

## Autism Hampshire

# Autism Hampshire - 102b Brockhurst Road

### Inspection report

102B Brockhurst Road  
Gosport  
Hampshire  
PO12 3DG

Tel: 02392580607  
Website: [www.has.org.uk](http://www.has.org.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 September 2018 and was unannounced.

102b Brockhurst Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

102b Brockhurst Road accommodates up to four people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy 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. At the time of the inspection there were three people living at the home.

There was a registered manager in place. 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 we rated the service good. At this inspection we found the evidence continued to support the rating of good in Safe, Caring, Responsive and Well-led with an increase to a rating of outstanding in the key question Effective. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff were kind and caring, and people had their privacy and dignity upheld and promoted. We received consistently positive feedback which showed us that people were valued and respected.

We found a stimulating environment with a warm and welcoming atmosphere. People, staff and relatives had developed strong and mutually respectful relationships. Feedback we received about the service was very high. We saw positive interactions between people and staff and staff treated people with dignity and respect, anticipating their needs.

There was a thorough and coordinated approach to enable people to move on from the service to more independent living. The culture and ethos of the service meant staff recognised the importance of promoting independence and worked in partnership with people to achieve their potential. Staff found innovative and efficient ways to deliver more joined-up care and support to people using the service.

There was a strong community presence which led to many positive outcomes for people. Links with health and social care professionals were excellent. Staff recognised and understood the importance of ensuring that people experienced a high level of care and support that promoted their health and wellbeing.

Relatives were extremely complimentary about the care and support received. It was clear from speaking with the registered manager, staff, relatives and comments from professionals that the provider was committed to achieving excellence in the provision of care.

Staff training was developed and delivered around the individual needs of people living at the service. Staff were exceptionally skilled and displayed enthusiasm and pride in their work. We saw the manager provided comprehensive levels of supervision and appraisal for staff. This resulted in a dedicated and motivated workforce. The management team recognised potential and invested in their staff. This empowered staff to support the people who used the service effectively.

Staff had been recruited following safe policies and procedures, and there were sufficient numbers of staff employed to make sure people received the support they needed.

Staff make sure that people are involved in decisions about their care so that their human and legal rights are upheld.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We were told how staff were proactive in discussing people's best interests with relatives.

Staff demonstrated a good understanding of how to support people with communication to help them make as many of their own decisions as possible. Staff recognised the importance of ensuring that people's human and legal rights were consistently upheld. Staff knew about people's care preferences as these were recorded in their care plans.

Assessments were undertaken to identify people's health, care, and support needs. There was a strong emphasis on person centred care. People and their families were at the centre of decision making whilst working alongside professionals to get the best outcome possible. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported. Staff knew people well, understood their needs and the way they communicated. Care was focused on people's wishes and preferences.

The registered manager and staff supported people to maintain and regain their independence and achieve a good sense of self-worth and wellbeing. The impact this had on people was outstanding and had resulted in them being settled, content and helped them to lead as full and active lives as they wanted to.

People's independence was actively encouraged. The registered manager and staff displayed clear resolve to make a positive difference to people's lives. Activities were invigorating, outings and events were well thought through, varied and in plentiful supply. Staff encouraged and supported people to access activities within the community.

There were robust systems and processes in place to protect people from the risk of harm. Staff were able to describe in detail different types of abuse and what their responsibilities were in protecting people. This ensured the welfare of vulnerable people was protected through the rigorous whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Risks to people's safety had been assessed by staff. Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were sufficient staff on duty to meet the needs of people who used the service. Staff were available to provide support with visits out in the community. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

The provider had a system in place for responding to people's concerns and complaints. People and relatives were aware of how to make a complaint. There had not been any complaints made since the last inspection of the service.

The feedback we received and our observations on the day of the inspection demonstrated that the home was well managed. The registered manager carried out audits to ensure people were receiving the care and support they required, and to ensure the safety of the premises.

## 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 remains Good.

### Is the service effective?

Outstanding ☆

The service was extremely effective.

People benefitted from having staff who were very skilled, well qualified and very experienced in their role. People were supported to make choices in relation to their food and drink. Independence was promoted and supported.

