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Community Choices

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 and 9 February 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager was often out of the office supporting staff or providing care. The inspection team consisted of one adult social care inspector. A further visit took place on 24 February 2016 when we gave the provider feedback about our findings.

This was the first inspection since the service was registered with the Care Quality Commission in June 2014 as a supported living service. The first person went to live at the service in September 2015.

Community Choices provides a supported living service for four younger people who live with profound and complex needs. The four people live together in one large home called Manor Lodge in Bideford. Supported living is a service where people live in their own home and receive care and support to promote their independence. The legal agreements for the provision of care and accommodation are separate contractual agreements. Therefore, people can choose to change their care provider without losing their home. The service provides a support service to one other person in their own home in Barnstaple. As this was a non-regulated activity, it was not inspected.

At Manor Lodge, each person had their own bedroom on the first or second floor. There were communal areas on the ground floor for them to meet and spend time with others who lived at the home. This included a lounge, conservatory, kitchen and a computer room. There was an activities room located in a summer house in the garden. The home also housed a support worker sleep-in room.

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care which was personalised to their needs. Staff knew people well, understood them and cared for them as individuals. People were relaxed and comfortable with the staff who supported them and knew what mattered to them. Staff knew about people's lives, their families, pets and what they liked to do.

People were supported by staff who were carefully selected for their mutual interests and hobbies. Staff were well trained, motivated and supported in their work. They had a good understanding of safeguarding and knew how to recognise the different types of abuse. They knew the correct action to take and who to report any concerns to.

People were relaxed and comfortable with staff. Staff had a genuine warmth and affection towards people. They spoke to people in a respectful and kind way. One staff member said, "We treat people with respect and dignity, people are looked after and it's genuine, not made to look good." One relative said, "… Have always been impressed by the respect, dignity and individualised support evident between staff and clients.

I have always found staff interactive with clients and not gathered chatting to each other – (family member) has benefitted from feeling cared for." Staff promoted choice and sought people's consent for all support and decision making. Where people lacked capacity, decisions had been made in people's 'best interests'.

Staff supported people to undertake a variety of activities and hobbies in the local community. These reflected their own personal choices but staff encouraged them to also try new things. When people changed their minds about planned activities, staff respected this decision and made alternative arrangements.

People's care files were detailed and included information for staff to know how to support each person. The care files were regularly updated and reviewed when needed. Health and social care professionals were included in people's care; staff worked closely with them to make sure they were providing the most appropriate care. People received the care which had been contracted to them by the commissioning service; this included the hours allocated to activities.

Risk assessments were in place for each person. These identified the correct action to take to reduce the risk as much as possible in the least restrictive way. People's behaviour and moods were monitored if necessary and any factors which might have influenced the behaviour reported. People received their medicines safely and on time. Accidents and incidents were carefully monitored, analysed and reported upon.

Staff used a variety of methods to communicate with people and support them to make decisions for themselves, for example Makaton (a specialist form of sign language) and picture cards. People were encouraged to eat a well-balanced diet and make healthy eating choices. They were involved in the planning and choosing of meals if they wished. People's weight was monitored where necessary. People were supported to remain active and maintain their independence.

There was a complaints policy and procedure in place with information about how to raise concerns or complaints. Relatives felt any concerns would be listened to as there was good communication between them and the provider. They felt involved and consulted in their family member's care. One relative said, "We can and do email or telephone (the provider) and he responds in an effective and timely manner."

The culture at the service was open and honest. Staff felt their opinions mattered and they enjoyed coming to work. One staff member said, "I am settled here … certainly valued … definitely motivated … (the provider) is a hundred per cent supportive to me … we are part of a team."

There was a range of quality monitoring arrangements in place which the provider used to improve the service. They had clear values about the service which staff promoted.

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.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Risks to people were assessed to reduce them as much as possible, whilst being as less restrictive as possible.

There were sufficient staff on duty to meet people's needs and staffing was adjusted where it was agreed with the commissioning body.

People were supported to take their medicines on time and in a safe way.

