Priory Education Services Limited

Priory Rookery Hove

Inspection report

22-24 Sackville Gardens
Hove
East Sussex
BN3 4GH
Tel: 01273 202520
Website: www.priorygroup.com

Date of inspection visit: 11 August 2015
Date of publication: 15/12/2015

Ratings

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

Overall summary

This inspection took place on 11 August 2015 and was unannounced.

The Priory Rookery Hove provides accommodation for up to 13 young adults, between the ages of 18 and 36 years old. The provider provides care and support to people living with Asperger's Syndrome or associated difficulties. Typically people will stay in the service for a three to five year programme. During this time they will be able to access a combination of educational, social development, life skills, work experience and therapeutic care. The aim is to further develop their life skills to gain independence and integration into their community. People are also supported to attend college where identified as part of their care and support needs. The support people needed varied depending on their current needs. There were 12 people living in the service at the time of our inspection.

The service had a registered manager. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager had been on long term leave since March 2015. There had been several interim management arrangements which people and members of staff had found had found difficult. Currently a regional manager and a registered manager from another of the provider's services were providing day to day leadership.

The last inspection was carried out on 11 December 2014. We found a breach of Regulation 9, 11, 12,17,and 18 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people, staff and others were not protected with effective quality assurance systems to identify, assess and manage risks relating to the health and safety of people. Staff had not received training and supervision to support them in their role. The CQC had not been notified of applications made to deprive people of their liberty. People had not been involved in the drawing up of their care plans, which lacked detail to ensure care and support was provided constantly. The provider provided the CQC with an action plan as to how they would address these issues. We looked at the improvements made as part of this inspection and found that the breaches highlighted had been addressed. However, we found there were still areas which needed to be improved.

Since the last inspection in December 2014, staff spoke of a significant period of change that they were still working through. There had been a change in the management team and interim management arrangements were in place. There had been a high turnover of staff which had led to use of the organisations bank staff or agency staff to help cover the staff rota. Staff had attended a lot of training to help support them in their role. The building was going through a major refurbishment programme. One member of staff told us," With the changes we are going in a good way. We are creative, flexible and supportive." Another member of staff told us, "It's a lot more positive in the house now the managers are around there is a more consistent approach, we are more supported and more of a team." Feedback from people and their relatives was that due to all these changes in staff this had been a difficult and unsettling period. Most of the feedback was that the new management in place were working to address this. However, we did receive some negative comments that there had been limited changes and improvements made in the service.

The number of staff on duty had enabled people to be supported to attend educational courses, participate in voluntary work and in local social activities. Three people were being supported to move onto to other accommodation. One member of staff told us, "We help the residents with their independence and to move on." However, there was a lack of clarity as to who had been funded to receive additional one to one support to help support them safely in their activities. Although it was evident it was being provided for some people, staff could not tell us of all the people who should be receiving this support. This was an area they were in the process of addressing.

People told us they felt safe in the service. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to. There were systems in place to assess and manage risks and to provide safe and effective care. The premises were safe and maintained. The décor of the building and furnishings provided were variable in quality. However, the service was in the process of a major refurbishment. A new kitchen had been fitted, new bedroom furniture had been provided and new flooring in the ground floor corridor was being fitted during our inspection.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People were being supported to develop their life skills and increase their independence. New care and support plans had been introduced which were detailed and informative. People had been involved and these clearly detailed the goals people were working towards. One member of staff told us, "The residents have been really involved in their care plans with their keyworker." However, these were very new and it was not possible to fully evidence the review process and how these had been maintained.

People were being supported to review and develop the range of activities they were involved in to develop their life skills. People where possible were being supported to move onto further accommodation at the end of their programme such as supported living. This is where people receive support to enable them to take more control of their life.

Summary of findings

Where people were unable to make decisions for themselves, the staff were aware of the need to consider a person's capacity under the Mental Capacity Act 2005 (MCA), and take appropriate action to arrange meetings to make a decision within their best interests. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had policies and procedures to follow and demonstrated an awareness of where to get support and guidance when making a DoLS application.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. One relative told us, "The staff have been incredibly kind and helpful."

People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences.