People experienced a high level of care and support that promoted their health and wellbeing. Staff worked collaboratively with others and found innovative and efficient ways to deliver more joined up care.

The manager and staff had an exceptional understanding of mental capacity legislation and people's rights. People were supported to be involved in decisions about their care and treatment using communication systems appropriate to their individual needs.

The environment had been arranged in line with people's needs and requirements and helped to provide positive living and learning experiences.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Autism Hampshire - 102b Brockhurst Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 September 2018 and was unannounced. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with four staff, including the registered manager. People using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We looked at two people's support plans and looked at how the provider managed medicines. We also examined documentation related to; infection prevention and control, health and safety, the safety and suitability of premises, the management of people's finances and records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

We had the opportunity to interact with two people living at the home, however to protect their privacy we have reported on our overall observations. People were very happy around staff and came into the office to sit and be with us also.

Staff supported people to manage and reduce any risks to their safety. This included risks at the service and in the community. Many of the people using the service were not always aware of the risks and dangers in the community and required assistance from staff to ensure their safety. This was planned and provided. For example, one person was supported to access the kitchen and make their own cup of tea.

The staff members we spoke with had undertaken adult safeguarding training within the last year. They understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member said, "It's a very small service here but because of the nature of it we do have more than the usual amount of safeguarding's. We make sure they're managed properly."

Where staff involvement was required, people's financial affairs were managed safely and appropriately. For example, one person's support plan contained a finances section which clearly outlined staff responsibilities in assisting the person to manage money safely. The level of assistance required had been assessed; in this case the person had no real concept of money which meant staff were required to go with the person when going to withdraw money and to supervise its use. The policy for financial management was up to date and relevant and signed as read by all staff.

We looked at two support plans and noted that they were clearly focused on the rights of individuals, their right to self-determination and a life at the home free from discrimination. There were completed sections on diversity, equality and privacy in support plans. Our observations on the day and our conversations with staff confirmed people were treated with respect and not discriminated because of their backgrounds or behaviours. The support plans outlined the barriers to a fulfilling life that the person might face and how they might be overcome, for example, communication issues arising from living with autism. For example, boards with pictures and using egg timers to manage their days routine.

The premises were purpose built and as such did not present significant difficulties in evacuating people in the event of an emergency. We noted there were Personal Emergency Evacuation Plans (PEEP) in support plans which outlined how people could be removed or kept safe in the event of an emergency, such as fire and flood. There was also a 'grab and go bag', which contained essential items and information in the case of an emergency.

There were sufficient staff to meet people's needs. People using the service needed support from staff in the community. Support was provided 24 hours a day. Additional support was available on call if staff needed advice or in the event of an emergency. We asked staff if they thought there were enough staff members on duty to provide safe and effective care. One staff member told us, "Yes, I would say there are. One to one or

two to one support is given, depending on the need." Another staff member said, "I find that there is enough time. We've managed to change people's behaviours and improve their lives."

Safe recruitment practices were followed. Staff files showed recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

We spoke with senior staff about medicines management and asked how medicines were acquired, stored, dispensed and disposed of. We also examined the provider's medication management policy. We saw evidence of regular, ongoing staff competency checks. Training was also undertaken and updates offered annually.

Medicines were stored securely and at safe temperature. Accurate records were maintained of medicines administered and we saw that people received their medicines as prescribed. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'when required' medicines and staff were able to explain to us the behaviour people showed which may indicate they were in pain so pain relief could be provided. There were systems in place to ensure safe disposal of unused medicines.

The administration of medicines followed guidance from the Royal Pharmaceutical Society. Staff signed medicine records only when the person had taken their medicine. Medicines were dispensed directly from the manager's office without the use of a trolley, which was deemed unnecessary.

No-one living at the home managed their medicines independently and no-one received their medicines covertly, that is without their consent or knowledge.

The provider communicated effectively with external agencies, such as GPs and pharmacists to ensure the safe management of medicines. For example, each person's medicines regime was regularly reviewed by their GP to ensure its effectiveness.

The home was clean. We did not detect significant malodours during our visit. The provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves. Staff received regular training and updates in infection prevention and control and COSHH, where appropriate.

