Care Management Group Limited

Care Management Group - Cleveland House

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?	Good

Summary of findings

Overall summary

Cleveland House is a care home, providing accommodation and support for up to 11 people with a learning disability and people with autism. At the time of our inspection 11 people were living in the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. This service provides personal care. 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 had a registered manager in post. 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.

At our last inspection on 23 and 28 October 2015 the service was rated 'Good' overall. At this inspection, we have rated the service 'Good' overall.

Safeguarding procedures were in place and staff demonstrated a clear understanding of what abuse was and how they would know if people were at risk of harm through changes in their behaviour. The service had detailed risk assessments in place to guide staff. People were supported to take positive risks whilst being kept safe from harm. The overall health and safety of the service was overseen by staff and people to encourage a sense of independence and people truly felt this was their home. The service provided information relating to infection control in an accessible format. Staff were recruited safely to ensure they were suitable to support people with learning disabilities and staffing levels were sufficient. People's medicines were managed safely by staff who had received appropriate training and people were supported to understand their medicines where possible.

Staff received a detailed induction and completed ongoing training to allow them to provide high quality support. The service worked well with health and social care professionals and promoted healthy living through encouraging people to exercise and have a healthy diet. Staff understood the Mental Capacity Act 2005 (MCA). MCA is law protecting people who are unable to make decisions for themselves. As people were not able to provide consent to the care and treatment they received, the appropriate authorisation procedures had been completed. These are referred to as the Deprivation of Liberty Safeguards (DoLS). The service had been designed with the needs of people in mind and people had choice around how they wanted their home to look. This is in line with the values that underpin the 'Registering the Right Support' and other best practice guidance.

Observations and records confirmed the service worked in a person-centred way and people's individual preferences and support needs were understood by staff. People were observed to be able to approach staff at any time for support and staff were seen to be caring in their responses. People had a great deal of independence and were supported to build their confidence by engaging in a variety of activities and doing things they had never done before. The service aimed to protect people from discrimination by encouraging a culture of learning and celebration around different cultural backgrounds. People were empowered to make their own choices and improve their quality of life by being involved in making decisions about the care and support they received. Advocacy services were made available to help people have their views and wishes heard. The service promoted people's privacy and dignity and treated people with respect.

Staff demonstrated an understanding of the individual needs of people, particularly around how best to communicate and respond to them. The service ensured all information was available in an accessible format for people with learning disabilities. The service completed pre-admission assessments to ensure they could meet people's individual needs. The service had a complaints and compliments procedure in place and all complaints had been fully investigated and actioned.

People, relatives and staff felt supported by the registered manager and the provider and there was a clear understanding of the values of the service evidenced throughout the inspection. The provider and the registered manager ensured there were effective quality assurance systems in place to monitor the running of the service. The service evidenced that they responded to feedback to improve the service and they ensured people received high quality care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe from harm and abuse.

Staffing levels were determined by people's needs and staff were recruited safely.

People were supported to take positive risks and to try out different experiences in the least restrictive way possible.

People were protected from cross infection and health and safety within the home was well managed.

People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were well supported by management.

Staff were skilled in meeting people's needs and received ongoing training.

People were supported in a multi-agency capacity and encouraged to live an active and healthy lifestyle.

Staff understood the Mental Capacity Act 2005 (MCA).

People were supported to express themselves and were given opportunities to important decisions about their life.

The service had been designed and adapted to meet the needs of people and encouraged a better quality of life.

Is the service caring?

Good

The service was caring.

Staff had positive and caring relationships with people and demonstrated an understanding of their individual needs.

Staff respected people's privacy and dignity and promoted people's independence.

People and their relatives were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Staff were committed to providing person centred care.

Care plans reflected people's individual preferences.

People were supported to engage in activities of their choice within the service and within the local community.

The service had a complaints procedure in place that was accessible for people.

Is the service well-led?

Good

The service was well-led.

Staff felt supported by the registered manager.

Continual feedback was encouraged from people, relatives, staff and health and social care professionals.

Audits were carried out at service and provider level to make sure the service was safe and effective.

Care Management Group - Cleveland House

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.

We carried out a scheduled inspection of Cleveland House on 10 and 22 August 2018. This inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. Healthwatch and the local authority confirmed they had not heard anything adverse about the service.

We also received a provider information return (PIR) from the service. A PIR 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.

During the inspection we spoke with six staff members including care workers and maintenance staff, the deputy manager and the registered manager. We also spoke with four relatives.

It was not always possible to speak to everyone and ask direct questions about the service they received because of people's learning disabilities. However, people could express how they felt about where they were, the care they received and the staff who supported them through non-verbal communication. We observed interactions between staff and all the people using the service as we wanted to see if the service communicated and supported people in a way that had a positive effect on their wellbeing.

We looked at three people's care plans and other documents relating to their care including their risk assessments and medicine records. We looked at other documents including three staffing files, meeting

minutes, health and safety documents and quality monitoring audits.

Good

Is the service safe?

Our findings

The service supported people in creative ways to understand how they could identify and manage risks relating to health and safety to keep themselves safe. The registered manager had developed an "Elf and Safety" character to replace Health and Safety guidelines. This character was seen on posters throughout the service and explained things in the form of pictures to aid communication and understanding and ensure that the people receiving support were more likely to engage with and follow the recommended steps. The Elf and Safety character explained to people how to do their laundry and who to ask for relevant COSSH products. COSHH products are substances that are hazardous to health. We observed one person do their laundry and then point at the elf character and smile. This character also explained about sealing food and drinks in the fridge, the importance of cleaning surfaces with the right products and to wash hands before and after different activities. This demonstrated that people were taught about infection control and health and safety in an accessible format that still allowed them to be self-sufficient.