People were protected by a safe recruitment process which ensured only staff with the right skills were employed.

Accidents and incidents were monitored, analysed and any trends identified.

Is the service effective?

Good

The service was effective.

Staff offered people choices and supported them with their preferences.

Staff understood their responsibilities in relation to the Mental Capacity Act (2005).

People were supported to lead a healthy and active lifestyle, with access to healthcare services.

Staff received regular training relevant to the needs of the people they supported and had regular support through supervision.

People communicated with staff through a variety of different methods suitable to their needs.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate. They treated people with respect and dignity.

People were supported by staff they knew well, who had similar interests and who had developed close relationships with them

Staff protected people's privacy and supported them sensitively with their care needs.

People were consulted and involved in decisions appropriate to their individual communication skills and abilities.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care and support plans were developed to meet people's individual needs. These were reviewed and updated as their needs changed.

Relatives and other people knew how to raise concerns and complaints and were provided with the information to do so. They felt they would be listened to and issues resolved.

Is the service well-led?

Good

The service was well-led.

The culture was open and honest and focussed on people as individuals.

The service worked in partnership with others for the benefit of the people they supported.

The registered provider was also the registered manager. They were well known and had close contact with people and their families.

The provider had quality monitoring systems in place to improve the service.

The provider had clear values which they promoted to all staff who worked well as a team.

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Detailed findings

Background to this inspection

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

This inspection took place on 2 and 9 February 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. The inspection team consisted of one adult social care inspector. A further visit took place on 24 February 2016 when we gave the provider feedback about our findings.

This was the first inspection since the service had been registered with the Care Quality Commission in June 2014. Whilst the service was registered on this date, the provider did not provide a service to people until September 2015. The provider was also the registered manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service, records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us by law.

We met the four people who lived at Manor Lodge and spoke with two of them to tell us what it was like to live there. We spoke with the provider and seven members of staff. We looked at the interactions between people and the staff who supported them; particularly those people who were unable to speak with us.

We looked at: two people's care files and medicine records; one person's financial records; three staff files; all staff training records, and four weeks of staff duty schedules. We looked at a selection of quality monitoring systems and policies and procedures relating to the management of the service.

We sought feedback from four relatives to obtain their views of the service and received written responses from two of them. We also sought feedback from nine health and social care professionals and received

feedback from three of them (one of whom spoke on behalf of the other professionals in their team).

Following the inspection, the provider sent us information relating to updated staff recruitment records, improved care plans, improved medicine records, a change in organisational staff structure and increased auditing systems.

Good

Is the service safe?

Our findings

Staff were aware of their responsibility to ensure each person's safety. One staff member said "People are safe here … we make sure they are safe … they are looked after … there is an on call system and we can always get hold of the provider if needed." One person said, "I like living here … it doesn't have dangers here … staff look after me." Relatives commented they felt their family members were safe at Manor Lodge.

All staff showed an understanding of what might constitute abuse and what to look for. The majority of staff had received formal training in safeguarding adults. For those new staff who had not yet undertaken formal training, this had been planned for the near future. However, all staff described the correct action to take if they identified poor practice and how to report any concerns. One staff member said, "I would bring up any poor practice … I would report it." Another staff member said, "If I had any concerns I would take action immediately." Contact details about how to get in touch with the local authority safeguarding team were available and on display. No safeguarding concerns had been identified since the service began. Staff supported people with their personal monies but ensured only a limited amount were held in stock. Safe recording systems were in place to account for any expenditure which reduced the risk of financial abuse. A random check on one person's monies showed the expenditure and remaining monies were correct.

Personalised risk assessments balanced the risk for individuals with the freedom to have new experiences. Risks were identified and the necessary assessments carried out to keep people safe. For example, risk assessments around daily life skills, such as when travelling in the car, shaving, bathing or working in the kitchen. Risk assessments had also been completed for those people who posed a risk from their challenging behaviour to themselves, other people or staff members. Where these had been identified, there were preventative measures and reactive strategies put in place to minimise the risk. For example, one person was at risk of becoming agitated when they received personal care or were about to leave their home. There was guidance in place for staff to follow. This included distraction techniques to manage the behaviour safely and de-escalate the situation. One relative said, "There is a risk/benefit culture which they (staff) appear to have got about right."