There were monthly infection control audits in place. We looked at those undertaken in June, July and August 2018. Whilst these covered all relevant areas, such as the environment, the management of sharps and those of laundry items, there was no action planning attached to these. For example, the June 2018 audit contained the statement 'kitchen cupboard wonky and loose'. There was no indication in this audit when the item would be fixed and by whom. Consequently, the same statement appeared in the July and August audits. This meant that it was not possible to ascertain from these documents when and if necessary work had been undertaken and by whom. We spoke with the manager about this and they undertook to amend the form on the day of the inspection.



## Is the service effective?

### Our findings

People experienced a high level of care and support that promoted their health and wellbeing. Observations of care and people's interactions with us demonstrated that they liked living at the service. Staff and the registered manager knew people exceptionally well. They spoke warmly of the people they cared for and were constantly striving to improve the way they supported the people they cared for, taking into account care needs and individual personalities. Comments from relatives included; "Well done for getting [name] to eat other foods." "Staff listen to suggestions, 'good' is an understatement many are amazing."

One relative told us about the vast improvement their family member had made since they moved into 102b Brockhurst Road. They said, "[Name] is 100% better since coming here. We can see a vast improvement [name] is learning new skills such as budgeting, and has started a car cleaning job to save money to do the activities they want to do." The relative complimented staff at the service as since moving in "We really do think you are you doing a fantastic job in supporting [name]." They felt these improvements had vastly improved their quality of life. Another commented, "We are incredibly fortunate to have found so many staff who have worked hard to engage with [name], we cannot find the words to express our thanks to you all."

The provider made use of evidence based innovations to deliver support and improve the lives of people living at the home. For example, one person used a Picture Exchange Communication System (PECS) to converse with staff. The primary goal of this system is to teach people living with autism to communicate effectively and to develop speech where possible. We saw staff encouraging the use of this in order to understand what the individual required for the breakfast and their trip out.

Staff had been supported to develop an excellent understanding of the needs of people. Staff told us there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. Staff told us the quality of their training was excellent and how the training programme was developed and delivered around the individual needs of people. One staff member said, "I have done more training in the six months I have been here than the seven years in previous posts." Another staff member said, "I've done loads of training. The training is good. It's practical and not just someone spouting information at you." A third member of staff said, "The training is really good. There's autism pathway training available which is obviously helpful here." A second staff member said, "I haven't been here very long but there has been plenty of training already". We asked staff about the managerial support they received. One staff member said, "We get supervision every four to six weeks. I do find it useful I have to say." Another staff member told us, "We see each other every day but it's good to speak to my manager away from the floor."

There was a proactive support and appraisal system for staff. The provider and management team recognised the importance of continuing development of skills, competence and knowledge to ensure high quality care and support. Staff told us they felt extremely well supported and that they had received comprehensive supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that regular supervision had taken place. One staff

member said, "This is a fantastic place to work, I couldn't be any more supported." Another staff member said, "I absolutely love my job. I get all the support I need." Staff also received an annual appraisal. An annual appraisal is a review of performance and progress within a 12-month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager told us they had completed appraisals with staff, and we saw records to confirm this.

Links with health and social care professionals were excellent. Staff worked collaboratively with other healthcare services to monitor people's physical and mental health and sought advice from external professionals when their health needs changed. Care plans demonstrated people could access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as hospital consultants, dieticians and specialist services, such as Senior Autism Practice and Training Specialists. Each person had a health action plan which was regularly updated outlining their healthcare support needs. Staff supported people to their health appointments, including any specialist appointments they required. Staff followed advice provided by healthcare professionals and kept a record of any changes in behaviour. One professional had commented; "A staff member who knows the person usually attends with them which makes a huge difference from our perspective when we are trying to ascertain a history/background social info/behaviour changes/oral care plans. We have been so impressed with staff attitude towards the people and our staff. They are caring, diligent and efficient."

Staff were very knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves.

It was clear from speaking with the registered manager, staff, relatives and seeing comments from professionals that the provider was committed to achieving excellence in the provision of care. A relative said, "They [staff] keep a track of all [their] appointments. They take [name] to the dentist and for any appointments."