People had access to health care professionals. They had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans. There were procedures in place to ensure the safe administration of medicines. People were supported to take their medicines and increase their independence within a risk management framework.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable.

People and their representatives were asked to complete a satisfaction questionnaire, and people had the opportunity to attend weekly residents meetings. We could see the actions which had been completed following the comments received. The manager told us that senior staff carried out a range of internal audits, and records confirmed this. The manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not consistently safe. Staffing levels had enabled people to be supported with their care and access a range of activities. However, it was not clear who should have additional support to safely provide their care.

People were cared for by staff who had been recruited through safe procedures.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. There were systems in place to manage medicine safely.

Is the service effective?

Good 

The service was effective. Staff were aware of the requirements Mental Capacity Act 2005 (MCA) and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision. Staff were aware of the requirements of the Deprivation of Liberty (DoLS)

Staff had a good understanding of people's care and support needs. People were supported by staff that had the necessary skills and knowledge to help them develop their life skills and independence.

People told us the food was good and they had a choice at meal times.

People had been supported to have an annual health check with their GP, and to attend healthcare appointments when needed.

Is the service caring?

Good 

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Requires improvement 

The service was not consistently responsive. New care and support plans had been introduced which clearly identified goals people were working to. These were still being fully embedded in the service.

The range of activities people were involved in were being reviewed and developed.

The views of people, their relatives were sought and informed changes and improvements to service provision.

Summary of findings

A complaints procedure was in place. People and relatives were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires improvement

The service was not consistently well led. The registered manager for the service was absent. There had been changes in the interim management arrangements. There had been a number of staff changes. This had to a significant period of change which staff and people were working through.

Systems were in place to audit and quality assure the care provided. However, the changes made had not been fully embedded and it was not possible to evidence these systems were fully up and running and had been maintained

The leadership and management promoted a caring and inclusive culture.

There was a clear vision and values for the service, which staff promoted.

Priory Rookery Hove

Detailed findings

Background to this inspection

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

This inspection took place on 11 August 2015 and was unannounced. The inspection team consisted of three inspectors, one of whom was a pharmacist inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helped us with the planning of the inspection. From this information, following our visit, we received feedback from six social care professionals about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they were not able to tell us all about their experiences due to their learning disability. We observed people's care and support in communal areas throughout our inspection to help us understand the experiences people had. We spent time with five people who were resident during our inspection. We spoke with the regional manager, the manager, five care workers and the educational support co-coordinator. After the inspection we also spoke with six relatives.

We looked around the service in general including the communal areas, one person showed us their bedroom, and we looked at the kitchen and laundry area. As part of our inspection we looked in detail at the care provided for four people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medication administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and five staff recruitment records. We also looked at the service's own improvement plan and quality assurance audits.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe in the service. People appeared relaxed with each other, happy and responsive with staff and comfortable in their surroundings. The majority of feedback from the relatives and the social care professionals was that people were safe in the service. However, we did receive some negative comments in relation to staffing levels.

At the last inspection in December 2014, the provider was in breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people, staff and others were not protected against identifiable risks of acquiring an infection. People were also not protected against the risks of unsafe or inappropriate care. During this inspection we found, improvements had been made and breaches had been addressed. However, at this inspection we found further areas which needed to be improved upon.

Senior staff told us how staffing levels were managed to make sure people were kept safe. A formal tool was not used to calculate the level of staff needed. Senior staff looked at the staff skills mix needed on each shift, for example to ensure that there was always experienced care staff on duty with new care staff or agency/bank care staff, the activities planned to be run, where people needed one to one for specific activities, and anything else such as appointments people had to attend each day. It was then possible to work out many staff would be needed on each shift. On the day of the inspection the deputy manager was on duty with five care staff. However, although it was evident where some people were being provided with one to one support as part of the care and support plan, staff were not able to confirm all the people who had additional support needs identified as part of their support plan. So it was not possible to identify if staffing was adequate to support people in a safe way. We were told that work was already in progress with people's local authorities to clarify this and ensure appropriate levels of support were provided. This is an area which needs to improve.

The manager and senior staff regularly worked in the service and were therefore able to monitor that the planned staffing levels were adequate. There were regular staff meetings where staff were able to discuss how things were going in the service, what had worked well and what had not worked so well, and this included staffing levels.