People received their medicines safely and on time. They received their medicines from senior staff who had been trained and were competent to give out medicines. Each person's medicines were kept securely in a locked box in the office. Each person had a separate box to reduce risk of errors occurring. Staff completed a medicine administration record (MAR) to document all medicines which was clear and easy to read to prevent mistakes being made. We checked two people's MAR charts and found them to be correctly completed with medicines given as prescribed. However, we found there was some confusion in the recording method of signing when people declined their medicines. Information as to why they did not want the medicine was not recorded. We discussed this with the provider who updated the records immediately. Any medicine errors would be reported to the provider. The Provider Information Return (PIR) stated none had occurred since the service commenced; this was confirmed by senior staff. One person had a medicine which required two people to sign when it was given. This was kept secure and signed for appropriately. The amount of medicine in stock matched the records. The provider regularly checked the MAR charts and medicines in stock to ensure they were correct.

The service had enough staff to support each person's individual needs and staffing levels were organised around people's care and support needs. For example, if people wanted to go on an activity, extra staff came to work to accompany them specifically for that activity. Each person's support needs were assessed and care provided in line with the hours agreed with the person's funding authority. Where progress had been made and hours allocated were not required, the provider informed the funding authority. For example, one person previously required two staff members to support them in the community. They now only required one staff member.

Staff support varied and was flexible depending on people's individual assessments. For example, one person required one to one staff support when at home but required two to one staff support when on activities in the community. The provider ensured the service had a core level of staff on duty at all times at the service to meet people's needs. They then increased the levels to undertake activities. One relative said, "I have always found staff interactive with clients and not gathered chatting to each other." At night one staff member was employed as a 'sleep in' at the service. The provider had recently allocated additional staff on certain shifts when a new person had come to live at Manor Lodge. This was to ensure the person settled well into the home, and to support the other people who already lived there.

People were supported by a skilled staff team. As the service had grown and new staff employed, they had worked alongside experienced staff. This ensured staff knew how to look after each person well. Each person had two staff members who were keyworkers. They were matched with similar personalities, hobbies and interests. The provider had recently reviewed the keyworker system as new staff had been employed. One person said of their keyworker, "He makes me smile … I'm happy as Larry." Another said, "Staff are kind to me … anywhere I want to go I go."

All recruitment checks were completed to ensure fit and proper staff were employed at the service. Staff files contained police and disclosure and barring checks (DBS) and checks of qualifications. Proof of identity and references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The provider had recently updated the application and interview forms to include any gaps in employment history. These were discussed with prospective staff when they attended an interview.

Accidents and incidents were reported and included measures to reduce risks for people. If a person had two incidents or more on a shift, staff produced a report and the person's behaviour was then closely monitored. The incidents were analysed and any trends or patterns were identified. For example, one person had incidents of challenging behaviour. When this occurred staff completed a mood monitoring system. This used number and colour codes to monitor the incidents closely and included an analysis of their behaviour at various stages. This enabled information to be passed on to health and social care professionals for review.

The provider ensured the premises were kept safe and these were maintained to a high standard. Regular health and safety assessments were carried out of the building and gardens. Any faults or repairs were either rectified by the staff team or reported to the landlord for action.

Each person had a personal emergency evacuation plan (PEEP) in place. This took into account the individual's support they would need if they had to be quickly evacuated from the building in an emergency, such as a fire.

Good

Is the service effective?

Our findings

People had their needs met by staff who had an in-depth knowledge of their care and support. When all new staff first came to work at the service, they undertook a period of induction. The induction followed the common induction standards. New staff who were then eligible, were immediately placed on the 'Care Certificate' programme. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life' introduced in April 2015. The service had two new staff members who had started this programme.

