing or gaining weight GP advice was sought and people were encouraged to make more healthier food choices. One support worker identified that one person preferred to drink a particular fizzy drink which contained caffeine. They identified that this additional caffeine could have been contributing to their occasional agitation. During the inspection it was requested that a caffeine free version of this drink was purchased so that person could still enjoy their preferred drink without it having a possible impact on their behaviour. Support workers prepared people's meals and encouraged people to be involved in this process. The menu was decided by people living at the home and the food looked appetising and was freshly prepared and cooked. Care was placed into the preparation of each meal, one support worker told us, "We put care into (food preparation) like you would with your own family so the vegetables are fresh and the meat is well cooked". People ate well and were provided with sufficient time to eat their meals at their own place. Support workers sat with people to eat their meals and it was seen as a social occasion with people sat at the dining table. Support workers recognised when people at risk of choking were eating too fast and without compromising people's independence gently reminded people to slow down the rate at which they were eating. This was a documented course of action detailed in one person's support plan which was known by the support worker. Specific dietary needs such as soft foods were catered for appropriately. People were receiving the food and drink they required, and requested, in order to maintain a balanced diet.

Is the service caring?

Our findings

People told us they liked living at 17 Flaxfield Road and experienced comfortable, reassuring and happy relationships with support workers. People also indicated that they were happy by displaying relaxed body language and happy facial expressions whilst interacting with staff, moving around the home and taking part in external activities. Relatives told us that their family members' assistance was delivered by caring support workers. One relative we spoke with told us, "Oh yes, they (the Support workers) are very caring, they listen to my family member who likes planning things and what they're going to do, they are good with them...they love living there".

Support workers were very knowledgeable about people, their preferences, goals, specific behaviours and family situations. They were able to tell us about people's favourite activities, their personal care needs and any particular diet they required. All support workers in the home took time to engage and listen to people. People were treated with dignity as support workers spoke to and communicated with them at a pace which was appropriate to their level and need of communication. Support workers allowed people time to process what was being discussed and gave them time to respond appropriately. People who had difficulty communicating clearly were listened to and asked to repeat themselves in a way that was sensitive to people's potential frustrations. During our inspection support workers spoke with and supported people in a respectful and professional manner that included checking whether or not people required or would like any support to assist them in their daily routine. Support workers displayed a genuinely caring, compassionate and friendly attitude towards people which was responded to by physical gestures such as hugs, being made cups of tea and linking arms with support workers whilst in the community.

Reassuring and genuinely caring relationships had been developed by support workers with people. We could see that people were very relaxed in the support workers presence and offered affection by holding support workers arms and making them hot drinks. Support workers spoke fondly of the people they supported and close personal relationships had been developed. Support workers enjoyed their role which was important to allow the relationships to develop. One support worker told us, "It's a joy coming into work" and another person told us that they

loved the people they worked with and "I wouldn't have any other job". The development of these relationships had been assisted by people's support plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People had varying degrees of understanding and communicating verbally. Support workers knew people well and told us how they noticed changes in people's speech which could indicate if people were in a heightened state of excitement or anxiety. There was clear guidance for support workers about people's behaviours they may exhibit when anxious. For example, one person's care plan noted that when anxious they could be prone to self-harm and they needed to be encouraged to take deep breaths to calm down. We saw that this person was very excited during the inspection. They interrupted support workers and spoke very quickly and loudly which was having an impact on other people who liked a calmer environment. Support staff responded appropriately and encouraged this person to slow down and take a deep breath as they were exhibiting this heightened excitement behaviour. This calmed the person down and they were able to hold a conversation talking about their forthcoming birthday.

People were included, as far as possible, in the planning of their care and support. Support plans contained information called 'About Me'. This detailed what people were able to achieve independently, what tasks they found difficult to complete, when they required support and what they wanted to be supported to achieving. For example, these provided clear guidance on what tasks people could complete independently such as getting themselves dressed when people required additional support, such as making a meal and support people wanted for example to go on holiday. Support workers were able to discuss people's individual needs and we could see that they reflected people's wants in the way they provided support. Support workers also told us how they assisted people to express their views and to make decisions about their day to day support. This included enabling people to have choices about what they would like to eat, wear, where they would like to take holidays and what external activities they wished to participate in. We saw that people were being offered choices on a daily basis about how and where they wished to spend their time which were respected.