People were encouraged to take positive risks and learn through participating in activities that may have caused harm, but they were fully supported by staff. This gave people a greater sense of freedom and independence. We observed people cooking pancakes for breakfast and staff were supporting them to manage all of the steps. One person was being taught how to manage oil in a hot pan. Staff explained to the person what sounds hot oil should make and how to know when too much oil was in the pan. The person observed staff initially and then tried themselves. The person observed staff work and tried tasks themselves in line with best practice and by referring to the 'elf and safety' posters in the kitchen that were creative and easy to follow for people with learning disabilities. These posters reminded people to use separate utensils for different food items and to wash their hands when managing different food items. We also saw a certificate confirming that this person had completed health and safety and food hygiene training at college. One staff member said, "There are never any problems here," and told us there had been less damage to the property in recent years. They said this is because, "We know what people's triggers are and we try to prevent it when people are upset." This showed the service supported people to take risks in an imaginative way to develop their understanding about potential danger and become more independent, while making sure that they experienced a full and meaningful life.

Records confirmed that daily checks were carried out in all areas of health and safety. Staff encouraged people to participate in house cleaning. This encouraged a sense of freedom and independence as people felt they were contributing towards their own home. We saw people cleaning the kitchen and their bedroom with encouragement from staff and people demonstrated they felt proud of their environment by often pointing to things and to themselves and smiling.

The staff did monthly audits to test service equipment and checks had been made on portable appliances, electricity, water and gas to ensure the home was safe. Records confirmed all fire safety equipment had been tested and fire safety records were up to date. Staff had completed training on fire safety. The service had a 'talking book' about fire safety. Staff told us and records confirmed this was used during resident meetings and key working sessions to encourage conversation around fire safety in a way that people could understand. This 'talking book' had photographs of the fire exits, fire signs and staff at different points

during a fire drill. For each picture, there was a button to press and a voice recording would provide easy to follow instructions. This meant that there were imaginative and sufficient systems in place to keep people safe in the event of an emergency.

Each person had their own updated personal emergency evacuation plan (PEEP). This included information about if a person was mobile and what their diagnosis was. They gave instructions on how staff should best support people in an emergency and how best to communicate with them. One person's PEEP said, "[Person] has a good verbal comprehension but will use [person's] own personal signs and objects of reference to make needs known." Another PEEP said, "[Person] has verbal communication if given short simple sentences and one instruction at a time."

Records showed staff had completed training on infection control, food hygiene and health and safety. Staff had access to policies and guidance on infection control. All policies and procedures around infection control had been signed by staff once they had been read. One relative said the home is, "Always clean and tidy."

People were kept safe from potential harm. One relative told us, "Yes, [person] is very safe. Just everything. [Person] couldn't be looked after by a better group of people." Another relative said, "[Person] has been there a long time, they are good, [person] is safe. I have a good feeling." Staff knew what to do if they suspected people were at risk of abuse. They told us they would inform management and knew to contact the CQC or the local authority if necessary. One staff member told us, "Abuse can be physical, financial, neglect or institutional." Another staff member said, "We treat [people] in line with their rights. We discuss in meetings, casually we ask if they are happy, do they know what to do if they are not happy." This demonstrated that the opportunity for people to discuss their safety and wellbeing was embedded as part of the day to day practice of the service.

Information about safeguarding was produced in a way that was easy for people with learning disabilities to understand. One staff member said, "There are [safeguarding] forms behind each person's door." We saw that each person had a safeguarding poster that explained what abuse was in their bedroom. When we asked staff how they would know if someone who was unable to communicate was at risk of harm they said, "We know people, if their behaviour changes we will know. We will know something is wrong." The service had a 'talking book' about safeguarding. Staff told us and records confirmed that this was used during resident meetings and key working sessions to encourage conversation around abuse in a way that people could understand. This demonstrated innovative and detailed systems were in place to protect people from abuse.

Records showed there had been no safeguarding concerns raised since the provider registered with the CQC. The service had safeguarding and whistleblowing policies in place. Records showed staff had completed training in safeguarding and this was discussed during resident and team meetings. The service also had a 'safeguarding grab folder', which contained the guidance for the whole of London, the local authority guidance and the service about what to do if staff suspected abuse.

Records confirmed there were enough staff to provide support to people and meet their needs. The registered manager was supported by one deputy and two lead support workers. The rota showed that the service was staffed 24 hours a day and there were always two waking night staff in place. During the day there were 6 members of staff in place. One staff member told us, "We do have a pool of staff, we are quite okay." The service did not use agency staff. During the inspection we saw people receiving one to one care and support and there were other staff members who were available to provide support if needed. One staff member said, "It all boils down to consistency of staff, staff knowing people and their behaviour."

Records showed that staff had been recruited safely and were suitable to support vulnerable people. One staff member said, "They did all my checks." We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

There were detailed risk assessments in place that covered areas such as personal care, accessing the community and managing behaviour that challenges. One staff member told us, "Risk assessments are person-centred. Not generic, some parts are for all and some for individuals." One person had a risk assessment in place for choking. Their risk assessment said, "[Person] has no history of choking but a risk management plan is in place due to [person] eating very fast." This risk assessment guided staff to, "Encourage [person] to slow down and take little breaks during meals or when [person] is drinking." One staff member told us, "Staff are always here to support."