Induction training included working alongside more experienced staff to get to know a person and how to support them in the appropriate way. Competency assessments were undertaken to check staff had the required skills needed before they worked independently with people. All new staff had a probationary period to ensure good standards of practice. Two newly appointed staff members said, "It's amazing … I'm not working on my own I am following (staff member) around … I ask lots of questions but the staff haven't bombarded me with information … they are really good, caring and helpful to me … I already feel included" and "I love it here … it's very relaxed and we are given space and time to learn … it's very rewarding and I would even get out of bed at five am to come here if needed".

Staff received on-going training through various methods; this included sessions held internally by the provider, by recognised outside trainers and by electronic learning. The provider was a qualified trainer. They specialised in the area of understanding autism. Therefore staff benefitted from their up to date knowledge. Staff received training on safe moving and handling, first aid, health and safety, food hygiene, medicines management and infection control. They also undertook further training specific to their role. For example, dealing with autism, challenging behaviour, learning disability and safe-holding and breakaway techniques. The provider had undertaken training needs analysis of all staff. They had planned a full programme of learning events for the next six months. Staff felt well trained to do their jobs. Two said, "There is a learning ethos here … it's fulfilling and rewarding" and "I feel really well trained … everything the (provider) said to me at interview is true … it's a lovely place to work."

All staff had a 'supervision agreement' to ensure supervision was a two way process between the provider and the staff. Supervision helped identify any training needs. This included regularly working alongside the registered manager who monitored their 'hands-on' practice. The provider intended to carry out yearly appraisals for all staff, so further development opportunities could be discussed and planned. However, as the service had only been operating for six months, these were planned but had not yet been undertaken. All staff felt supervision was a very positive experience and comments included, "I have had supervision, it's very useful" and "I have had supervision and find it supportive."

People were supported to improve their health through good nutrition and healthy eating. Staff planned menus based on individual people's preferences, where each person had their favourite meal at least once a week. Dependent upon people's individual abilities, they were encouraged to be involved in the planning, shopping and cooking of meals and snacks. People enjoyed a regular takeaway meal which was delivered each Saturday. Staff described how people chose what they wanted to eat, but they would help by making

suggestions about healthy eating. For example, one person liked to snack on cheese but staff encouraged them to eat fruit, such as apples and grapes with it. Another person was being helped to lose weight and was encouraged to choose food with fewer calories in when visiting their favourite fast food restaurant. One relative explained how they were working with the service to monitor their family member's meals to ensure they received a good supply of fruit and vegetables.

People's weight was regularly monitored. Where any concerns had been identified about a person's nutrition or hydration, records were kept on what the person ate or drank so staff were alerted to any changes and could take action in response.

The service worked with local healthcare professionals, such as the GP and specialist nurses to ensure people's healthcare needs were met. Staff ensured people attended for eyesight and hearing tests where necessary and were accompanied to attend hospital and dental appointments. Staff also worked closely with other health and social care professionals, such as the local social work and learning disability teams. Two social care professionals felt professional working between them and the service could be better. This was because they felt their help, support or advice was not always taken. They also felt communication with them and the service could be improved. However, a health care professional said, "… confusion is at least partly due to their (the service) being confused by so many different people from our multidisciplinary team being involved". This was discussed with the provider, who was not aware of the issue, but said they would make a point of meeting with the professionals to have an open discussion to resolve any concerns.

Staff supported people to make choices in their everyday lives and decision making. For example, how they would like to spend their day and about choosing what they wanted to eat or drink. Staff described how people (who were unable to verbally communicate) gave their consent by their vocal sounds and hand gestures. For example, one person pushed people away if they were not happy. People regularly changed their mind about what they had planned to do for the day and staff respected their decisions and made alternative arrangements.

