Peninsula Autism Services & Support Limited

Coolhaze

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 8 and 12 June 2018 and was unannounced.

Coolhaze provides care and accommodation for up to three people. At the time of the inspection two people were living at the home. Coolhaze provides care for people with a learning disability and associated conditions such as autism.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have a registered manager in post. However a manager was in post and has started the process of registration with CQC. A registered manager is a person who has 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.

Following the inspection of March 2017 and August 2017 we had rated the service as requires improvement overall. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, caring, responsive and well led to at least good.

At this inspection we found the service was now rated Good overall. However, the rating for Well led remained Requires Improvement.

Why the service is rated Good.

During the last comprehensive inspection in March 2017 we found the areas of caring, responsive and well led required improvement with breaches of Regulation.

At that time the design and delivery of care was not in all cases person centred and did not demonstrate people's needs were met appropriately. People's privacy and independence was not in all cases respected and promoted and people were not always protected by effective governance to help ensure the quality of the service was maintained. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of caring, responsive and well led to at least good.

We went back to the service in August 2017 and carried out a focussed inspection after the provider had informed us about concerns relating to the conduct of staff and an incident of medicines missing at the service. At that inspection we found the areas of safe and well led required improvement. We found the provider did not have sufficient systems in place to identify where quality and/or safety were being compromised and to respond appropriately and without delay. Also people were not always protected by the safe management of medicines. Medicines audits were not robust and had failed to identify discrepancies in the amount of medicines stored in the home. People were also not fully protected by staff who fully understood how to escalate concerns about abuse outside of the organisation. We asked the provider for a report and they sent a report telling us what actions they would take to put this right.

At the inspection in August 2017 we found although improvements were underway on the breaches found in March 2017, they were not at the time of that inspection, August 2017, completed. Therefore, it was not possible to see if the improvements and actions taken would be sustained and continue to improve the quality of the service.

At this inspection, we found that the provider had followed their action plans and that steps had been taken to ensure improvements had been met or nearly met.

We met and spoke to both people during our visit. However people who lived at Coolhaze had some communication difficulties due to their learning disability and associated conditions, such as autism. Therefore they were not able to tell us verbally about their experience of living there. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them.

Staff had completed safeguarding training and further updates were arranged. Staff had a good knowledge of what constituted abuse and how to report any concerns. Staff understood what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated. Staff confirmed they would have no hesitation reporting any issues to the management or to the local authority.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies.

People lived in an environment that was clean and hygienic. Parts of the environment had been refurbished to a high standard taking into account people's needs.

All significant events and incidences were documented and analysed. The evaluation and analysis of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from other agencies and the staff team.

People had sufficient staff to meet their needs. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people.

People's medicines were now managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. New staff who did not have formal qualifications or previous experience of care completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input as much as they were able to in preparing some meals and drinks.

People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy; however there was a calm and relaxed atmosphere within the service. The provider and staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People were treated with kindness and compassion by the staff who valued them. The staff had built strong relationships with people. People's privacy was now respected. People or their representatives, were involved in decisions about the care and support people received.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and included full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

The service was responsive to people's individual needs and provided personalised care and support. People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the deputy manager confirmed any complaints received would be fully investigated and responded to.

People's end of life wishes were documented. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapy.

The service was mostly well led. There was a manager in place however they were not yet registered with the commission.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff and professionals said the management team were approachable. Staff said the management team were involved in the day to day running of the service.

The manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the management team to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service.

The manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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 now safe.

People received their medicines as prescribed. People's medicines were administered and managed safely. Staff were aware of best practice and audits were now carried out.

People were supported by sufficient numbers of very suitable, experienced and skilled staff.

People were protected by staff who were able to recognise and had good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People lived in a clean and odour free environment.

Is the service effective?

Good

The service was now effective.

People now lived in a service which was adapted to meet their needs.

People's individual communication needs were known by staff.

People received care and support from staff who had undertaken relevant training to meet their needs.

People were supported with their nutrition, and had care plans in place to help guide staff to deliver the correct support.

People received a co-ordinated approach to their care. Health and social care needs were assessed on an ongoing basis, to help ensure their care and support needs were being met in line with best practice.