The service managed all people's medicines safely. One relative told us, "Yes, I trust staff." Another relative said, "They take [person] or regular check-ups at the doctors and other places. Another relative said, "They have to as [person] is unable to do it themselves. They are very well trained."

People had their own medicines in a cabinet in their bedroom. Although these cabinets were locked and managed by staff, having medicines administered in their bedroom gave people a sense of privacy and independence and that they were receiving person-centred care. Staff supported people to better understand their medicines. One staff member was tracking times for when one person experienced more pain and when they needed pain relief medicines. This staff member was planning to show the person this chart when and teach them about how medicines can help.

Individual MAR (medicine administration records), medicine risk assessments and medicines were kept in these cabinets. Records confirmed that individual MAR matched the medicines available in people's cabinets. All MAR had two staff signatures, to account for the administering and counting of medicines. A copy of medicine risk assessments was kept in individual care files. Medicine risk assessments included details about associated risks, the reason for a medicine being prescribed, temperature records and a section on how to support people safely. One person's risk assessment said, "[Person] likes to take liquid medication with a syringe and with a glass of water."

Staff informed us that two people were taking controlled drugs. Controlled drugs are medicines which are more liable to be misused and therefore need close monitoring. These were stored and managed appropriately. We were told of one person who took an interest in their medicines. A staff member said, "[Person] likes medicines. [Person] tries to take them all. We are very careful with [person]. We don't let it all lie out when we are sorting." On the cabinet where their medicines were kept, there was a photograph of this person with a red cross marked through it. Staff told us they would point to this photograph to indicate it was not safe for them to have these medicines and the person understood. This showed the service were putting measures in place to keep safe from potential harm whilst working in an innovative way to support people who may lack capacity to learn about medicines.

There was an up to date record of all staff who had received training to administer medicines in the medicines room. One staff member told us about the medicines training they attended. They said, "It was a lot to it, it's really in depth, by the time I had finished I felt I knew a lot about medicines. Then we had observations, to assess our competency." Another staff member said, "I know what to do, [training] has been really helpful." The registered manager told us, and records confirmed that before staff can administer medicines they do competency assessments. These involved shadowing, observations and demonstrating an understanding of people's rights and needs. This demonstrated that systems were in place to ensure

people received their medicines safely.

The service demonstrated they learnt lessons when things went wrong. The registered manager told us of a time when a person's relative had passed away they had informed most health and social care professionals but had failed to inform the psychiatrist. Following on from a psychiatry appointment the service was given guidance around the importance of speaking to the whole professional network. The registered manager said as a result of this they had a better, "Understanding of how people can be affected by bereavement. The medicines were reviewed." This demonstrated that the service was open to feedback about how they supported people to ensure people's safety and wellbeing were at the centre of their work.

Good

Is the service effective?

Our findings

Staff told us they felt supported by their manager and received regular supervision. One staff member said they had supervision, "Every 8 weeks, but if there is anything urgent we can talk to the manager anytime." Another staff member told us, "We get regular support, we get as much as we can from [management] and [management] guide as much as possible." Records confirmed that supervisions and annual appraisals were being held and covered topics including advocacy, person centred support, safeguarding, continued professional development and issues relating to the people they were supporting.

Staff undertook a 12 week induction and were on probation for 6 months before being confirmed in post. Staff inductions were signed by staff and management throughout to confirm staff were learning and understanding the topics covered. We spoke with one staff member who was doing their induction at the time of our inspection. They told us, "We have to read everything about the service users. By then we should have a good understanding of service users, care plans, risk assessments, the service." Another staff member said their induction was, "Perfect, really helpful." During the induction staff completed training. One staff member told us, "Training is both e-learning and practical. We do the Care Certificate." Records showed that new staff members received introductory training that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life. Records showed that topics covered supporting people with epilepsy, diabetes, reading people's individual positive behaviour support behaviour plans, communication passports and personal profiles and understanding what to do in an emergency. The induction also encouraged staff to consider non-verbal means of communication, including how people use body language to communicate.

The service provided ongoing training to all staff. One staff member said, "I recently did dementia training. Sometimes we tend to think people who forget things is because of their learning disability and, we forget that people with learning disabilities can get dementia earlier. Now I understand it a lot better and I can refer for other help earlier." Another staff member said, "The company is brilliant. I get a lot of support and training from them." When we asked the registered manager how they monitored staff competency and learning from training they told us, "We do annual refresher training. After the training we have discussions at staff meetings. We observe day to day. The trainer gives me paperwork and feedback." Records confirmed that refresher training was provided. This was monitored through the training matrix and training had been discussed at team meetings. Training topics covered awareness of learning disabilities, mental health and dementia, moving and handling, safeguarding, the mental capacity act and preventing and managing challenging behaviour.

Each person had their own health file which contained long-term goals to improve people's health, correspondence with other health and social care professionals and an appointment log. One person's health file said, "I like to eat lots of crisps and chocolate, I also like chocolate cereals, I love sweets. I need you to support me to understand why a healthy diet is good for me." Another person's file said, "[Person] has been steadily losing weight in a healthy manner, well done [person]!". Health files included contact information and correspondence from people's doctor, dentist, optician, psychiatrist, community nurses,

the learning disability team and other support workers. One person's health file showed a referral had been made to the speech and language therapist as, "[Person] is having difficulty whilst chewing and swallowing due to having no top front teeth." Because of this referral, staff were advised to, "Appropriately modify food to a soft consistency." Records confirmed that there was a risk assessment in place for this and it was being regularly reviewed. We observed this person being supported to eat soft food for breakfast.