Care files contained information on 'How I like to communicate'. This detailed individual people's communication styles and their preferred method of communication, for example by simple sign language, picture cards or Makaton (a specialist form of sign language). People's communication skills were improved by using specialist professionals where needed. One relative said, "They (staff) have looked at aspects of communication with him, by consulting with the speech and language advisor about best means of getting through to him, e.g. by the use of pictures and symbols, which they are developing." A health care professional said "They do have and use communication aids … they (staff) are well attuned to (person)… attentive to their communications."

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 and are helped to do so when needed. Where 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. We checked whether the service was working within the principles of the MCA. Whilst staff had not undertaken appropriate training of the MCA they demonstrated a good understanding of how this applied to their practice. Staff involved those people who knew the person well, such as family, other professionals and staff. Staff explained if a person did not consent they would leave them for a length of time to stop them getting distressed. They would gently approach them and try again, for example when carrying out personal care or cleaning teeth.

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. People's freedom was restricted as little as possible for their safety

and well-being. Assessments and decisions made were in people's 'best interests' and had been carried out appropriately. The provider was aware they had to make applications to the Court of Protection if a person was being deprived of their liberty. An application for one person had been submitted in liaison with social care professionals and the local authority. They were awaiting clarification on this.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff who supported them. One person said, "Everyone is happy here … I like living here … the staff look after me and are kind to me." Two relatives said, "(Family member) is very settled and enjoys living here … has received a lot of individual attention which helped him settle" and "I visit regularly and have always been impressed by the respect, dignity and individualised support evident between staff and clients." Staff commented, "I treat the guys as I want to be treated … they put their feet up and feel at home … it's very relaxed and people have the space they need", "It's great to work here … it's fulfilling and rewarding … people are treated with respect and dignity here … we provide a quality of life with enough staff to help people be independent … I would love to live here" and "This is their home …it is the right size, with the right people and it's in the right place."

People were relaxed and comfortable with staff who knew what mattered to them. Staff knew details about people's lives, their families, pets what they enjoyed doing and things that upset them. People were supported by staff who had a genuine warmth, understanding and affection for them. Some people liked to socialise with particular staff, whilst others happily wandered on their own in and out of the communal areas. People laughed, chatted and enjoyed staff's company.

Staff recognised when people felt worried and supported them in the right way. They described how they worked with the people in the home to ensure everyone who shared the house were happy to live together. One staff member explained how a new person had recently come to live at the house, which had changed the dynamics of the home. Staff had worked closely with each person to make sure the new person was welcomed and integrated into the home. This had ensured each person felt comfortable, safe and at ease with minimal disruption in their day to day lives.

Staff treated people with dignity and respect. A staff member said, "We treat people with respect and dignity, people are looked after and it's genuine, not made to look good." Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with each person's wishes and preferences. For example, one person liked to sit in the conservatory on their own; they liked to watch science fiction films on television but with the door locked. Staff had a special lock fitted to enable the person to control the opening and closing of the door with a key, but staff could gain access if needed in an emergency. Another person removed some of their clothing during our visit; staff acted quickly, calmly and sensitively to assist the person to their bedroom to help them redress. A relative said, "… Have always been impressed by the respect, dignity and individualised support evident between staff and clients … (family member) has benefitted from feeling cared for."

Each person had a care and support plan in place. This had been developed for them with input from health and social care professionals, relatives or others who knew them well. The provider regularly kept in touch with relatives and updated them of their family member's progress. One relative said, "We are working in partnership with (provider) and his team to improve (family member's) health and wellbeing so I am confident that the team are responsive to his needs."

Staff were able to judge people's moods by their body language and vocal sounds. For example, staff recognised when one person felt unsettled, they bit their lip. Another person touched staff member's faces when they were happy. One staff member said, "You can tell by (person's) eyes if (person) is unhappy." Staff prompted, and reminded, those people who were able to speak to do so wherever possible. For example, one person was prompted to say they wanted a drink instead of simply pointing. Staff responded appropriately to calm, distract or reassure people when needed. For example, certain television programmes and music de-escalated one person's behaviour if they were unsettled or agitated.

