Care Management Group Limited

Care Management Group - 4 Vallance Gardens

Inspection report

4 Vallance Gardens
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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

About the service
Care Management Group – 4 Vallance Gardens is a residential care home providing personal care for up to seven people living with a learning disability, aged between 18 and 30. At the time of the inspection, there were four people using the service. People lived in one adapted building.

The service has been redeveloped and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People felt safe. Staff understood safeguarding, signs of abuse and how to report any concerns. When things went wrong, staff reflected on the incident and learnt lessons. Changes were made when necessary to prevent reoccurrence. Risks to people's safety and well-being were identified and assessed. People received their prescribed medicines safely from staff who were trained and assessed as competent to support them. Infection control was well managed.

There were enough staff available to support people. Recruitment continued as more people moved into the service. Staff new to the service were supported with induction. Staff were supported with ongoing training and supervision.

People's needs had been comprehensively assessed before they moved into the service, with the involvement of relatives, previous support services and professionals. People's move into the service had been well planned, with regular opportunities for staff and people to meet, both at the service, at family homes and in other support environments. One person's relative told us, "I would say throughout the whole onboarding process we have been delighted with everything that we have seen and been involved with, their standards of care and attention to detail."

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access healthcare support as needed, and staff worked in partnership with health and social care professionals.

People were treated with kindness, care and compassion. People's relatives were pleased with the service provided. One relative said, "It's fantastic, absolutely brilliant. I couldn't ask for a better place." People were encouraged to express their views and make choices about their care and support. People's privacy was respected, and their dignity promoted. People were supported and encouraged to be independent and staff sought to develop and increase people's independence.

People received personalised care. Staff knew people well and responded to their wishes and needs. People were encouraged to choose their own key workers, activities and ways to spend their time. Key workers are designated members of staff that support the person with managing support needs, achieving goals and updating documentation. People's communication was well understood by the staff team, and we saw communication aids and assistive technology in use to support people to communicate.

People and their relatives knew how to complain and were confident to do so. There had not been any complaints since the service had been redeveloped. People, their relatives and staff were involved in the ongoing development of the service. Quality assurance processes, such as audits, were used to identify areas for continuous improvement.

There was a positive and person-centred culture, promoted by the registered manager. People and their relatives spoke highly of the registered manager and her dedication to the people and service. Staff told us they were well supported. The registered manager understood their regulatory responsibilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Requires Improvement (published 25 November 2016).

The provider told us after the last inspection what they would do and by when to improve. The service then went dormant. A location can go dormant on the register when it is no longer providing regulated activity. In this instance, the service had closed whist the building was renovated.

At this inspection, there had been significant change. The registered manager, staff and people living at the service were all new. We found the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Care Management Group - 4 Vallance Gardens

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Care Management Group – 4 Vallance Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection because people living at the service had recently moved in. The service is also small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided, they were able to answer closed questions with yes or no responses. We spoke with five members of staff including the regional manager, registered manager, deputy manager and care staff. We spent time with people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with five relatives about their experience of the care provided. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

● At the last inspection we found that improvements were needed in the way medicines were monitored and managed. At this inspection, the service has changed significantly, and we found medicines were managed safely.

● People received their prescribed medicines safely. Medicines were ordered and stored safely. There was clear guidance available for staff about how people liked to be given their medicines, what each medicine was for and any potential side effects. Records had been kept showing that people had received their medicines.

● Staff had training in giving people medicines and their competency to do so had been assessed. Initially, this involved three separate observations by the registered or deputy manager. This was then reviewed annually.

● Some people were prescribed 'as required' medicines, such as pain relief. There were clear protocols in place for these about how often they could have the medicine, and how staff would identify it was needed.

● When medicines were given through an enteral feeding tube there was guidance about exactly how staff should do this. An enteral feeding tube is a tube which connects directly to the person's stomach. We saw that people were supported in line with this guidance. People were also encouraged to be involved in taking their medicines, for example by pushing down the syringe when water was used to flush out the enteral tube.

Systems and processes to safeguard people from the risk of abuse

● People told us they liked living at the service and they felt safe there. People's relatives told us people were safe. Comments included, "Very safe, there is always someone there and they keep the door locked." And "I've not seen any problems."