Staff told us there was adequate staff on duty to meet people's care needs. They told us that staffing levels had been difficult, but this had improved over the last few months with the recruitment of new staff. There was now a small group of bank staff to help cover staff absences. There were still a number of care staff vacancies, which the manager told us they were in the process of advertising and trying to recruit to. Although there had been a number of changes to the care staff working in the team, staff members spoke of good team spirit and time to provide the care and support people needed. One member of staff told us, "Staff have time to spend talking with people and support them in an unrushed manner." A sample of the records kept of when staff had been on duty and how many showed that the minimum staffing level was maintained.

The premises were clean and well maintained. The service was in the process of being refurbished. Where we found areas of the service were in need of updating or work to improve the environment, we looked at the refurbishment plan for the service and found this had been identified and was detailed for work to be undertaken. Staff told us about the regular checks and audits which had been completed in relation to fire and health and safety, and records confirmed this. Equipment, such as fire system and extinguishers had been regularly checked and serviced. Contingency plans were in place to respond to any emergencies, such as flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for help and support.

During the last inspection in December 2014 we found that the services policies and procedures had not been followed following an outbreak of Norovirus during October 2014. Incident records did not detail how to reduce the risk of transferring the infection to others. Peoples laundry had not been separated and there was a risk of cross infection to people during the outbreak. We saw a number of communally used areas in the service which were not clean, some were dusty and some had damaged surfaces. The last internal audit of infection control took place on 22 July 2014. It had also identified a range of issues, including unclean and dusty surfaces and fixtures and fittings which had not been addressed. We found during this inspection infection control policy and procedures had been reviewed. Two members of staff had been identified to take a lead in the service and support staff with infection control procedures. Regular infection control audits had been

Is the service safe?

introduced and carried out, and used to help inform the refurbishment of the service We found that staff meetings had been used to discuss infection control procedures and highlight with staff any issues to be addressed from the audits. People were encouraged to keep their room clean. One member of staff told us, "We prompt them to keep their room tidy." Staff also told us there were now also daily checks of the cleanliness of people's rooms. This was to identify if people needed further guidance and support to keep their room clean. Cleaning rotas were in place for staff to follow, and were monitored. The refurbishment of the service Laundry facilities had been improved and procedures had been reviewed and new systems introduced to improve infection control procedures. For example red sacks were now available to be used for the washing of soiled laundry. One person told us, "The house is a lot cleaner and is in better condition now. They are making a lot of improvements. The cleaner is very good."

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. These included clear systems on protecting people from abuse. The manager told us they were aware of and followed the latest local multi-agency policies and procedures for the protection of adults. They had notified the Commission when safeguarding issues had arisen, and therefore it could monitor that all appropriate action had been taken to safeguard people from harm. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

People were supported through a risk management process to develop their life skills and participate in their preferred activities. For example people were supported to go out independently if they wished. To support people to be independent risk assessments were undertaken to assess any risks for individual activities people were involved in, risks to the person and to the staff supporting them, to protect people from harm. Each person's care plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these where possible this had been discussed with them. The assessments detailed what the activity was and the associated risk and guidance for staff to take. For example, we found people were being supported to cook.

At the last inspection in December 2014 we found staff had concerns relating to the management of behaviours that could challenge. There was a lack of guidance to enable care staff to provide support in a consistent way. At this inspection we found staff had completed training in managing people's behaviours that challenge others. Two members of staff have been trained to provide this training to staff. They had been able to offer care staff further support, and have worked with staff to review what may have led to an incident, what worked well and lessons learnt for the future. Behavioural support plans had been put in place where needed to ensure a consistent approach from staff. Staff members were able to tell us what was in place to support individual people and could talk about situations where they supported people, and what they should do to diffuse a situation. Staff told us they felt more confident and knowledgeable in dealing with these situations. One member of staff was able to tell us it was about finding ways to cope with these situations better and, "I feel confident in managing this behaviour." Another member of staff told us, "We try to get to the route of the problem, to understand the behaviour behind that. "Another member of staff told us people in the service could, "If they do not feel safe they can come to us."