People had a choice of who supported them. The provider worked hard to match people's individual interests with staff who could support them. For example, one person enjoyed the company of a staff member who was a musician and who played the guitar for them. However, when they attended the local disco, another staff member accompanied them who enjoyed dancing. One staff member had a keen interest in sports and enjoyed taking people on outdoor activities such as swimming, horse riding and walking. Prospective staff were carefully selected by the provider. All staff employed had been either previously known to the provider or had been recommended by 'word of mouth'. This ensured only prospective staff with the right skills, personalities and interests joined the staff team. For example, the last person employed was chosen due to their extensive knowledge of Makaton for use with one particular person.

People were encouraged to live as a family. Staff supported people to keep their bedrooms and communal areas of the home clean and tidy. One person liked to do the laundry and fold up the washing, whilst another person liked to clean. Another person liked to repair small furniture. One relative said, "Clients can be secure that the house is their home, whilst kept tidy it has a homely feel rather than that of a show house." A health care professional said, "(person) clearly felt comfortable and at home."

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Staff understood people's needs and cared for them as individuals. Although not all the people who lived at the service could speak with us, it was clear from their body language, from interaction with other people and staff and from their non-verbal communication they enjoyed living at Manor Lodge. One person said, "I can go anywhere I want to go … I can go to bed when I want … nobody is horrible to me here."

People were supported to maintain interests, hobbies and learn new skills. Sporting activities included: horse riding; walking; carriage driving; swimming; trampolining and spa visits. Leisure activities included visiting restaurants; museums; movies; bowling; funfair; craft clubs; disco; restaurants, and the beach. Indoor activities included dancing, singing, watching films, crafts and cooking. There was an activities cabin in the grounds of the service where 'messy' and 'noisy' activities took place. This meant there was no disruption for the people who did not want to participate in these activities. Staff worked hard with individual people to help them experience new hobbies or interests. For example, staff were committed to support one person to gain the confidence to horse ride again. One relative said, "Since Christmas (family member) has agreed to try swimming, carriage driving and come out to home with staff to use his own trampoline." Another relative said, "It is easy with (family member) just to allow him to sit endlessly at the computer or television and do repetitive activities. He is now encouraged … much more independent, which is undoubtedly good for him."

Staff praised and encouraged people appropriately, for example when one person joined in singing in a music session. Staff helped people to address any changes in planned activities and ensured the actual hours assigned to that activity were not lost but 'banked' and added on to another activity at another time. The provider explained sometimes a person chooses to remain on a night out beyond the end of a staff member's shift and staff would be flexible to support this. One staff member had come on duty specifically to take one person out dancing to a club later in the evening.

Before each person came to live at Manor Lodge, they had at least one assessment carried out by the provider. Some people had several visits made to ensure the transition from one service to another was as seamless as possible. Two relatives whose family members had recently moved from another service said: "…We visited the home and met the staff before taking (family member) to take a look and agreeing that the placement would be appropriate … (provider) and his team were exceptionally kind to (family member) and supportive to us during transition and it is evident (family member) is settled and happy in their care. He visited Manor Lodge twice with us and was visited by the Manor Lodge team and we were aware they had sought a comprehensive handover prior to his move" and "When we first met, (the provider) had an empty house and one member of potential staff. We thus had a relative skeleton of information as his service was not up and running. However (provider) and his limited team (at that time) managed (family member's) transition wonderfully well … also very efficient at dealing with all matters of the set up."

Care files included personal information and identified all the relevant people involved in each person's care, such as their GP, specialist doctors and nurses and social care professionals. Due to the complexity of

the needs of some of the people who lived at Manor Lodge, there was a large variety of health and social care professionals involved in people's care planning including social workers, specialist nurses, therapists and hospital consultants. Care file's contained all the information required including 'All about me'. This was a summary of information and would help a staff member, who didn't know the person well, to easily have the information needed to safely support them.