● Systems and processes were in place to safeguard people from abuse. Staff had training on safeguarding and understood how to recognise and report concerns about people's safety and wellbeing. One member of staff told us, "If I find something is not right, I act and report it to the manager and go further up if needed." Safeguarding and whistleblowing policies were available to staff for guidance and staff knew where to find this information. Whistleblowing is raising concerns about wrongdoing within an organisation.

● There had not been any incidents considered as safeguarding since the service had reopened. However, the registered manager understood safeguarding, when to report concerns and to whom.

Assessing risk, safety monitoring and management

● Risks to people had been monitored and assessed. For example, one person could walk short distances

but were at risk of falling. They needed to wear their glasses and a helmet, to ensure their safety. We saw the person being supported in this way.
● People required specialist equipment to support them to move. There was clear guidance to show staff how to support people to move safely, for example by using a hoist. Staff had receiving training in the moving and handling of people and postural care.
● Risks about people's health needs were assessed. When people needed regular checks, for example at night to monitor their safety, these were completed.
● Risks about the building and environment were considered and planned for. Regular health and safety checks were carried out. The risk of fire had been assessed and regular checks were carried out on fire alarms and equipment.
● Personal emergency evacuation plans were in place detailing the support people would need to evacuate the building in an emergency, both during the day and at night. These included key equipment the person would need to evacuate and what they needed to have with them.
● Due to work by external contractors, the fire alarm sounded during the inspection. Staff and the registered manager responded calmly and were able to quickly identify the cause, removing the need for an evacuation.
● Risks about the continuity of the service had been considered and assessed. Plans were in place in case of a variety of situations such as loss of key staff, utilities or severe weather.

Staffing and recruitment
● There were enough staff available to support people and people told us they had enough time with staff. We saw that when people used technology to attract staff support, they were able to react and support the person quickly.
● Recruitment for staff was ongoing, as the service continued to grow. The registered manager had a recruitment plan in place. Staffing levels were reviewed according to people's needs and the activities they wished to take part in.
● People living at the service, and current staff, were involved in interviewing prospective staff. Staff explained that interviews we undertaken in communal areas, so people could interact with the candidate.
● Staff were recruited using safe recruitment processes. These included checks on the person's identity, references from previous employers or people who knew them well and checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions.

Preventing and controlling infection
● Infection control was well managed. Staff used personal protective equipment such as gloves. For example, we saw staff support a person with their medicines. The member of staff washed their hands and put on gloves before supporting the person.
● People told us that staff helped them to clean and tidy their home. The service was clean and well maintained. Staff had training in infection prevention and control.

Learning lessons when things go wrong
● Lessons were learnt when things went wrong. For example, one person experienced a seizure whilst being supported. Their risk management plan had been reviewed to ensure staff were still offering the right support.
● Any incidents or accidents were reported to the registered manager, who then had oversight to identify any themes or trends. Since the service had recently reopened, there had been no themes yet identified.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been thoroughly and holistically assessed before they moved into the service. Reasons for the move, details of the person's history and their current needs around their physical and mental health and learning disability were considered.
- People and their families were involved in the assessment process. One person's relative told us, "They worked with me to find out information before moving in." Another said, "They came out to the house, spent time with us. Staff came at 6am to learn the morning routine, did afternoon and evening slot too, so they experienced [person] and their routines all the time they were at home. They listened carefully and took things on board, they have been doing what I do at home. [Person] likes close communication, I have seen staff doing that. They listened to me. Everything they said they would do, they did."
- Transitions for people moving into the service had been planned well and carried out at the person's pace. This allowed people time to adjust to the service. Staff had also planned 'welcome parties' for people, to welcome them into their new home. One person's relative said, "[Person] was a bit unsettled at first, it's a big step but they've settled really well."
- A health and social care professional told us, "[Registered manager] is very involved, ensuring all the residents needs are met. The communication with the families seems to very good to make sure the residents transitions are smooth and all the different service plans are in place."