The service worked well with other health and social care professionals to ensure people received the best quality of support. One staff member told us, "We have a good working relationship with the local surgery. We are always in contact with the psychiatrists, especially if anyone's behaviour has changed." Another staff member said, "We review care plans with social workers." Recently one person was supported with a hospital admission. The registered manager said, "[Person] was in hospital for four days and four nights and I made sure [person] had a familiar face and staff stayed with [person] all of that time. The hospital passport is fine but I wanted [person] to feel comfortable, I wanted [person] to have more." We saw feedback from the relative who said, "I would like to say thank you to all the staff that looked after [person] whilst in hospital." This showed the service were pro-active in their approach to ensure people felt supported with their health and wellbeing.

The service had a communication handover book. This was filled in daily and gave updates on each person. Records confirmed that staff reviewed people's independent living skills, involvement from other health and social care professionals and people's wellbeing. We saw records that said, "[Person] chose to relax in their room, playing with their toys after their evening medication." Another record said, "[Person] had a visit from the social worker, seen by chiropodist."

People were seen to have a healthy and varied diet. We saw people eating fruit and cereals for breakfast and other people were supported to make pancakes. One person said, "This is mmm, good." In the kitchen there was a 'healthy eating board' which had a list of each person's name on and room for people to stick up pictures of what they had eaten or drunk that day. This board encouraged people to keep hydrated with glasses of water and eat fruit and vegetables. Staff advised at the end of each day this is reviewed with the person to see how healthy they have been. One staff member said, "Yes they eat quite healthy, they are given choices on what to eat. It is very good."

Staff told us, and records confirmed that during monthly resident meetings, one to one key working sessions or through informal conversations people would be able to choose their meals. There were picture cards available for people to select what they wanted to eat. Staff demonstrated an understanding of personal preferences. One staff member told us, "[Person] doesn't like fish and chips, so if we all have fish and chips on a Friday night we know to get [person] something else so we can still all eat together."

The service had a fruit and vegetable garden. One staff member told us they encourage people to get involved with the upkeep of the garden as much as possible. One staff member told us people, "Love to use it. They remind me we need to water it, even if it is raining they want to water it and see it grow." We saw one person smiling while being supported to water the vegetables. Staff supported them in such a way that meant they were as independent as they could be whilst still being safe from falls. They looked to the staff member for reassurance at each stage of the gardening and the staff member remained close by. One staff member said, "We want to put more emphasis on the gardening. Already we have peppers, tomatoes, peas etc. To engage people and be more active and healthy and they can say 'this is me, I have done this'. This showed that the service was creative in their ways of encouraging a healthy lifestyle. The service provided good quality food with a variety of different options to choose from each day and encouraged people to eat food that they had grown themselves. Records confirmed people were supported to contribute to the gardening. One person's record said, "[Person] has been in a cheerful and happy mood, participated in

activities with others and watered the plants."

The registered manager told us that people designed the interior decoration themselves. This was in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. This guidance says that people with learning disabilities and autism should have a right to an ordinary life and highlights the importance of people having choice about how the care and support they receive looks. Services supporting people with learning disabilities and autism should promote people to have a sense of independence and feel included. They registered manager told us, "When we chose the sofas and the colours of the lounge we had different samples and they all painted a line of colour and chose what they wanted. This is their home." One person had a flag of their country of origin painted onto their wall. Staff advised they supported the person to paint this as it helped remind them about their family and heritage. Staff advised us of one person who likes cuddly toys and the colour green. When we saw this person's room they had a large amount of green cuddly toys. We saw in people's rooms there were photographs from people's family and days out they had had with other people in the service. One person told us, "I live with my friends." The main building accommodated 10 people, and the service had a separate house situated in the back garden. This was a purpose-built space for 1 person to live in. They had been identified as being more independent and being able to better manage their independent living skills. This person showed us their home and told us, "I love it in here." This showed the service were open and flexible and encouraged people to personalise their bedrooms to improve their wellbeing and sense of identity.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS in line with best practice. All people living at the service had DoLS authorisations in place and they were in date. The registered manager had a system in place to monitor when these would expire. Staff understood the principles of the MCA. One staff member said, "Everyone is being given the right to make their own decisions. If someone can't make a decision today it doesn't mean it's forever, it changes."

During the inspection we saw that staff sought consent from people and advised them of what they would be doing before they did it. One staff member was observed to knock on a person's door, and ask for permission to go into their bedroom. Another staff member was supporting a person with a massage toy and before they used it on the person they used it on themselves to demonstrate that no harm could come from it. Once the person saw the staff member doing this they smiled and pointed to it. Another staff member told us, "We make sure people have advocates." Records confirmed that advocates were in place.

People had capacity assessments in their files. One person's record reviewed their capacity to consent to medication. Their notes said, "[Person] said they are taking medication because: 'I was upset and sick' and displayed some level of understanding regarding their current treatment." Where people had been assessed as not having capacity in certain areas, best interest meetings were held. One person's record said, "[Person] could walk away from staff as has no awareness of road safety. [Person] to go out with two members of staff." We observed people being supported to access the community with two staff members. This demonstrated that the service understood how to best support people in line with legislation and ensure people's best interests were at the core all support provided.

Good

Is the service caring?