Is the service caring?

People were encouraged by the registered manager to personalise their rooms and living spaces. All the bedrooms were individually personalised and decorated to reflect people's interests. People were actively involved in making decisions about how they wanted their bedrooms and the communal spaces decorated. One person told us, "I love my room", we could see that it had been decorated to the person's desired tastes with all the furniture selected by them with matching furnishings, including a fish tank for their pet goldfish.

People were treated with respect and had their privacy maintained at all times. Support plans and associated risk assessments were kept securely in a storage space to protect confidentiality and were located promptly when we asked to see them. Support workers understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to obtain people's trust and confidence. Whilst in the community when making references to other people who were not present support workers did not make reference to these people's names. When mentioning people support workers referred to them by their initials to ensure and respect their confidentiality in front of other service users and members of the public.

Each resident had their own 'One to One day' during the week. During this day people received additional and completely focused and personalised support. People were supported to attend the bank, pay their rent, undertake any personal shopping they wanted or needed, participate in any activity and chose the main menu option for people in the home that evening. This was important for people living at the home and was enjoyed by people as shown in their happy facial expressions and body language during those days.

During the inspection support workers were responsive discreet and sensitive to people's individual needs, promoted their independence and dignity. Support workers were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and support workers knocked on people's doors awaiting a positive

response before entering to assist. This also included ringing the doorbell to the home when attending the location allowing people to open the door to ensure their personal space was respected.

People's dignity was also respected by supporting people to keep their appearance maintained. People were well dressed to their individual preferences and their hair and nails were clean and tidy. One person had a particular hair style which was costly to maintain. Support workers had found alternative means to enable them to retain this particular style but ensure that they were able to save for a holiday which they were very much looking forward to. This person wanted their nails painted for an external activity and we could see that during the inspection this had been completed with care and in the way that they had requested

There was a positive team spirit amongst the support workers and a friendly and engaging manner towards people. Support workers were observant and noticed if there was a change in someone's body language. During one handover it was noted that one person had been quite emotional and upset the previous week. This person was spoken of fondly and encouraged to take part in tasks around the home as a distraction as it was known that they enjoyed being busy. During the inspection this person was lively, kept occupied and told us, "I'm very happy" and was seen smiling, enjoying their external activities and hugging support workers.

Support workers told us it was part of their role to encourage people who used the service to be as independent as possible. Within the home environment people had timetabled tasks to undertaken daily living skills such as cleaning their bedrooms, cooking and shopping. People also had goals included within their support plans which were identified and agreed actions that people wanted to be able to achieve independently. For example this included a goal that one person wanted to be able to clean their bedroom. The support plan provided step by step instructions on how this goal was to be achieved and provided guidance for support workers on how to best assist this person so they retained their sense of independence. We could see that this had been completed during the inspection. This showed that support workers were committed to maintaining and enhancing the skills of the people they were supporting. Within the community people were supported in a way that actively

Is the service caring?

promoted their independence. One person wished to go into town and was supported to go to the bank, book theatre tickets and complete their food and clothes shopping. Support was offered in a discreet way giving this person time to make decisions. When the support worker assisted this person at the bank they remained close but allowed the person to speak to the teller directly respecting their personal space. The support provided was unobtrusive, caring, respectful and promoted people's independence.

The registered manager and support workers encouraged people to attend weekly 'Speakeasy' advocate sessions at a local community centre. This enabled people to gain independent advice and support if they required it as well as encouraging people to speak out about things that matter to them. This was happily anticipated social occasion for those attending with people supported to attend. Once at the session support workers would leave people to attend the group allowing them complete independence and the ability to speak in confidence.

Is the service responsive?

Our findings

People's care needs had been fully assessed and documented by the registered manager before they started receiving support. People's support plans were developed outlining how their individual needs were to be met.

Support plans were reviewed monthly with the person's key worker who was responsible for maintaining a close relationship with them allowing confidence and trust to be developed. This planning took into account people's history, their goals for the future as well as the activities that were important to them. For examples people's spiritual needs were met by the provider as the support workers assisted people to go to the local church to take part in the Sunday service.