Staff support: induction, training, skills and experience

- Staff who were new to the service had been supported with an induction. This included training and spending time with more experienced staff. A member of staff told us, "I read support files. I came to shadow before I started, for two days. I was introduced and chatted to people." Staff were supported with regular probationary reviews to see how they were enjoying the role and explore areas for development.
- Some staff had been recruited before the service reopened. They had worked at other services owned by the company as part of their induction. One member of staff told us, "I was interviewed by [registered manager]. They explained the new service for people with profound and multiple learning disabilities. I was excited to all be starting and learning and getting to know one another at the same pace."
- Staff were supported with training. One member of staff told us, "I feel well supported by [registered manager] and the company with the training and support." Another member of staff told us they were scheduled to undertake training on becoming a lead support worker. Other courses staff had completed included an awareness of learning disability, mental health and dementia, epilepsy, communication and safeguarding.

● Staff were supported with regular supervision. One member of staff told us, "I've had some supervisions with [registered manager]. Any problems, I can go to them, it doesn't have to be in supervision."
● As the service was continuing to grow, there was an ongoing programme of training for staff, particularly as some people had specific and complex needs, such as epilepsy and medical devices. The registered manager knew which staff had training in these areas, and therefore who they could support.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink as required. People who required specialist cutlery or plate guards to assist them had these available. When people required their food in a specific way, such as a soft diet, this was adhered to. We saw staff support people in line with their care plans, such as when they needed someone with them whilst they ate.
● Some people received nutritional support through enteral feeding tubes. These are tubes which connect directly to the person's stomach, through which nutritional fluids and medicines are provided. There was a clear policy in place about this and individualised guidance for when people needed each type of fluid and how much was required. Staff had received specialist training in this area and their competency to support people safely had been assessed. A health professional told us, "When I have been to visit the home to provide training for management of different types of gastrostomies, the staff have all been very engaging."
● Risks around choking were considered. When people had specialist assessments, by speech and language therapists, these were available to staff. Details of the type of food people could have, and the texture they required was understood by staff.
● Weekly menus were discussed and decided in the house meetings. Records of what people ate and drank were kept. People's weights were regularly taken. These were monitored in accordance with people's health needs.

Staff working with other agencies to provide consistent, effective, timely care
● Staff had worked with other agencies when people moved into the service. One member of staff described, "We got a handover from [previous service] for [person]. There were documents about [health condition] and a lot of information from professionals."
● Transitions into the service had been planned, so people could visit the service regularly to become used to the environment. Staff had also visited people at home, colleges and other services they had been accessing prior to moving to the service. One member of staff told us, "We watched support and made notes of that."

Adapting service, design, decoration to meet people's needs
● Since the last inspection, the building had been redeveloped. The number of bedrooms had been reduced and changes made throughout. A lift allowed step free access between the ground and first floors.
● People's needs and mobility had been considered in the redesign of the building. Corridors and doorways were wide, to accommodate people using wheelchairs. There were ceiling tracking hoists in all bedrooms and bathrooms.
● People's bedrooms were personalised to their tastes. For example, one person's bedrooms was decorated in the colours of their favourite football team. The registered manager explained that people's rooms were decorated as part of their transition. We saw that another person's room was decorated, ready for them to move into at the end of the week.
● The garden was accessible to people through the communal area. Some bedrooms also had direct access to the garden. The area was paved and level, to ensure it was easily accessible for people living at the service. Some raised beds had been installed and the registered manager told us they planned to grow vegetables with people in the warmer weather.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access healthcare support as needed. Care plans included details of specialist healthcare professionals who supported people to live healthier lives, such as occupational therapists, GPs and epilepsy specialists.

● People's health needs were considered and planned for. People had health action plans and health assessments which planned how their health needs would be met. Records were kept of healthcare appointments.

● When people had specialist health needs, such as epilepsy, staff worked with professionals to ensure people received the right care. Specialist guidance was available to staff about people's triggers and seizures, how these presented and how to best support them, including when and how to give rescue medicines to help the person come out of a seizure. Records were kept of people's seizure activity, allowing staff and other professionals to track patterns.

● Staff had received specialist training in vagus nerve stimulation, so they could support people who had these devices fitted. Vagus nerve stimulation is a small electrical device, like a pacemaker, which is implanted under the skin of the chest. The device sends electrical impulses to the brain through a nerve in the neck called the vagus nerve. The aim of the device is to reduce the number of seizures people have and make them less severe. Detailed guidance on how and when to provide this support was also recorded.

● The support people needed around oral care was assessed and recorded. These showed how often they needed to see the dentist and any specific guidance for staff on how best to support people to brush their teeth.