At the last inspection in December 2014 we found there was a lack of clarity as to what should be reported as an incident. At this inspection we found that there was further clarity of what should be reported, new recording systems were in place and incident reporting had been reviewed. The information recorded was now being used to inform senior staff of any trends in incidents which had occurred.

Requires improvement

Is the service safe?

Medicines were managed safely. Staff told us they had received training in the management of medicines and records confirmed this. Competency skills around safe medicine management were assessed regularly. The service had recently changed over to another medicines supplier, and a training session was booked to understand the practicalities and processes of the new supplier. Medicines were stored safely and temperatures of medicine storage areas were monitored and recorded to ensure that medicines remained fit for purpose. There was a plan in place to improve the facilities for the safe keeping of medicines. Medicines were administered safely and records were maintained of all aspects of medicine use. For example, records were kept of medicine receipts, usage and disposal. Daily records were kept of medicine stock balance. The staff monitored and audited the use of medicine for governance purposes. The use of medicines for homely remedies, such as a cough mixture or a medicine for generalised pain was recorded. The care plans contained information to give guidance to staff to manage people's treatment needs. Individual person centred directions for medicines to be administered only when needed were available. Blood tests were requested and results kept on file for critical medicines that required regular monitoring. The next blood test due was recorded on file and followed through. Medicines to take out when away from the service on social leave were managed safely ensuring all records were maintained according their policy.

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Priory Rookery Hove they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written reference requested. New members of staff were able to confirm the recruitment procedures followed.

Good

Is the service effective?

Our findings

The majority of relatives and social care professionals told us that the staff were knowledgeable and kept them in touch with what was happening for people. One relative told us, "We are amazed. My relative has settled in very well and how happy he is there. He settled in from the word go. I am sure it is down to the service." However, we did receive some negative comments in relation to poor communication between the staff and peoples relatives and nutritional support people were given.

At the last inspection in December 2014, the provider was in breach of Regulation 11 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 This was because staff had not received training and supervision to support them in their role. CQC had also not been notified of applications made to deprive people of their liberty. During this inspection, improvements had been made and the breaches had been addressed.

At the last inspection in December 2014 we found not all care staff had not been trained in Deprivation of Liberty Safeguards (DoLS) during their induction. These members of staff were not fully aware of their individual responsibilities in relation to DoLS. At this inspection staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA 2005 is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make specific decisions for them. The manager told us that if they had any concerns regarding a person's ability to make a decision they would ensure appropriate capacity assessments were undertaken. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. We asked care staff what they did if a person did not want the care and support they were due to provide. One member staff told us when this had happened, "I sat and explained the benefits and asked why don't you want to do this. Think about what you want to achieve towards independence." I try to show the positive and what this is for.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The manager told us they had an understanding of DoLS and were aware how to make an application and they were aware they were required to notify the CQC. They told us about the DoLS applications that had already been made for which staff were awaiting confirmation from the Local Authority if these applications had been agreed. They were aware of who they could talk with for further advice and guidance in making an application. Care staff told us they had completed this training and all had a good understanding of what this meant for people if they had a DoLS application agreed.

At the last inspection in December 2014 we found that care staff had not received all the training they needed to support people. The training audits showed 11% staff had late or expired training. Some staff reported they felt they had not been properly prepared to support people who self-harmed or showed aggression towards others. During this inspection we found people were supported by care staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. Senior staff told us all care staff completed an induction before they supported people. The induction was currently being reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Senior staff were about to be sent information as to how this was to be implemented into their service. New care staff told us they had completed an induction when they started to work in the service. This included a period of shadowing a more experienced staff member before new care staff started to undertake care and support on their own. The length of time a new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One new member of the care staff told us they had recently been on an induction. This had provided them with all the information and support they needed when moving into a new job role. They told us, "I felt confident and I knew the staff would help me."

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, fire training, food hygiene, equality and diversity,

and infection control. Care staff also completed training to help them understand better the needs of people with a learning disability, Asperger's and autism and their role in supporting people to increase their independence. Care staff told us this had given them information and a greater understanding of how to support people with a learning disability. Care staff had also received training in the management of behaviours that could challenge They told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required. One member of staff told us," I have been on lots of training." Senior staff monitored that staff had completed all the required training. Records viewed confirmed this.