Our findings

People felt that staff cared for them and supported them. One person was hugging a member of staff and smiling. They told us, "[Staff] has helped me in so many ways." Throughout the inspection staff were observed to have caring relationships with people and demonstrated a kind and compassionate approach. One person would regularly point to different staff members and say, "I love you." Staff would say back to this person, "You like us, you love your friends and family." This reinforced professional boundaries and ensured people understood this was their home and staff were there to support them. We observed one person be supported by staff to moisturise their arms in a gentle manner. This was repeated before the person went and sat down, smiling. Another person was observed to be eating their breakfast in their 'usual spot', and staff stayed with them while they ate. Staff helped this person lift their bowl so they could drink the milk as they wanted to and the person appeared content with this. One relative said, "Yes, definitely staff are caring. [Person] likes a certain haircut and after that [person] can have a Guinness. They do this. [Person] is well cared for. [Person] is looked after. They do what they can." Another relative told us, "When [person] comes home [person] always wants to go back (to Cleveland House). To them it is home." One staff member said, "People are treated kindly."

The service supported people to better understand and therefore manage their emotional needs. We saw the service had created a picture book about a person's family which acted as a 'social story' for a person to look through. This 'social story' had pictures of this person with their family members and talked about what happened to people after death (in line with the person's religious preferences). This showed that the service treated people with compassion and offered them emotional support when they needed it.

One staff member told us about a person they supported. They said, "[Person] smiles a lot. [Person] is not verbal, we use a lot of pictures or [person] moves you to what [person] wants." Throughout the inspection this person was observed to hold onto staff members and lead them to things that appeared to make them happy. For example, they would lead staff members towards games, or towards the kitchen and were smiling. One person's support plan said, "Staff must never blame [person] for being upset and harming [themselves]: they should offer support and encourage [person] to communicate their feelings." This showed that staff understood how best to support people in a kind manner and in line with their individual communication needs.

The service promoted people's independence and staff demonstrated an understanding of how to support people with learning disabilities in managing their independent living skills. During the inspection we observed one person doing their laundry with the help of staff. The person led the process and staff stood back, offering prompting and emotional support where needed. For one person it was the time of the day where they would do their favourite puzzle. Staff advised this puzzle was always kept in the same place and we observed staff encouraging this person to pick it up themselves and lay it out on the table. We observed four people contributing to the group activity of cooking pancakes for breakfast. They were supported to watch a video of how to make pancakes and then follow the actions with staff support. One person was observed to be mixing the batter independently. The other person was shown two different jars for toppings and this person then presented these jars to people who were having pancakes. People would point to the

topping they wanted and this person would prepare the pancakes for them. One relative told us, "Yes. I do think they help [person] with cooking. They help [person] make things [person] likes."

One staff member told us of a person who, "Has a short attention span so if [person] wants to stop something, we respect that and may come back to it. [Person] cleans own room, we make sure [person] takes the lead." Another staff member said, "[Person] is able to do things with a lot of prompting. You encourage [person] to do something and if [person] loses concentration that is okay, help [person] with another task." One staff member told us of a person who needed to use continence pads at night time when they first arrived, but now, "[Person] can use the toilet and interacts with people a lot more. [Person] goes out more and spends time with others, [person] goes to central London or on long walks." Records confirmed that this person was more independent with their personal care and interacting with others and they were observed to smile and laugh with another person during an activity. One staff member said, "Working here is really interesting, I see people make progress and it's very fulfilling." This demonstrated that the service knew how to support people to be as independent as possible and therefore improve people's sense of achievement, pride and overall wellbeing.

Staff treated with people with respect and dignity. One staff member told us respect and dignity, "Comes in many forms. If someone has odd socks or shoes, I would help them so they match." When we asked relatives if they felt people were treated with dignity, one relative said, "Oh yes, definitely, all [person's] needs are met." Staff supported people to manage personal care in a private and dignified manner. During the inspection we observed staff know, without verbal communication, when a person needed assistance with personal care and supported them with this. The staff member did not involve other staff and they followed the person promptly but quietly as they left the room. The staff member said, "[Person] will run when they need [help with personal care]. [Person] likes to pick own outfit, [person] is quite the fashionista and will take all of their clothes out of their wardrobe. We help them choose." This showed that staff had an in-depth appreciation of people's individual needs around privacy and dignity and could support people accordingly.

We saw one staff member talking to a person about why it is important their family members who were younger than them didn't help with personal care. The staff member explained that it was not appropriate that children support adults in this way and encouraged the person to think about why this might not be appropriate. At the end of this conversation this person said, "I am a grown up, I can do these things myself or you [staff'] can help me." This showed that the person felt really cared for by staff and could see how their privacy and dignity could be maintained in a safe way. Another person was observed to have their hair braided. A staff member later said, "They like it that way so we do it that way." Afterwards this person showed us their hair and were smiling. Records confirmed that each person's support file had a section asking what they would like to be called and this was being followed during our observations.

Staff demonstrated an understanding around equality and diversity. One staff member said equality and diversity is "Respecting everyone's rights. Everyone has the same rights. It doesn't matter who you are. Nobody should be discriminated against." All staff had received training around equality and diversity and sexual relationships for people with a learning disability. We asked staff how people are supported with their sexuality and relationships. We were advised that people were supported and encouraged to make friends where appropriate. People had friends who lived in other services run by the same provider. One person went with a friend to a theatre show. One staff member said, "There is a nightclub which is run for people with learning disabilities. We try to go once every couple of months. Especially when they do specific events. They make friends there." One staff member said, "We try to keep an open house, an open mind to try to support [people]. The company at the moment are talking about LGBT training." At the time of our inspection staff had not completed LGBT training. The registered manager told us if people wanted to have

a relationship or expressed any needs around sexuality they would liaise with the local authority, the professional network and the person's family to best support that person. They said, "I would get an advocate and have an assessment. This is not something I know I could decide by myself." At the time of our inspection nobody was in a relationship.