There was a thorough and coordinated approach to enable people to move on from the service to more independent living. The culture and ethos of the service meant staff recognised the importance of promoting independence and worked in partnership with people to achieve their potential. For example, the service requested a care review for [name] as it was felt they had 'out grown' the service and was ready for independent opportunities. After the assessments the service worked with [name] in preparation to move on. Options such as shared lives and supported living schemes were discussed. [Name] was given support to explore and research these options and decided they would like their own home in the form of a flat and that a supported living programme would be a positive step towards this. A thorough transition plan was put in place with a five week lead up to moving in. Feedback to 102b Brockhurst Road from the person following their move informed them the person was happy and off to college to do the A Levels they wanted to do.

The thank you card the home received from [name] expressed how effective their support had been. "Thank you very much for all of the support you've given me over my time here. I'm sorry for my general lack of organisation (in particular with washing and meals) however, I hope the number of good memories exceed this. I'll continue to try my best to be the best person I can be and I will really try to work on my organisation. I will miss you all."

Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined up care and support to people. For example, staff worked with [name] and with their mental wellbeing with one to one support. They were encouraged to take part in activities and things they loved to do such as chess. The staff contacted local chess groups and [name] was supported

to visit one to see if they liked it. Staff initially supported [name] to attend these by going with them and staying for the session. The next stage [name] went with staff and they would leave them and [name] would get a taxi back, the support was withdrawn and [name] went independently. [Name] moved on to attending chess club and tournaments independently on the bus. This enabled them to grow in confidence and self-esteem, and to meet new people. With their new found self-esteem and encouragement from staff [name] joined the local gym which they would go to independently. They also began going away for a few days by themselves and undertook the 'Walk the Wight' two years in a row.

People using the service were supported to take part in the recruitment of staff and have influence in the outcome. For example, [name] became involved with organisational tasks such as interviewing for new support staff and was also part of a service user led focus group that developed 2018's Autism Hampshire values – HEART (Honest, Empathetic, Approachable, Respectful, Trustworthy).

There was a truly holistic approach to assessing, planning and delivering care. For example, the involvement of family and staff when assisting someone to move to the home. Where a person had been assessed as needing a residential type environment, the manager and a member of care staff who would be the new key worker, met with the family to discuss what would be the issues/challenges for the person moving. For example, contact needs with the family, homesickness and structure. A plan was agreed which included staff from 102b Brockhurst Road going to the then placement to work with the person and get to know them and vice versa. Staff profiles for staff at 102b Brockhurst were sent to the placement so those staff could work with person in getting to know the new staff. A newsletter was also written describing the home and the fellow residents introducing the home. Visits were also arranged to 102b Brockhurst Road so the person could experience the home for increasing lengths of time. This included staff taking [name] out into the area to show them the shops and local facilities. Social stories were written – a plan of each day, so [name] knew what to expect each day of their transition to 102b Brockhurst Road. Work was carried out at the home to ensure it was a safe environment for [name]. A new piece of equipment was purchased (a watch that monitored epilepsy), after it was identified it would assist the person to be more independent.

Where people were supported to move into the service, staff utilised creative methods to support them during the week of the move. For example, for one person, a social story was in place which laid out in a visual form the plan for the week of their move. It also included other significant information for the person, for [name] such as Harrison Ford's birthday. On the day of the move there was a picture of the house with a note relaying "Everyone one at 102b is looking forward to you moving in. We are so excited!" Staff told how well the move went and due to it being well organised, the following day the individual was engaging in activities alongside enjoying a visit to the local games shop.

There was a thorough approach to planning and coordinating people moving to other services and into the service, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences. For example, one person who had been homeless and unable to care for themselves, were assessed and offered a placement at 102b Brockhurst Road. Once they had begun to settle at the home they expressed a desire to obtain qualifications and they were supported to attend college. After a period of being settled the situation changed and the manager sought support from other social and health care professionals. In the meantime, they offered voluntary work at the provider's day service, [name] accepted and they seemed to feel "occupied and valued."