At the last inspection in December 2014 we found that not all care staff had received regular supervision. At this inspection staff told us that the team worked well together and that communication was good. One staff member told us, "It's the best team I have worked with." They told us they were involved with the review of the care and support plans. They used shift handovers, and communication books to share and update themselves of any changes in people's care. Staff spoke of now receiving more regular supervision through one to one meetings and an appraisal from their manager. Bank staff used to cover vacant shifts in the service now also received supervision. Systems were in place for senior staff to monitor supervision and appraisal was happening. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. One member of staff told us, "People giving supervision have had training to be able to fully support people and their wellbeing." Additionally there were now regular staff meetings to keep staff up-to-date and discuss issues within the service.

Feedback from the majority of the relatives and visiting professionals was that the communication was good. One relative told us, "He is very happy there. If there was a problem I know they would keep in touch." Another relative told us, They keep in touch. I know I could contact them. Another relative told us the communication could be improved however, "I am in regular contact with the staff. It has transformed my relative's life since he has been there."

People were supported to attend regular health check-ups with healthcare professionals. People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to have an annual health check with their GP, and to make their own healthcare appointments when needed. One relative told us their relative had recently visited a specialist. "I rang the manager who confirmed what was going on."

People told us the food was good. One person told us that the cook, "Cooks food which is second to none. She cooks so many things that I like." Another person told us, "The food is nice. There is always a choice and variety which is good." People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. The records were accurately maintained to detail what people ate. People were encouraged and supported to follow a healthy eating plan. The cook told us they tried to meet the needs of all the people. Minutes of the residents meetings held confirmed people had been asked for feedback on the meals provided and for suggestions for dishes to go on the menu. People told us they were involved in menu planning so chose what they ate. Three meal options were offered a day, including vegetarian options. Alternatives were readily available. People were positive about the quality and quantity of the meals. People were supported in compiling a weekly menu and shopping list and supported to develop their cooking skills. Two people prepared their own food as part of preparation for independent living.

Good

Is the service caring?

Our findings

People received care from staff that were kind and caring in their approach. People were treated with kindness and compassion. One person told us, "The staff are very kind. I get along with all the staff." Feedback from relatives and social care professionals was that staff were very kind and caring. One person commented as part of the services own quality assurance questionnaire, when asked what they liked best about the service was that, "The staff usually are a caring group who seem to actually want to help me and care about my wellbeing." Another person commented when asked the same question, "The fact that all staff are extremely lovely people." During our inspection we spent time with people and staff. People were comfortable with staff and frequently engaged in friendly conversation or an activity. One member of staff told us, "It's a really nice environment, respectful and not overbearing. The staff team are young, and it's a friendly family environment. Everyone is treated as an individual."

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing.

Care provided was personal and met peoples individual needs. People were addressed according to their preference and this was by their first name. A key worker and a co-keyworker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. People knew who their keyworkers were. One person told us, "If I have an issue I find him and have a talk. We have a lot in common." Another person told us, "I can talk to them." Another person told us their keyworker, "Makes time to talk with me. "The relatives were aware of the keyworker for their relative and commented the keyworker and staff were excellent. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals for working towards being more independent. These had been discussed with people and their family and their progress towards their goals as part of the review process in place. For example, where people were developing their skills in budgeting, menu planning and shopping to help them when they moved on to further accommodation where they would need these skills.

People had a great deal of independence. One person told us, "I am treated more like an adult now." People decided where they wanted to be in the service, what they wanted to do, and deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved where possible in making day to day decisions about their lives. For example we saw people deciding what they wanted to do that day. People were in and out of the service on an activity. People were involved with tidying their room. Another had chosen to watch videos in their room. Another was watching the television in the lounge or in the computer room.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered and people confirmed this. One person told us, "Staff always respect my private space. They always knock before coming in." Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they protected people's dignity. One staff member told us

People had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. They had been able to bring in personal items from home to make their stay more comfortable. One person showed us their room which had been decorated with items specific to their individual interests and likes and dislikes. People had been supported to keep in contact with their family and friends. One relative told us, "I can ring my relative anytime." People all had the support of their family, and had not had the need for additional support when making decisions about their care from an advocacy

Good

Is the service caring?

service. Senior staff were able to confirm this service had been used previously to support people and had information on how to access an advocacy service should people require this service again.