People had opportunities to live an active and healthy life.

Is the service caring?

Good

The service was now caring.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

A positive caring relationship had been formed between people and the staff team.

Staff ensured people's equality and diversity was respected and used the accessible information standard to ensure effective communication and choice.

People were actively involved whenever possible in making decisions about their own care and support.

Is the service responsive?

Good

The service was now responsive.

People received responsive health and social care because staff knew how to meet people needs.

People's care plans continued to be developed to ensure they were an accurate reflection of how their care needs should be met.

People's end of their life wishes were documented if possible.

People were supported to participate in activities and interests they enjoyed with the focus on quality of life for each individual.

The service had a formal complaints procedure which was available in an easy read version.

Is the service well-led?

Requires Improvement

The service was mostly well led.

There was an experienced manager in post. However they were not registered with us and had only been in post for a short time.

Staff spoke highly of the current management team.

People benefited from a management team who worked with external health and social care professionals in an open and transparent way.

There were now systems in place to monitor the safety and quality of the service. The quality assurance system operated to help develop and drive improvement.

Coolhaze

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 was a comprehensive inspection completed on the 8 and 12 June 2018 and was unannounced on day one. The inspection was completed by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

People who lived at Coolhaze had some communication difficulties due to their learning disability and associated conditions, such as autism. People were not able to tell us verbally about their experience of living at Coolhaze. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. These observations helped us understand if people were happy with the care being provided.

During our inspection we met both people who used the service. We spoke with five staff members and the deputy manager and operations manager. After the inspection we received feedback from a professional involved with people at the service.

We looked at two records which related to people individual care needs. We viewed four staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Good

Is the service safe?

Our findings

At the focussed inspection in August 2017 we rated this key question as requires improvement, because people were not always protected by the safe management of medicines. Medicines audits were not robust and had failed to identify discrepancies in the amount of medicines stored in the home. Also people were not fully protected by staff who understood fully how to escalate concerns about abuse outside of the organisation.

During this inspection we looked to see if improvements had been made, and found action had been taken.

People who lived at Coolhaze had limited or no verbal communication, therefore they were not able to easily tell us if they felt safe. We spent time with people observing their daily routines and when they were being supported by staff. We saw people were comfortable and relaxed with the staff supporting them. People looked to staff for reassurance when they felt anxious or unsure. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them.

At this inspection we found people's medicines were now managed safely. Medicines were held in locked cupboards and audits on medicines were carried out daily. To further ensure medicines were secure a manager from another service visited monthly to complete medicine audits. People had risk assessments and clear protocols in place for the administration of medicines. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

People were protected from discrimination, abuse and avoidable harm by staff that had the skills and knowledge to help ensure they kept people safe. Staff spoken with were now fully aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example the local authority. Staff were confident that any reported concerns would be taken seriously and investigated. Staff said they had received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern.

People who had been identified as being at risk inside the service or when they went out had clear risk assessments in place. Risks had been assessed and steps taken to mitigate their impact on people. For example, the service liaised with specialist behavioural team to support people who may display behaviours that challenge. Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure people who needed it

had additional staffing when accessing the community. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. Any staff absences were covered to ensure there was enough staff on duty to help keep people safe.

Staff knew people's needs well and strategies for managing people's challenging behaviours, anxiety and distress were carried out quickly and sensitively. The specialist learning disability team had supported staff to understand and manage the needs of one person who could at times show behaviours that were difficult and challenging. Staff understood the guidelines and the importance of consistency for this person in the way they were supported and in the way behaviours were managed. The calm, gentle manner and reassurances by staff relaxed people and enabled them to carry on with tasks of their choice. Staff anticipated how people felt and gave them space when needed.

People's risk of abuse was reduced because there were suitable recruitment and selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained. The service currently used an agency service to help support people. The provider had liaised with the agency to confirm that appropriate recruitment checks of agency staff had been undertaken.

Accidents and incidents were recorded, audited and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. For example a recent incident reported to CQC and the local authority was followed up with a referral to the occupational therapist for advice and support. Following any incident the management arranged debriefing for staff involved in the incident and forms are completed and signed off by the operations director and quality team of the company. This helped to ensure people continued to receive safe care and the senior management had an oversight of the service.