● When people had gastrostomy tubes, connected directly to their stomach, they regularly saw professionals to review this. Staff regularly reviewed the tube area with the person and understood how to clean the area and how to spot any concerns about the site.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● People were encouraged to make decisions and choices day to day. For example, about what they wished to wear or eat. Staff understood how people communicated their choices, such as through body language or facial expressions.

● People's capacity was assessed as needed. People were involved in these assessments. For example, one person's capacity to understand the importance of using a lap strap in their wheelchair had been assessed. Staff had used photos, symbols and reference objects to support the person to understand the decision to be made. Relatives and health and social care professionals were involved in assessments as required.

● The need for restrictive interventions, such as lap straps for wheelchairs and the use of bed rails were considered. People's capacity to consent to these had been assessed. Where people did not have capacity to make these particular decisions, these had been made in their best interest with the involvement of relevant people.

● DoLS had been applied for when people's liberty was considered to be deprived. One person had an authorised DoLS and there were no conditions. The registered manager had applied for DoLS for other

people and was awaiting decisions from the local authorities.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to ensure people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the service had changed significantly. The provider was no longer in breach of regulation.

● People were treated with kindness and care. Staff spoke to people and involved them in their support. Relationships between staff and people were relaxed. We saw people and staff share jokes and laugh together. A health and social care professional told us, "I find the staff very engaging, and caring over the clients there."
● People and staff knew each other well and were at ease with one another. We saw people chatting about their day and families with staff. One person's relative told us, "What I've noticed is [person] is getting more social and emotional input at Vallance, which really makes a difference. [Person] is much more engaged than they had been. I think it is going to work wonders."
● People's relatives spoke positively of the staff team. Comments included, "They're fantastic, all brilliant. Their care, their personality, the way they are with the residents.", "Seem really good and caring, from what I have seen they have a good attitude, happy and willing to do things." And "They are friendly and engaged with the residents… On the whole I find them very professional, but also relaxed around the residents. Everyone seems to have a nice time without it being forced."
● A health and social care professional told us, "The staff seem to be caring and communicate with the residents very well, the atmosphere is always very positive when I have visited the home."
● Staff understood equality and diversity under the Equality Act 2000. People's care plans included information on their culture and beliefs. One member of staff told us about a person's religious preferences. They said, "They are not practising religion but are looking forward to going to church for Christmas." Staff had also considered people's preferences on the gender of the staff supporting them.

Supporting people to express their views and be involved in making decisions about their care
● People told us they made choices about their day and their support and we saw this happen. For example,

one person was asked where they would prefer to have their medicines. They responded, and staff asked them to confirm their choice, which they did. Care plans included information on choices to offer people and how the person would communicate their decision.

● Staff responded to people's wishes. For example, one person was being supported to move to the dining table ready for lunch. They had agreed but as the member of staff moved their wheelchair, they noticed the person kept watching the programme. They offered the person to stay there and wait until lunch was almost ready, which they chose to do.

● People were involved with their care plans. One person's keyworker told us that they were in the process of reviewing the person's plan so, "they can say how they want to be supported."

● People met regularly with their key workers. Key workers are designated members of staff that support the person with managing support needs, achieving goals and updating documentation. They reviewed steps to independence, activities and any health care involvement.

● Weekly house meetings were held with the people living at the service. These included looking at the planned menu for the week and what activities and appointments people had planned.

● One person had recently got involved with Campaign 4 Change (C4C), which is a group of self-advocates which CMG supports, who campaign about various topics relating to them and others with learning disabilities. Their interest was about improvements in communication methods for people with profound and multiple learning disabilities. The organisation's communication lead had recently visited and made a video with the person to highlight their campaign.

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. A member of staff told us, "I always ask when supporting with medicines in communal areas. I announce when I am coming into a room. It's about respect, how you would like to be respected and treated." When people wished to spend time privately, this was understood and respected by staff.

● Staff understood the importance of confidentiality. Support plans and information about people were kept securely. A member of staff said, "It's like my information, what do people need to know. We consider if and when it needs to be shared. For the person's benefit, or if they are in danger. I don't talk about them or show pictures of them." Staff had training in the general data protection regulation.

● People were treated with dignity. People were wearing what they wanted to wear, Staff treated people with dignity and respect, listening to their choices and respecting their decisions. Staff had training in privacy and dignity.