The staff team was committed to working collaboratively and had found ways to deliver more 'joined up' care and support to people. For example, the relations with the police were established and staff knew how to raise missing person alerts with the police. Sadly, the home had to give notice to one person due to behaviours which were impacting on others and the staff. However, during the notice period, the staff

worked very closely with a local authority, community mental health, solicitor's and family. This ensured local accommodation for was available until a suitable placement was found.

The provider and staff's dedication to working collaboratively led to many positive outcomes for people. One person who no longer lived at the service, continued to receive support from the manager and staff at 102b Brockhurst Road. This was to ensure [name] could talk to someone to avoid isolation and to ensure they ate and took their medication. The support continued for approximately two weeks, during which time staff not only provided general support but also followed up with care managers, applied for housing and supported with appointments. The service supported [name] as their mental health continued to deteriorate, resulting in advice to call 999 and request an ambulance as a radical attempt to get the help needed. The manager spoke with and advised the paramedics that help was needed and [name] was taken to hospital. The service continued to keep in touch until [name] was settled in their new home. All of which went above and beyond expectations and showed excellent care and empathy for the individual.

People were seen behaving in a way that reflected they had full autonomy. At lunch time people ate where they wished and ate what they wished. One person was seen making a peanut butter sandwich and taking it into the lounge to eat. Another had brought in a meal from the main kitchen area and sat at the communal dining table to have their lunch. A third person had opted to have lunch out. This showed that people were empowered to make choices and use any area of their home as they wanted.

The registered manager told us there were no people living at the home from different cultures however we saw how staff considered people's gender and sexuality as part of their assessment and care planning process. Information, advice and training regarding equality and diversity was readily available for people using the service and staff. Information about the home was available for people in different formats to help their understanding. This included pictorial information about people's health and social care needs.

People's rights to privacy and dignity were embedded in staff practices and the culture and values of the service. Staff understood it was a human right to be treated with respect and for people to be able to express their views openly and to feel listened to. Staff gave examples of how this respect transitioned into supporting people with daily life choices and 'really listening' and 'understanding' what people faced each day. Staff received training on 'working in a person-centred way', equality and diversity and communication which encompassed people's rights, choices and standards pertaining to privacy and dignity. These elements of care were threaded through people's support plans to support staff's knowledge and skills in understanding and respecting people's rights and values.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010 that applied to people living at the home. This included age, disability, gender, marital status, race, religion and sexual orientation. This information was documented in detail in people's support plans. Staff were committed to ensuring people were treated fairly as individuals and for people to be protected against discrimination through their work practices and beliefs. This was apparent through discussions with them, our observations and recorded evidence.

The Mental Capacity Act 2005 (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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where DoLS applications had been made for people living at the home, they were found to be decision specific. This meant that the purpose of the restriction was outlined to ensure that the person was not deprived of their liberty outside of these areas. These had been agreed following a MCA assessment and best interest decision. We saw other examples of MCA assessments and best interest decisions in people's care records, such as for consent to people's care and managing people's finances.

Staff's utter commitment to working in line with the MCA meant people's human and legal rights were adhered too and upheld. Staff demonstrated a good understanding of MCA, including their role in supporting people with communication to help them make as many of their own decisions as possible. Staff said they knew about people's care preferences as these were recorded in their care plans. Care plans helped staff to understand what people were communicating in certain situations. For example, how people would tell staff yes and no or communicate they were sad or happy. Staff described how they supported people with their communication by using simple questions and showing people objects to choose from.

The registered manager told us that staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff were extremely knowledgeable and able to articulate their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

It was clear the provider's focus was on facilitating people to make some choices for themselves whenever possible and to support people to avoid potentially risky or unwise decisions where possible. For example, helping to manage smoking in a safe way. Where this had been agreed, the agreement was documented in the support plan.

## Is the service caring?

### Our findings

Staff treated people with kindness, respect and compassion. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were also aware of how people communicated if they were in pain and were aware of what it meant when people displayed behaviour that could challenge others.

We observed support given to people throughout the day. We found it to be safe and appropriate, with adequate numbers of staff present. We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff and no incidents of infantilising or discourteous staff actions. Staff were responsive to people's needs and addressed them promptly and courteously. It was evident all staff knew all people really well; for example, staff knew people's daily routines without referring to documentation. Those at risk were monitored closely but discreetly where necessary; for example, those at risk of self-injury or injury to others.