During the inspection we saw photographs of various cultural events that had been held. One staff member told us, "We do culture nights. [People are] always looking forward to it. Recently we had an African night. We have such a varied team. We had costumes and food. Everyone loved it." We saw that staff and people were dressed in traditional African clothes and there was food from different African countries. During the inspection we met with people who were from Ghana and Jamaica and staff members from Jamaica, Zimbabwe and Nigeria. The service wanted to support people to celebrate and reflect on their cultural backgrounds as well as encourage others to learn about different histories. The registered manager told us that it is sometimes good to have people supported by staff who have similar interests and histories. This demonstrated that the service worked in a positive and pro-active way to ensure people's preferences were respected and the service promoted a culture of valuing individual differences.

The service encouraged people and their relatives to be involved in their care and support in a creative and innovative way. Records confirmed that people had an input into the care and support they received through keyworking sessions, resident meetings and with support from their family. One person's care file said, "[Person] likes to visit charity shops where [person] buys toys," and then said, "I need support from 1-1 staff at all times when going out." We observed this person, and other people getting ready to go out for the day with staff who would provide the appropriate level of support. One relative told us, "I could say I would like to see [person's] records and straight away they are there." Another relative said, "We have seen all of that. We go to meetings and discuss. We are going to a meeting tomorrow morning with the psychiatrist. We get involved with most things." When we asked staff how people are involved in reviewing their care plans, one staff member told us, "We try to explain to them, talk to them, show them, use pictures, sometimes from magazines. [Person] likes to buy magazines. We know what they like and how to communicate with them." Another staff member said, "We give them a choice, we communicate with them. We ask them what they want." This showed that the service was taking into consideration people's views and wishes and supporting people to feel empowered, listened to and valued as well as listening to feedback from their relatives to ensure people received the best care and support.

Good

Is the service responsive?

Our findings

Relatives told us the service provided personalised care and support and responded to people's needs. One relative said, "Yes definitely. They know [person] well and what [person] needs." Another relative told us, "Yea, sure. At Christmas [person] came home and they were a couple of tablets short, and even over Christmas they sorted this out for us and drove them over."

Staff demonstrated an understanding of the needs of people and provided person-centred care. One person was seen to be touching their arms and neck. One staff member rolled a massage toy across the person's arms, neck and head and the person was smiling and appeared more calm.
One staff member said, "People have a good quality of life, we respond to people's changing needs." Another staff member said, "You need to know the person background, beliefs, what they like, what they dislike, what they want to wear, what activities they like." Another staff member told us, "This morning I helped [person] with a late bath, [person] likes a lie in. Then we went shopping, [person] came with me, pushing the trolley to choose the fruits. Now I am going with [person] to have lunch out. I need to be careful, [person] doesn't have teeth so some food I can mash up but we want it to be nice food still." This demonstrated that staff knew the needs of people and how best to respond to them and wanted people to have the best quality of life possible.

Each person had a support file that contained their care plans, risk assessments and pre-admission assessments. Records confirmed that care plans and risk assessments were reviewed twice a year or as and when people's needs changed. We saw that the service was working in line the Accessible Information Standards (AIS). Organisations that provide NHS or adult social care must follow the AIS by law. The aim of the AIS is to make sure that people that receive care have information made available to them in a format that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint as well as explain their care and support. Throughout people's care plans all information was produced in picture and written format and the pictures often had photographs of the person doing a specific activity, rather than generic images. Care plans looked at 'Who is important to me' and people's 'Life story' as well as people's individual preferences. For example, one person's plan asked if they would prefer a male or female staff member to assist them with personal care. Another person's support file said, "[Person] can be shy around new people and may walk away until gets to know someone new." Another person's support file said "[Person] enjoys going out for walks in to the community"

The registered manager had produced a 'talking book' for two of the residents about their care and support needs. We heard this 'talking book' say what people liked doing, and how they wanted to be supported. The registered manager advised they were in the process of doing these for all people and the two completed ones had been prioritised for people who, "Are non-verbal and require the most support with their communication." We saw one person use their 'talking book'; they pressed the buttons and they pointed to the pictures and to themselves. This showed the service responded to people's individual needs to ensure they felt involved in the level of support they received.

For people who could communicate verbally they had a 'My communication' booklet. One person's booklet said, "[Person] is able to communicate verbally. [Person's] speech presents as a whisper at times and diction can lack clarity. If [person] is asked to speak clearly and slowly they can be understood." We asked staff how they used the care plans to inform their practice. One staff member said, "If anything changes we read them, we know how to support them. All the times things change, some days I am off, I need to know what has happened, I look at the care plan." Another staff member told us, "They are very helpful." Throughout our inspection we observed staff interact with people in line with their communication needs that were recorded in their care plan. For example, one person's care plan said, "Vocabulary is solely based on immediate needs," and staff only spoke to this person about what was in front of them at the time. This demonstrated staff could understand individual care plans and consequently offer the appropriate type of support to people.