People lived in an environment, which the provider had assessed to be safe. People had personal evacuation plans in place, so their individual needs were known to staff and emergency services in the event of a fire. A fire risk assessment was in place, and regular checks undertaken of fire safety equipment. The environment was clean and well maintained and management carried out unannounced checks to check the service and people living there were safe. Staff had access to gloves, aprons and hand gel to help prevent the risks of cross infection. Hazardous substances such as cleaning materials were stored in a locked area.

Good

Is the service effective?

Our findings

At the Comprehensive inspection in March 2017 we rated this key question as Good. However we did recommend that the service seeks advice from a reputable source in relation to equipment and environment to meet the needs of people with a physical disability and mobility needs.

During this inspection we looked to see if improvements had been made, and found action had been taken.

One person's living area had undergone a major refurbishment since the last inspection. The last inspection highlighted that although the person was able to partake in cooking tasks and staff said they enjoyed baking, these activities were limited as the person required the use of a wheelchair in the home. The report said that although they could get into the kitchen the design meant they could not reach the worktops in their wheelchair. The person's flat also had poor natural light, which was made worse by the curtains frequently needing to be drawn due to the flat being positioned by the entrance to the service. The changes made to the design and layout of this person's flat since the last inspection now promoted this person's well-being and independence. For example, they now had a bedroom with a wet room en-suite. The kitchen/ living space had been re-designed to enable this person to help prepare and assist with meal preparation. For example a lower work surface had been fitted and they were now able to move more independently around their kitchen and dining area. The living space had been extended to be lighter and more accessible. The changes made to this person's environment helped ensure their privacy and dignity was maintained. People's bedrooms were nicely decorated and contained personal items to reflect their individuality.

People were supported by staff who had received training to meet their needs effectively. The provider had ensured staff undertook training the provider had deemed as 'mandatory'. New staff competed the Care Certificate (A nationally recognised training course for staff new to care) that covered topics such as Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Training was planned to support staffs continued learning and was updated regularly. Staff were supported, received regular supervision and team meetings were held to keep them updated with current good practice models and guidance for caring for people.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. People living at Coolhaze at the time of the inspection had been assessed as requiring constant supervision and were unable to go out of the home without staff support.

At the last inspection some concerns were expressed by other agencies that due to the environment the support arrangements for some people could be overly restrictive. At this inspection we found the provider had taken these into account and had longer term plans to provide less restrictive care and accommodation for people.

People's consent was sought by staff as much as possible before care was provided. People spent time with staff when they wanted or time on their own if that was requested and people were encouraged to make choices. Staff said they gave people time and encouraged them to make simple day to day decisions. We observed staff offering people a choice of drinks and snacks and their preferences were respected.

Staff said they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held about changes in people's needs as well as any important information in relation to behavioural needs or care needs. Team meeting minutes showed the service discussed "Your say-Your voice" a format for staff to be able to raise issues.

People's care files held communication guidelines. Each documented how people were able to communicate and how staff could effectively support individuals. People had a "Hospital Passport" in place which would be taken to hospital in an emergency and provided details on each person's communication needs as well as their health care needs. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were available to help ensure it was in a suitable format for everyone. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People's well-being in relation to their health care needs had been clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. People had health action plans detailing their past and current health needs, as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. They also ensured people received continuity of care and helped hospital staff when they needed to understand the person and meet their needs.

People had access to local healthcare services and specialists including speech and language and behavioural therapists. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or behaviour. This helped to ensure people's health was effectively managed.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People were encouraged to remain healthy, for example people were supported to go for walks.

Good

Is the service caring?

Our findings

At the Comprehensive inspection in March 2017 we rated this key question as requires improvement. We found people's privacy and dignity was not always promoted and respected. We asked the provider to send us an action plan to tell us about how and by when they would address this concern. During this inspection we found improvements had been made.

We found some changes had been made to the environment to further ensure people's privacy was maintained and protected. For example, one person's flat had been re-furbished including the lay out of the area to allow more privacy for this person.

Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated against in respect of their sexuality. People's care plans were descriptive about people's needs and followed by the staff.

People had been assessed as needing constant supervision to keep them and others safe. We spent time with people and staff providing care. People were supported by staff who were both kind and caring and we observed staff treated people with patience and compassion. We saw positive and friendly interactions between people and the staff supporting them. People's body language, smiles, laughter showed they were happy and relaxed with the staff supporting them. Staff were familiar with people's interests, and people responded positively when these were talked about between them and staff. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. Staff spoke positively and with compassion about the people they supported.

People had decisions about their care made with the involvement of their relatives, representatives and professionals. People's needs were reviewed regularly and staff who knew people well attended these reviews. People had access to independent advocacy services, and were supported to access to these when required. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

Staff knew people well and understood people's verbal or nonverbal communication. Staff were able to explain each person's communication needs. For example, by the expressions they made to communicate if they were happy or sad, or words they used to describe particular items. Staff knew that people made facial expressions and certain noises indicating they may be upset or anxious.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People received their care from some staff who had worked at the service for a number of years. Most of the agency workers had been involved in one person care for over a year. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People's independence was respected. For example, staff encouraged people to participate in everyday household tasks if they were able to. People were not rushed, staff supported people, and tasks were completed at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

Good

Is the service responsive?

Our findings

At the Comprehensive inspection in March 2017 we rated this key question as requires improvement with a breach of Regulation. At that inspection we found people's care arrangements were not in all cases personalised and responsive to their needs. This was because at the time the design and delivery of care was not in all cases person centred and did not demonstrate people's needs were met appropriately.

During this inspection we looked to see if improvements had been made, and found action had been taken.

At this inspection we found the provider had reviewed people's care arrangements to make sure they were personalised and responsive to their specific needs and wishes. For example, changes had been made to one person's living area, so that they could mobilise more independently.

People's care plans included clear and detailed information about people's health and social care needs. Each care plan described the person's skills, goals and support needed by staff and/or other agencies. The plans were personalised and detailed how each person needed and preferred care and support to be delivered. People's daily routines were documented and understood by staff.

People's care records took account of their wishes and preferences as well as any cultural, religious and spiritual needs. Staff monitored and responded to any changes in people's needs. Staff told us how they encouraged people to make choices. Staff showed some people visual items to help them make choices.

People's care plans contained information to assist staff to provide care and gave information on people's likes and dislikes. In addition to full care plans there were brief profiles of people, particularly about people's care, communication and behaviour needs. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people and were able to tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs.

One person had a designated team of agency staff to support them. A member of the specialist learning disability team in Plymouth met regularly with the agency staff to provide support and to help ensure the care provided to this person was appropriate and responsive to their needs. At a recent meeting a referral was made to a psychologist to provide additional support for this person. A professional involved with the service spoke about how much the links and communication between the service and other agencies involved in people's care had improved. They said they believed this improved communication and joint agency working had impacted positively on people's quality of life.

People received individualised personalised care when required. People's communication needs were effectively assessed and met by staff. Staff told us how they adapted their approach to help ensure people received this individualised support. For example, pictures to assist people choose and a computer tablet was available to show people choices.

The previous inspection referred to one person's time needing to be more structured as inactivity or boredom could lead to an increase in behaviours that could challenge the staff and others. We found at this inspection that this person's activities had increased, including now having a part time voluntary job at a local DIY store, much to this person delight as it was somewhere they particularly enjoyed visiting. This job had a very positive impact on this person's behaviour and well-being. A specialist assessment had also been undertaken by the speech and language services. This person had a new communication system in place. This enabled them to show staff how they were feeling and if they were in a 'good place' or feeling particularly anxious. This person's bedroom wall had been painted in a colour chosen by them and a 'Talk Board' had been set up. This included a choice of pictures this person could pick from the use of a computer tablet to plan their day. Though this was still in early stages of development staff all agreed that this person's communication had improved as they were able to understand this person better and finding better ways to communicate with each other. Another person had communication information which included a list of key words and phrases they used to indicate certain items, for example what word they may use for items of food and drinks they enjoyed.