People's individual needs were regularly reviewed to ensure that support plans remained current and appropriate to meet people's individual needs. People were supported by their key worker to express their views and formally discuss their care. Where people had asked for changes to be made to their support plans this had been acted upon in a timely fashion. Support plans were reviewed on a monthly basis to ensure that the information remained current and provided the most appropriate guidance for support workers to follow.

We could see that the provider sought to engage people in meaningful activities to keep people occupied in a range of social activities. All the people living in the home were supported to take part in activities in the local community and seek work opportunities where appropriate. One person had a job at a local café which they enjoyed and another worked at a local special needs school, both of whom looked forward to this each week. Other people were supported to participate in college courses, go swimming, attend shows at the local theatre, bowling, trips to London and to go to local community and social groups and events. People were also supported to go on holidays which were personalised to meet their individual interests. Support workers knew people's preferences and asked people daily what they would like to participate in. Whilst people had structured routines available this was subject to change on a daily basis depending on whether the person had changed their mind. If people did not wish to attend a particular event they were encouraged to walk with support workers whilst they took other people to their events allowing them to remain active. The registered

manager and the support workers were constantly attempting to find options to support people with their social interactions. Suitable theatre shows were being sought for younger people living at the home to ensure they were afforded the same opportunities to interact with the local community.

At their monthly support plan reviews people were asked what they would like to do the following month and where possible this was accommodated. One person had expressed a wish to go to London during their review. This had been organised and the person was heard talking excitedly about what they were going to do when they were there. Another person had their birthday shortly arriving, during the inspection they were asked about what they wanted to do and they chose that they wanted to go bowling and have a drink. This information was immediately documented in a communications book which was a way of passing information between support workers. This was documented to allow for any additional support worker assistance to be sought if required.

Support workers actively sought to place people in different social situations in order to obtain a full picture about what people needed to remain involved and active. Support workers told us the importance of not only providing activities but assessing what people were obtaining as a result of being involved in that activity. For example, one person appeared to express that they had little interest in swimming, however whilst on holiday this person had actively participated in this activity which had been noted by the support workers. Upon their return from holiday this person was encouraged to go swimming more regularly and when they were distracted support workers knew how to ensure they concentrated on what they were currently experiencing. This had enabled the person's confidence in the water to grow and for them to receive more enjoyment from what they were participating in. A support worker told us, "The mantra is to support and improve the lives of those with learning disabilities and help them live the lives that they want...it's about making sure that those with a learning disability get the same shots in life".

Alternatives were sought if people were unsure or unwilling to participate in activities. For example, one person had been keen to participate in swimming however had felt that the pool water was too cold. Support workers recognised that they enjoyed the feeling of being in the

Is the service responsive?

water and suggested that person use the Jacuzzi as the water was warmer. During the inspection the person showed us where they used the Jacuzzi and laughed when they spoke about the bubbles indicating that they had enjoyed the experience. Support workers were knowledgeable, observant and thoughtful when identifying whether or not people were enjoyable and participating in the activity that best meet their needs.

People and relatives were encouraged to give their views and raise any concerns or complaints. People's support plans included easy to read information with pictures and photos letting people know who they could speak with if they were unhappy. This also included speaking to the support workers, the registered manager, the area operations manager, the regional operations manager and then the Care Quality Commission and social services. This

information was also made available in the downstairs hallway of the home so that all people could easily see what they would need to do if they were unhappy. There was also an easy to read provider feedback and complaints document provided for people if they wanted to tell someone what was going well or what was going wrong.

Relatives were confident they could speak to support workers or the registered manager to address any concerns. Systems were in place so when complaints were received they could be documented, raised to the registered manager and the provider made aware with details of any responses provided. No complaints had been made in the previous 18 months. Relatives told us they knew how to make a complaint and felt able to do so if required.

Is the service well-led?