Each person's support plan contained a person-centred profile, a decision-making profile and a 'My Circle of Support' document. These gave a clear indication of the person's life living at the home and what good and bad days for them looked like. They also guided staff on how best the person's needs and desires could be accommodated.

People's support plans demonstrated how staff involved people and their families with their care as much as possible. Support plans and risk assessments were discussed and agreed with people or their representatives. Records of contact with family members were kept and there were regular, formal reviews of care to which relatives were invited. Each person's care and support was reviewed monthly to discuss recent events and formulate a plan of support together for future use.

People were actively encouraged and supported to contribute towards decisions about their care. Within the individual support plans, was a pictorial easy read plan that we observed people having been involved in completing this with staff support.

We observed people's privacy and dignity being respected within the home. Staff knocked on people's doors, said who they were and asked if they were able to come in. For example, one person was being supported with personal care and we could hear a staff member speaking to the person and asking whether the person was happy to have help. During inspection we observed interactions between staff and people that were positive, kind and respectful.

The service ensured that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A member of staff said, "Each person has communication support to help them understand things for them." People had

access to information in a way that would help them to understand. In people's support plans and around the home there was information in pictorial format. There were pictorial signs and written signs on kitchen cupboard doors and fire instructions around the service were in pictorial format.

## Is the service responsive?

### Our findings

People were supported to live as full a life as possible and staff opened up opportunities for people.

People's care and support was planned proactively in partnership with them. The service used a blended staff approach. This meant that staffing levels were flexible enabling people to receive care when they wanted it in the way they wanted it.

People received care that was personalised to their needs. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with could tell us about the needs of each person.

We examined two people's support plans and daily records. They were legible, up to date, person centred; and insight into people's daily lives could be obtained by reading them.

People's choices and preferences were documented. Personal and social histories were very detailed; it was possible to 'see the person' in support plans. The staff we spoke with were knowledgeable about the people they were caring for.

The support plans we looked at contained relevant and up to date information. Where people could occasionally display behaviours whilst out in the wider community; because they lacked the insight into the effect their behaviour had on others, support plans contained detailed guidance for staff on how to manage these situations and, if possible, prevent them. These interventions were categorised as proactive, active and reactive in nature.

Where people had an issue regarding their weight. Records showed this was being monitored regularly under the supervision of the GP, with a view to people gaining weight. Food intake was monitored and supplements offered where appropriate.

People living at the home were offered yearly care reviews, usually attended by staff and external agencies if relevant, such as social workers. Where appropriate, people attended these meetings and were encouraged to participate as fully as they wanted to.

The complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman. The provider's complaints policy was up to date and relevant.

The staff we spoke with were clear about their responsibilities in the management of complaints.

Staff could describe the behaviour people showed if they were upset or unhappy and told us they would



support the person to explore what was upsetting them so it could be addressed. Staff said they felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint and were confident that any concerns raised would be taken seriously and appropriately dealt with. We noted the complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies. The complaints procedure was also available in an Easy read format, which we saw. The staff we spoke with were clear about their responsibilities in the management of complaints.

We discussed end of life care with the registered manager. They were aware that care plans needed to hold this information however, and they were planning to have conversations with people and their representatives at their next reviews.

## Is the service well-led?

### Our findings

The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. For example, engaging people in the selection of new staff to work with them at the home.

We asked staff if they thought the home was well-led. All the staff we spoke with felt they were well supported. One staff member told us, "I think it's well run, yes. I do feel supported day to day and can say anything to the manager in confidence."

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. We looked at audits undertaken by the provider, for example medicines. We noted there were a variety of daily, weekly and monthly procedures in place in all aspects of medicines management. We noted issues arising as a result of audits were dealt with in line with the provider's policy, in the form of detailed action planning.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice.

The manager shared a business improvement plan with us showing how they were going to develop the service, including developing the garden to offer more activities, part of the plan included the maintenance of the service and emergency plans.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with the registered manager and through our observations it was clear that they were familiar with all of the people in the home.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.