We were told that the provider incorporated positive behavioural support into all services. An service newsletter said, "Positive Behaviour Support (PBS) is a multi-component framework that aims to increase a person's quality of life and reduce behaviours that challenge." Each person had their own positive behaviour support plan within their support file. These focused on how staff could best communicate with and support people to reduce the triggers that could lead to behaviours that could be challenging, rather than reacting to challenging behaviours. One staff member told us this has resulted in, "Less incidents and people are happier." One person's plan said their triggers were, "Being ignored," and the early warning signs were, "[Person] will start talking to [themselves]." The plan advised of early intervention strategies including, "Staff must always leave all lines of communication clear to encourage [person] to communicate feelings. Staff must never ignore [person]." Another person's support plan said, "Please look at my facial expression to know if I am happy, sad or in pain, if I want to drink I will touch my lip." During the inspection staff demonstrated they understood how this person was feeling through their facial expression. This person was observed doing a jigsaw puzzle and initially they were smiling. They then looked at staff to suggest they were no longer happy and staff responded by supporting the person to pick a new game to play. The person chose to play with a sensory toy and were seen smiling again. One person's plan said, "Staff to distract [person] when [person] starts to exhibit signs of distress by engaging [person] in an activity that they enjoy, i.e. puzzles." During our inspection we observed this person become visibly distressed when they were on their own and a staff member supported this person immediately. This person's activity sheet confirmed that on the day of our inspection they would do, "Living skills" and we saw this person be supported to do some cleaning.

This demonstrated that the service worked in a way that encouraged positive interventions rather than negative reactions to people and as a result people felt they were better understood and had a better quality of life.

Records confirmed that health and social care professionals felt the service provided person-centred care and achieved excellent results. One record from a Psychiatrist said, "I'm very pleased with [person] making progress." One occupational therapist said, "Staff have worked with [person] in a step wise fashion which has allowed [person] to have more meaningful days and quality of life."

Pre-admission assessments were in place. Records confirmed that these looked at people's communication needs, how they managed their emotions, their community participation and independent living skills and their cultural and spiritual needs. Each person also had a multi-agency care plan in place. Pre-admission assessments included a 'transitional booklet' that explained to the person in both pictures and writing what their new home would look like. This booklet contained photographs of the home and staff as well as local areas of interest that they might visit. This booklet said, "This is where you will live, this is your bedroom, these people are staff who will support you." Here the service worked pro-actively to ensure people felt safe

and demonstrated that the service understood people's communication needs before they had even moved into the home.

Staff told us people were always doing activities of their choice. One staff member said, "We try to promote normal life, we are spontaneous too. It is good to have a routine but be spontaneous. Like normal. We laugh, we joke together, we do a lot of things together." Another staff member said, "Our weeks are quite busy." Each person had a weekly activity sheet in their care plan. When we asked relatives if people engage in activities of their choice, one relative said, "Yes, lots. Definitely. [Person] goes shopping, [person] enjoys that. [Person] helps for the house and does personal shopping. They take [person] to the cinema." Another relative told us, "There are lots of outings and events, like Halloween and Christmas."

During the inspection we saw that activities were varied. People were participating in art, going to the gym and visiting day centres. One staff member told us, "People go out, they go to the farm, to the gym, they do voluntary work, they have 1-1 personal training." Records, including photographs confirmed that people volunteered at their local farm. During the inspection we saw people get ready for their day out at the farm. One person was smiling and clapping when staff spoke about the farm.

Staff told us about one person who, "Now wants to look for paid employment." We were told that this person had previously done volunteering work and now wanted to earn money and look to the future. When we asked staff how they would support the person to achieve this they said, "It is possible, it would be a two-way conversation with the employer. [Person] has applied for DBS, this has come through. [Person] will be supported by staff." This showed that the service understood the needs of people, and supported them in a way that promoted equality within the wider community.

We were told of one person who likes sports. Staff said, "We took [person] to Formula 1 as [person] loves sports. [Person] goes often to watch the football." We were shown photographs of this person with a football mascot and at a football stadium. We saw many photographs showing different events that the service had put on. These included a house bake, fundraising events and parties. We also saw photographs of people participating in a learning event for the local elections. This event hosted local political advisors and gave people an opportunity to understand about local politics and the elections. One person said, "Look at all the photos. Look at what fun we do."

During the inspection we also saw posters of activities being held at provider level for people with a "Profound and multiple learning disability (PMLD)" Upcoming activities included an athletics championship that involved, "Wheelchair basketball, sensory races and tug of war." They were also advertising the summer festival which had, "Circus acts, disco, sensory activities." This demonstrated that people had access to various activities of their choice which were tailored to meet their individual support needs but still allowed people to contribute to their local community and encouraged a sense of independence and pride.

Staff could give clear examples of how people had developed in this service. One staff member told us, "We give them a voice. If people express an interest we help them achieve it. It is so nice to see people achieve and develop and watch their independence. It is important to treat people like adults." They told us of one person who, "With intensive support [person] now is able to go out in the community. [Person] has meals out. [Person] went to the hairdresser recently which [person] hasn't done before. I did it by booking an appointment for us both. In the beginning [person] watched me get mine done and then [person] came over. [Person] used to spend days in the house and now [person] has developed so much." One person told us, "Next week I am going to the caravan for my birthday. It will be interesting not boring." Staff told us of another person who had a fear of injections which prevented the hospital from doing blood tests. The service got plastic syringes and pictures about how blood was taken and explained to this person over time

what would happen. One staff member said, "Slowly, slowly it worked and now when [person] has blood tests [person] is very calm and okay to do it. We take things step by step. We do not rush people."

Records showed that no formal complaints had been received by the service. The service had a complaints procedure in place and we saw that each person had a complaints poster and information about how to make a complaint in their bedroom. This information was produced in a way that was easy for people with learning disabilities to understand. Staff and relatives knew what to do if they received a complaint or wished to make one. One staff member said, "I know the procedure but we haven't had any complaints." Another relative said, "We can speak to all of them [staff], we have known them a long time." This showed that the service worked in a way that welcomed feedback to improve the quality of the service.

Good

Is the service well-led?