Staff had received training in equality and diversity to help them have a better understanding and be able to support people and their individual care and support needs. Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Requires improvement

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual care plans to develop their skills and increase their independence with their agreed goal that people were working towards. One member of staff told us, "We treat people as equals and individuals." Another member of staff told us, "We are really trying to work individually with each resident. "Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. People also enjoyed a range of leisure activities, for example watching videos, working in the IT room on the computers, and going out to the local pub. However, we received some negative comments about the range of activities people were involved in and the level of support and involvement in people's care plans.

At the last inspection in December 2014, the provider was in breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not been involved in the drawing up of their care plans. People were also not protected against the risks of unsafe or inappropriate care as there was a lack of proper information in place. During this inspection, improvements had been made and breaches had been addressed.

At the last inspection in December 2014 we found peoples care plans did not document future goals for the person which they needed to meet to proceed through an independent living skills programme. Not all information needed to support people appropriately was documented. People told us they were not involved in drawing up their care plans. At this inspection new care and support plans had been introduced since the last inspection in December 2014 to resolve the recording issued highlighted. These had been designed to specifically include the person's involvement in its development and review. People told us they were aware they had a care and support plan and had contributed to the completion of these. The care plans were detailed and documented future goals for the person which they needed to meet, to proceed through to an independent living skills programme. For example, support to attend college and complete an educational course. More detailed information needed to support people appropriately and consistently was now documented. These reflected peoples individual support needs and their individual needs and preferences. This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. However, the new care plans were still in the process of being fully embedded in the service. Although there was a review process in place it was not possible to evidence this was fully up and running and had been maintained.

The majority of relatives and social care professionals confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided. Staff told us this was an area they were still working on and developing with people improvements on the range and accessibility of activities people were involved in. They were working with people on their individual activity programmes. One member of staff told us, the daily routine was more flexible now and that, "Now the daily plan for each resident is more about what they want to do that day, with no pressure on timings." Another member of staff told us there was more flexibility to see what people really want to do. People were much more involved with their timetable. Another member of staff told us, "We are open to enabling people to make choices about how they want to live their life. We have a young staff team who relate well to people and give a high level of positivity." People were actively encouraged to take part in daily activities around the service such as the cleaning of their own bedroom, and menu and meal preparation. People attended courses or work experience opportunities to develop their life skills and participated in local activities they enjoyed. As it was the summer holidays some people had been home on social leave and activities had been arranged for people to join in, for example a trip bowling was planned. One person was receiving support to go on their first holiday abroad. One relative told us,"The emotional support for my relative has been outstandingly excellent. They have had a very positive impact. My relative will be moving into supported living. They have been helping him to achieve his dream."

Staff told us that care and support was personalised and confirmed that, where possible, people and their relatives were directly involved in their care planning and goal setting and any review of their care and support needs. Relatives told us they were involved in any review of their relatives care. When asked if people were more involved with their care and support plan one member of staff told

Requires improvement

Is the service responsive?

us."100%."They told us that the people's voice had improved in the service and now were more positive and involved. They went on to tell about one person they had been working with on their care and support plan and how they and their relative had been fully involved. Another member of staff told us the person they worked with on their care and support plan was, "Reluctant, but very much a part of their care planning." Another member of staff told us, "Residents are much more involved. They can write in each section (of the care plan) as to how they have been supported. Quite a few have taken up the opportunity for support". These had been updated and audits were completed to monitor the quality of the completed care and support plans and progress towards the development of people's life skills and independence." Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the behavioural support team. A request for support from a nutritionist had been requested.

Information was provided to people in a way they could understand. There was evidence that demonstrated staff were aware of the best ways to support people's communication. For example we saw symbols (a visual support to written communication) used to support people if they wanted to raise any concerns.

People were made aware of the compliments and complaints system which detailed how staff would deal with any complaints and the timescales for a response. This was detailed around the service, and also available in a pictorial format to help people understand the process to be followed. It also gave details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Where one relative raised a concern they told us, "Everyone did work with me to sort this out." Senior staff told us that if any complaints were made these would be investigated and meeting would be held for senior staff in the organisation to discuss any issues identified to be addressed.