This response and understanding by staff clearly had a positive impact on people's well-being and we were met with plenty of laughter and smiles.

People had an activities plan in place. Each person needed staff support to occupy and plan their day. Staff said people were offered opportunities to go out daily. This included visits to local shops, visiting family members or visiting places of interest. One person had particular interests, which they liked to talk about and requested frequent feedback and responses from staff about these topics. We saw the staff were very familiar with the person's interests and used words and gestures, which the person enjoyed and responded positively to. A large shed was accessible to the person in their private garden area and this had been made into an area where they could pursue hobbies and activities they enjoyed.

People were provided with a complaints procedure in an easy read format for them to understand if appropriate. The provider's policy set out how the service would handle complaints, and stated that they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Some people currently living in the service would not fully understand the procedure due to the level of their learning disability. Staff told us that due to people's nonverbal communication they knew people well, worked closely with them and monitored any changes in behaviour. They would then act to try and find out what was wrong and address this. This showed us the provider would take action and review the policy to ensure it was in line with the Accessible Information Standard (AIS). People also had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

The provider had taken into account end of life care and people's wishes. People's file each held a "When I am sick and might die" form in easy read. This detailed people's end of life wishes including if they want to be buried or cremated. It also recorded what would happen in the event of the person's death, and included the wishes and views of others, including family members.

Requires Improvement

Is the service well-led?

Our findings

At the inspection in March 2017 and the inspection in August 2017 we rated this key question as requires improvement with a breach. We found the management of the home had not been consistent over time and did not always ensure people's needs were overseen and managed appropriately. The provider did not protected people by effective governance to help ensure the quality of the service was maintained. Also the provider did not have sufficient systems in place to identify where quality and/or safety were being compromised and to respond appropriately and without delay.

During this inspection we looked to see if improvements had been made, and found some action had been taken.

At this inspection we found the service had an experienced manager in post that was registered with CQC however, though they worked for the same company, they were not yet registered to manage Coolhaze. They had however started this registration process. We were hoping this would support continual improvement and for the new governance systems to be embedded to ensure sustainability. The operations manager, who supported us during this inspection, had systems in place to support this manager, for example support was being provided by a registered manager of another service and they visited frequently to offer support.

At the last inspection, August 2017, we found some improvements had been made in relation to quality monitoring and management of the service. However at that time it had only been six months since the pervious inspection so it was not possible to see if the improvements and actions taken had been sustained and continued improvement maintained on the quality of the service.

At this inspection we found the improvements had continued.

At this inspection we found additional systems and audits had been put into place in particular in regard to medicines. This included a monthly spot check by another manager from within the company. The manager and provider now had effective quality assurance and governance arrangements. Current checks and audits carried out were effective in giving the provider and manager a clear oversight of the service. The provider and management of the service had produced additional audit forms to monitor the continued improvement of these issues and ensure they become embedded into the service.

The current management team were respected by the staff team. Staff told us they were approachable and always available to offer support and guidance. They were committed to the company and the service they managed, the staff, but most of all the people. Effective recruitment was an essential part of maintaining the culture of the service. People benefited from a management team who kept their practice up to date with regular training and worked with external agencies in an open and transparent way fostering positive relationships. One staff member commented; "I feel 100% supported" and another said "Really good management." A professional involved stated that the management in place had made improvements in the communication between them and other agencies involved and previous issues were being sorted for all

concerned.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at and improve current practice. Staff spoke positively about the leadership of the company. The management team had developed a format called 'Daily Quality Walk Round and Welfare Checks'. This included checking the health and social care needs of people, checking if records were up to date and ensuring the environment was clean. Meetings had also been arranged with the agency staff so that all staff had the opportunity to discuss their role, development and any concerns.
A staff member, called a 'runner' worked daily between both people living in the service. They provided the link between the agency staff and the permanent staff as well as providing additional support when required to the agency staff. For example completing medicine administration, checking each person was well and completing tasks to help ensure people lived in a safe and secure environment. One staff members said this runner was providing; "Better joined up working" between the agency and permanent staff.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. Management monitored the culture, quality and safety of the service by checking and meeting with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the deputy manager was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The registered provider promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.