Our findings

People felt the support they received from the registered manager was exceptional. One person said, "[Registered manager] looks after me, [registered manager] is amazing." Throughout the inspection the registered manager was seen to be interacting with people and people were responding in a positive way. One person pointed to the registered manager and said, "I love her." Relatives were extremely positive about the registered manager. One relative said, "The manager and the staff team are excellent." Another relative said, "We have a great deal of respect for the work they do." Another relative told us, "I do not think that you can get a better manager." The registered manager told us their aim is to, "See people be more independent, to fulfil people's lives, I put myself in their shoes, this is their home not ours."

When we asked staff if they felt supported, one staff member said, "Yes I do." Another staff member told us, "I feel valued." They also said, "Hard work pays off. I lead, but we work together. We are a whole team. I am proud of the service." One staff member said the home showed them that, "We all have the potential we just need to [help people] tap into it." This showed that the registered manager successfully instilled a vision and culture within the home where people were at the heart of the service and staff felt motivated and proud to work there and support people.

During the inspection we saw posters about annual staff awards that were held at provider level. Awards were given to individual staff members, teams and managers for various achievements. This showed that staff were encouraged and supported at all levels to work hard and develop.

The service regularly sought feedback from people, relatives and staff to improve. The registered manager and other staff said they gathered feedback through day to day interactions, resident meetings and resident surveys. Records confirmed resident meetings were being held every four to six weeks and topics included safeguarding, how to make a complaint and activities. Surveys had been designed with people's learning disabilities in mind and had a traffic light tick box system in place rather than worded questions. Staff said they supported people to fill these out through non-verbal communication. Surveys all had positive feedback in them. One said, "Staff supported me to appointments," and another said, "I get asked questions, it is very nice at Cleveland house."

One staff member said, "We learn from everyone. We learn from [people] all the time. We have team meetings that encourage everyone to be open, we want to improve and progress as a team." Records confirmed monthly team meetings were being held, and staff were discussing topics including what an 'outstanding' service looked like, ideas on how to source person centred activities, keeping people well in the heat, safeguarding and management audits that would be taking place.

The service sent out an annual survey to the relatives of people using the service. One staff member said, "We have a good relationship with all the parents." One staff member gave an example of a parent who requested that their relative, "Have a hot drink with supervision, or a cold drink like juice in [person's] room rather than in communal area sometimes. This has been implemented." Relatives told us they received questionnaires about the service. All the relatives we spoke to said they had no improvement suggestions to

make. One relative said, "[The service is] always supportive and caring, happy with my relative's care. Staff and manager go out of their way to ensure my relatives welfare is good." Another relative told us, "[Person] is well looked after and very happy, the staff do a fantastic job in looking after [person]. When I visit I can see all the residents are happy." Records confirmed annual relative surveys had been sent out for this year. One relative survey said, "Manager of Cleveland house is the most caring and lovely person." Another relative survey said, "Staff are very open and communication with the family is very good. The service is excellent."

During the inspection we also saw posters of activities being held at provider level for relatives. There had recently been a 'family conference' held which offered workshops around, "Supporting people to develop friendships and relationships" and, "What happens when I'm gone – planning ahead." We also saw opportunities for relatives to attend training. Upcoming training sessions included "Autism Awareness" and, "Old Age, Learning Disabilities and Dementia." This showed that the provider was dedicated to ensuring that all people involved in the care of people were provided with opportunities to learn and develop to be able to offer the best quality of support.

Records confirmed that the service also gathered feedback from other health and social care professionals including GP's, occupational therapists, a community learning disability nurse and an advocate. The advocate feedback said, "The manager works well with the client and very good at looking at the needs of the clients and solving any issues that may come up, I was asked of any support for a client who had lost a parent and could only find very little information but the manager solved the issues by coming up with a solution." An email from the community learning disability nurse said, "I can see an improvement in [person's] general behaviour, concentration, listening, following instructions and [person] is looking well."

The registered manager told us the service have a positive relationship with people in the local community and welcomed their feedback. Records showed that one person advised the home of an issue regarding a bathroom window that meant were still visible when attending to personal care. This was rectified immediately and we saw that a blind had been put in place. Furthermore, we saw photographs that showed people had participated in a local fundraising events with other members of the community. These events included a bake-off and a walk.

The registered manager told us, and records confirmed that regular audits of the service including health and safety and infection control, staff training and rota checks, care records and individual action plans were completed.

The registered manager did unannounced visits for night staff. Records confirmed these looked at whether the building was secure, if staff were doing their assigned duties and was infection control being overseen. One audit said, "Staff awake. 1 staff writing and others checking on service users."

We were also advised of the provider completing 'Driving up quality' days where people from other services run by the same provider came to inspect this service. The aim was to, "Gain feedback from people we support in order to ensure we continue to drive up quality." Records confirmed this and one person wrote, "Thank you for making me lunch and completing quality checker audit."

After the inspection we spoke with the regional director who sent us records of their most recent quality audits. They advised us that all services are audited a minimum of three times a year depending on quality. Records confirmed that these audits looked at the CQC standards in each of the five domains and looked for evidence of management inspiring and supporting staff to provide a quality service. The most recent audit said, "Yes manager works alongside staff team on shift in a support worker role to observe the team including weekends. The manager is very visible in the service the people supported also have access to the

manager's office at all times when she is there." The audits also looked at if families were involved in the shaping of the service. The most recent audit said, "Yes family are made aware of every review and meeting and usually attend."

This showed that the service had excellent and varied quality assurance systems in place at all levels to ensure the service was well managed and any feedback gathered was used to improve the service and as a result the quality of life for people living in the service.