People told us that they had weekly residents' meeting which they could attend. Staff told us that people are encouraged to raise any concerns they have at these meetings. Records detailed people had been able to put forward ideas as part of the refurbishment and had been involved in the recruitment of new staff in the service.

Requires improvement

Is the service well-led?

Our findings

The senior staff promoted an open and inclusive culture. People were asked for their views about the service and people commented they felt included and listened to, heard and respected. They also confirmed they or their family were involved in the development of their care and support. Relatives and social care professionals told us they were able to comment on the service, particularly through the reviews of peoples care or quality assurance questionnaires used in the service. One member of staff told us, "This is a really, really supportive team, who communicate well."

At the last inspection in December 2014, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people, staff and others were not protected by effective systems to identify, assess and manage risks relating to the health, welfare and safety of people. During this inspection significant improvements had been made and action taken to address the breaches completed.

At the last inspection in December 2014 we found some people told us they felt local management was not involved. They reported the registered manager was not seen about the service and spent most of the day in the office. Quality assurance systems were not effective and had not identified all areas in need of improvement. At this inspection there had been a number of changes in staff working in the service. There was a clear interim management structure with identified leadership roles. All the senior staff regularly worked in the service and were more visible. New senior staff were being recruited and inducted into their new roles to support the manager and deputy manager. New quality assurance systems had been developed and were being used in the service. Senior staff carried out a range of internal audits, including care planning; progress in life skills towards independence, medication, health and safety, infection control and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. Staff meetings were being used to inform care staff what had been found and where further improvements needed to be made.

However, these changes made were still in the process of being fully embedded in the service, and so it was not possible to evidence these systems were fully up and running and had been maintained.

Policies and procedures were in place for staff to follow. Senior staff were able to show up how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. Staff were required to sign to say they had read any new guidance. Representatives of the provider had carried out regular quality assurance audits to monitor the work being completed and identified in their action plan. There were processes in place to review peoples care and support plans. However, as the new care and support plans had only recently been developed it was not fully possible to assess how these new systems fully worked or were maintained in the service.

Staff members told us they felt the service was well led and that they were well supported at work. They told us the managers were approachable, knew the service well and would act on any issues raised with them. One staff member told us."There is greater contact with the managers. They are good at being involved on the floor and with the residents. They don't have a 9-5 attitude and go above and beyond. It's an extremely caring environment." Another member of staff told us, "The manager has done very well in motivating people and being clearer about things. There have been different managers but now more consistent about things." Staff spoke of improvements which had been made since the last inspection, especially for the residents. For example their increased involvement. One member of staff told us, "There's a more relaxed attitude and more person centred and not so ridged. The pace of the house is calmer and people are happier." Another member of staff told us, "We have done really well holding it all together. We have been very supportive. The new team has been dedicated and supported. I feel confident we are doing the right thing."

The organisation's mission statement was incorporated into the recruitment and induction of any new staff. The aim of the service was to be, "A unique residential setting for young adults with Asperger's Syndrome and associated difficulties, providing a higher education in life development skills." Staff demonstrated an understanding of the purpose of the service, with the promotion and

Requires improvement

Is the service well-led?

support to develop people's life skills, the importance of people's rights, respect, diversity and an understood the importance of respecting people's privacy and dignity. One member of staff told us, "We are a very supportive and positive team. We spend a lot of time with the residents. We support them if they want to do anything. They can feel safe in the house."

Since the last inspection feedback had been regularly sought by the provider from people, their family and visiting social care professionals about the quality of the care provided. The most recent quality assurance questionnaire sent out in 2015 had been collated and an action plan drawn up to address any comments made. For example a board with information about which staff were on duty had been provided. One person requested more activities and new activities were being tried with people individually and in a group. This work had already started. This had enabled people to also give suggestions as to the care and support provided. Staff meetings were held regularly. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. These had been used for updates on people's care and support needs, and to discuss the people's progress towards their agreed goals. Where the quality assurance audits carried out areas had highlighted for improvement this was used as an opportunity to discuss with the staff team what needed to be done to address and improve practice in the service. For example issues to be addressed following an infection control and health and safety audit. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

The manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Senior staff were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.