● People's independence was promoted. Staff had worked with people to identify areas they wished to develop. For example, one person had required full staff support to eat and drink when they moved into the service. Staff had noticed the person seemed interested in supporting themselves. They began supporting the person with hand over hand support. We saw that staff were now supporting the person to eat independently, using a spoon. Staff just provided prompts to ensure the person had food on their spoon and were eating at the right pace.

● Care plans identified areas of independence for people, and how staff should engage with the person and encourage them to be independent. For example, for one person this was around using assistive technology to support their communication. We saw the person using this technology and saw staff supporting the person, hand over hand, to use the television remote.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● At the last inspection we found that improvements were needed in information in people's care plans being up to date and consistently completed. At this inspection, the service has changed significantly, and we found that people's care plans were up to date and complete.

● Initial assessments considered people's compatibility. For example, the people living in the service were all 30 or younger. People's interests and community participation had also been considered. One person's relative said, "It seems to be getting a balance of well-matched residents." Support plans were detailed about people likes and dislikes, their preferred names and their life histories.

● Staff knew people well. Care plans included information on how people liked to live their lives. For example, one person loved going out in the community, music and animals. We saw them take part in activities relating to these interests.

● Another person arrived back at the service after being at college. They were watching television in the lounge when a member of staff noticed they were not wearing their glasses. The staff member helped the person to put on their glasses, so they could watch television more comfortably.

● People had chosen their own keyworkers. The registered manager told us they observed people and staff together and then made suggestions according to people's preferences. They explained, "[Person] clearly chose his keyworker, his face lights up when she walks in the room." Another member of staff told us about their person they key worked. They said, "The bond with [person] happened really quick… If [person] has something on their mind, we go for a drive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Assessments and care plans identified people's communication needs. Disability distress assessment tools (DisDAT) showed how people would communicate pain or distress. People living at the service had little or no verbal communication, so used other methods to communicate with staff. This included facial expressions, body language and vocalisations. Plans also identified how people needed staff to communicate with them, such as being close to them when people had visual impairments.

● Staff understood people's communication methods well. One member of described getting to know how one person communicated. They said, "It was learning their form of feedback, using body language and

vocalisations," and "Listening and looking out for non-verbal forms of communication to indicate when and if things are supported, and which way." Staff told us that one person would blow raspberries to indicate they wanted more. We saw staff supporting the person to eat at lunch time and respond to the persons request for more.

● Assistive technology was used to support people to communicate. Staff had worked with people to identify tools that could support them. For example, one person had recently got equipment which enabled them to control aspects of their bedroom, using a button which activated spoken options. The person chose the option they wanted. They were able to turn the television on and off, turn on the radio and call a member of staff. This gave them the ability to manage some tasks independently without staff support.

● Staff had spent time finding the right equipment to help people communicate. Staff told us about supporting one person to use a touch screen computer controlled by a proximity head switch. The person explained to staff they didn't have the control of the switch they wanted. Staff worked with them to identify and arrange a switch that would give them better control.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were encouraged to take part in activities and access the local community. A member of staff said, "We do as much as we can. Sometime people want to stay at home. We go to theatres, shopping, we try to do interesting trips. At home we do art, cooking, playdough. At the end, it is their choice, their decision." One person's relative said, "I like that they routinely get out, [person] thrives on that kind of stimulation. I've seen them ensure that people have their time for activities and are doing what they want to do."

● People were involved in the day to day activities of running the service. For example, people visited the local supermarket together to do the food shopping. One member of staff said, "We try to introduce new things for people. Most have come from home and lots of things are new for them, for example cooking."

● Staff supported people to consider the opportunities and activities available to them. For example, staff were supporting one person to look at local colleges and other organisations. One person's relative told us staff were looking to support the person to church. They said staff were, "Looking at churches as [person] likes a sing song - the ones that would suit, rather than what is nearby." Staff told us about community activities they were hoping to support people to access. They said, "We're thinking of going ice skating. It's very sensory there, a good experience for people on the ice and with the lights. We'd like to go to the light switch on in Brighton too."

● The registered manager told us, "We encourage people to go out, even for haircuts. Some people are known locally, so we are building on those links."

● People's interests were known by staff. For example, when people returned from the community, staff set up music. They offered people a choice of stations and settled on the Christmas station. Later on, people were enjoying sensory activities with tinsel.