Our findings

The registered manager promoted a service at 17 Flaxfield Road which was relaxed, happy, open and supportive. They sought feedback from people living at the home to identify ways to improve the service provided. Relatives said they were happy with the quality of the service and thought the home was well led. One relative told us, “When I pick my family member up they (registered manager and support staff) are all nice up there which is good, I am happy that they are there”

The registered manager was keen to encourage a culture which was based on people feeling that they were at home and the support provided was unobtrusive to their lives. This was reinforced through support worker interviews, supervisions and appraisals and team meetings. The registered manager promoted an ‘open door’ policy and was always contactable by phone so they were available to people and support workers solving issues when raised. The registered manager was also responsible for managing another home for the provider situated approximately 25 minutes away from the home. Despite this and balancing their time between the two homes the support workers felt that they were subject to consistent support from the registered manager. One support worker told us, “We have a manager who has experience, she has knowledge and is very approachable which creates a nice atmosphere for the guys...it’s a very approachable and honest service”. Relatives told us they could always speak to the registered manager if required.

Support workers we spoke with recognised and acknowledged the values of the service. This also included knowing the standards of care that were required from them. One support worker told us the values were, “To promote independence but also really to support people in the community more and more so the world gets to interact, accept and move forward in their attitude...if we’re out there with our heads held high and show we’re proud to be with the guys then slowly they’re accepted.” Another support worker said, “It’s about being patient, kind and delivering care with dignity, really thinking and having empathy with the person in front of you...being in touch with them as an individual...making sure that things are done in a way with the person so they feel good about themselves and not too aware that you’re there because

that’s what I would want.” Support workers were all aware and ensured that people were given every opportunity to fulfil their needs and wishes to live an independent life as possible.

Support workers identified what they felt was high quality care and knew the importance of their role to deliver this. One support worker told us, “Support workers were motivated to treat people as individuals and deliver care in the way people requested and required. We saw interactions between support workers and people were friendly, relaxed and informal. People were assisted by support workers who were able to recognise the traits of good quality care, ensured these were followed and demonstrated these daily. We observed support workers displayed these values when interacting with people.

The registered manager actively sought feedback from people and their experiences to identify how the service people received could be improved. Minutes from the last three residents meetings showed people were actively encouraged to provide feedback on the quality of the service they were receiving. These meetings took place regularly, every 12 weeks to ensure that issues were addressed in a timely fashion. People were involved in the running of the home from choosing décor to menu choices, and their opinions were valued and implemented when possible. Feedback from these meetings was used by the registered manager to improve the experience for people living at the home. During one meeting in April 2015 people raised that they would like curtains and blinds for the lounge as well as having their rooms decorated. By July 2015 this was already in place and people were in the process of making choices about their rooms and the communal space. In July 2015 it had been raised that a healthier eating menu would be enjoyed by the residents, in October this had been completed and people discussed how they were happy with the new choices available. Fresh fruit and vegetables were readily available for people to enjoy.

The registered manager was a visible presence to relatives, people and support workers. Support workers were positive about the registered manager and the support they received to do their jobs. They told us that the registered manager was open to their concerns and needs and provided strong leadership. Support workers said that they were able to approach her and were confident that she would be proactive in dealing with issues raised. One

Is the service well-led?

support worker told us, “I could absolutely say if there were any issues...she (the registered manager) has been very supportive and we have a strong team here, they’re brilliant and this impacts on our guys as well”. The registered manager was always available for support workers if they needed guidance or support. One support worker said “I could go to the registered manager for advice and she would give it, I can discuss issues with her, you get good guidance, she’s the type of person who’s advice you trust, I feel very comfortable in asking for her and that you’d get a good answer”.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

The quality of the service people experienced was monitored through resident and staff meetings, audits and observations of support workers in their roles by their colleagues, registered manager and provider. The provider

conducted a number of audits on the quality of the service provision. The results of these quality assurance audits were all placed on a Continuous Improvement Plan (CIP). Records showed that when issues had been identified by any of the audits completed they had been placed on the CIP which acted as an documented action plan. This was an accountable audit trail of the issues when identified, the actions required to address the issue, allocations of responsibility to ensure required actions were completed and an estimated time scale for completions. Records showed that during a quality control audit conducted in October 2015 that capacity assessments regarding people’s finances required completing. The registered manager had taken prompt action to address this and all had been completed by the November 2015 audit. At the last environmental services audit which had been conducted in October 2015 recommendations had been made to ensure that all peoples Personal Emergency Evacuation Plans (PEEPS) were more detailed. This had been completed by the time of the inspection. We could see that there was a theme of prompt responding to issues identified through the use of quality control audits. The provider and registered manager used effective quality assurance systems to ensure that high quality care was delivered.