● People's care plans included details of people who were important in their lives and contact details, so staff could help support these relationships. People's relatives told us they felt involved with the service and people's support and that staff were keen to support people's other friendships and relationships.

● People's relatives told us they were welcome to visit whenever they wished. One person's relative said, "They encourage engagement with the parents." Another told us, "They listen to what I say. I give them little observations, and they listen to what I am saying."

Improving care quality in response to complaints or concerns

● A compliments, comments and complaints book was available near the front door for anyone to record their views of the service.

● People and relatives told us that they were able to raise any issues or concerns with staff or the registered manager. One person's relative said, "[Registered manager] is very approachable, I could raise any concerns

if I needed to." A complaints policy was in place.
● There had been no complaints made since the service had been redeveloped and reopened.

End of life care and support
● People living at the service were young adults and had all recently moved in. The registered manager had considered discussing end of life support with people and their relatives, however had postponed these discussions until people were more settled in the home.
● No one living at 4 Vallance Gardens was in receipt of end of life care at the time of the inspection.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure CQC were notified about safeguarding. This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

Since the last inspection the service had changed significantly. The provider was no longer in breach of regulation.

● The registered manager knew people well and had positive relationships with people. We saw them spending time with people. People and their relatives told us they liked the registered manager. One person's relative said, "[Registered manager] is excellent, it starts from the top. She is highly experienced, and she knows what questions to ask us, she gets it and has experience of the level of care and complexity." Another told us, "[Registered manager] really knows her stuff, really like her. She bends over backwards to help people, she gets it."
● There was a positive and person-centred culture. The registered manager described the vision and values of the service as being, "communication, accessing the community, people being as independent as possible, learning skills and how to be an adult in the world. To be seen and actively participating and empowering with the use of switch technology." We saw staff supporting people in line with this ethos.
● Staff felt well supported by the registered manager. One member of staff told us, "[Registered manger] covers when she needs to and likes to have that contact. They like to be involved with the guys." Another said, "I feel supported and accepted. They've helped me to find my place in the team and the service. You can call them anytime of the day."
● Professionals spoke positively about the registered manager. One told us, "The home is wonderful, the manager is very supportive and very educated above what is necessary for a manager. She has great insight into the needs of the clients."
● Staff were recognised and rewarded for their support to people. One member of staff had recently been awarded by the provider for excellence in inclusive communication. This was for work they had done to support one person to develop their communication. They told us, "It's amazing for the recognition for

supporting [person]'s communication." We saw them sharing the award with a person living at the service, who congratulated them with a hug.
● Staff worked well together and communicated discretely about the support needs of people. Shifts were planned well, and elements of support allocated fairly.
● The registered manager understood their regulatory responsibilities and had made notifications to CQC as required. The report and rating form the last inspection was displayed within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibilities under duty of candour. They told us, "It's being open and honest, being transparent. We inform CQC, health professionals and parents."
● When things had gone wrong staff had shared this and solutions to prevent or reduce reoccurrence with people, their relatives and relevant professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and staff were engaged with the service and its development. One person's relative told us, "[Person] needs to be kept active, they're involved in staff training sessions and is the resident activities coordinator. [Person] is really involved in the running of the home, as much as they can be."
● Staff were supported with regular team meetings. Minutes showed that discussions included recruitment updates, training, recording and keyworker responsibilities.
● Surveys had not yet been sent out, as since its redevelopment the people and staff were new. However, the registered manager advised these were planned.

Continuous learning and improving care; Working in partnership with others
● The quality assurance framework supported continual improvement. Actions needed, with responsible staff and timescales were identified. For example, monthly medicines audits were completed. These showed improvement month to month. One of the actions identified was to ensure the date of opening was recorded for liquid medicines. We saw that all liquid medicines had dates of opening recorded.
● The provider's quality partner had recently completed an audit of the service. This had led to an increase in staffing to ensure people's safety. Staffing levels were being regularly reviewed as people moved into the service.
● The regional manager was visiting to audit the service on the day of the inspection.
● Staff worked in partnership with other professionals. One health and social care professional told us, "From the six-week review, the staff and manager was supportive to not only our service but the service user and their family/care manager. I found the process was streamlined and communication and support were forthcoming to create a professional, enduring relationship for all."