Care plans were personalised and contained people's individual preferences about their day to day routines and activities. They included information such as 'what a good day is', 'things I don't like' and 'things that are important to me.' For those people who displayed challenging behaviour there were behavioural charts and monitoring forms. This ensured that, following an incident, any trigger factors were identified. There was also information for staff of when to undertake distraction therapies and when to use reaction therapies, such as when a person became over excited. Staff completed a daily record which contained detail about the person's day and how they had spent it. One person who had recently come to live at Manor Lodge had their care files changed frequently as their care and support needs were constantly reviewed. The service was working in close liaison with health and social care professionals to get all the care records that they required in place. This was to ensure Manor Lodge could provide the care the person required and was the right place for them to live.

People had a 'health action plan' and information on a 'hospital passport'. This assisted health care staff to know how to care for the person if they had to be admitted to hospital either in an emergency or for a routine visit.

The provider had a written complaints policy and procedure. Written information about how to raise concerns or complaints was available and accessible for people, relatives and visitors to use in a format suitable to them. Relatives said they wouldn't hesitate to speak with the provider with any problems and were confident they would be listened to and resolved. One relative said, "If we have concerns we are listened to."

The provider took complaints seriously and tried to resolve them before they became major concerns. In conversations with staff, they encouraged staff to reflect on their behaviours and actions and the impact for the person. Any lessons learnt were discussed with the wider staff team. For example, one person had become distressed whilst in the community in close proximity to the general public. Staff felt the member of public may have been upset to see the person distressed. A staff member returned to speak with the member of the public to explain what had happened and discuss any concerns. As a result, the provider had since produced a leaflet to hand out to the public as a way of explanation if an incident such as this happened again. It gave brief details of the service, the contact details and an assurance for them to feel free to get in touch if they felt they needed to.

Relatives were very complimentary of the service and the staff team. They were happy their family members lived at Manor Lodge. One relative said, "(Family member) now appears to prefer Manor Lodge to being at home with us – he cannot wait to get back!"

Good

Is the service well-led?

Our findings

The registered provider was also the registered manager of the service. Staff and relatives said the provider was approachable and were able to speak openly and honestly with them about their family member's care and support. One relative said, "We can and do email or telephone (the provider) and he responds in an effective and timely manner." A second relative said, "We have an open line to (the provider), who responds within hours to emails. We also have his mobile and home numbers. He is undoubtedly an excellent communicator."

We received mixed feedback from relatives about the general communication of the staff team when the provider was not available. Two relatives said, "Manor Lodge is still working out its chain of communication with relatives and some members of staff are better than others at responding" and "…have sometimes been frustrated by lapses in communication between staff members." One social care professional said, "Communication with the service is difficult sometimes." The provider had spent the majority of their time working as part of the staff team to support people in their transition to the service. However, they had recognised it was now no longer possible to be part of the staff schedule and delivering hands-on care. They were aware they needed to focus on the overall leadership and management of the service. They were aware communication had occasionally been a problem when they were not 'on shift'. They had already begun taking steps to address it by speaking with relatives and speaking with individual staff members. They were also changing the organisational structure of the staff team to ensure a designated senior member of staff was on duty at all times. Their role would be to lead the service in the absence of the provider and deal with the day to day issues. The provider gave a 24 hour seven day a week on-call service to support the staff team when they were not on duty. They also had a daily report where staff rang them at home each evening so they could be sure there were no problems.

Staff felt valued and motivated in their work. All staff enjoyed working at the service and were encouraged to bring up ideas to improve the service. Regular staff meetings were held and minutes showed staff were involved in the running of the service. One staff member explained how suggestions to introduce new activities for individual people had been welcomed. Staff said, "I am settled here … certainly valued … definitely motivated …(the provider) is a hundred per cent supportive to me … we are part of a team", "Day to day it is good to work here … it's fulfilling and rewarding … I am delighted to work here … I just love working here … (the provider) has a kind and gentle approach" and "I find it very rewarding here … the provider is very approachable and actually listens to you and values your opinion."

Each time there was a change of support staff, a verbal handover took place. This information helped staff be aware of people's moods and abilities for that shift. It also highlighted any concerns, such as if a person's behaviour had been challenging, and how this had been managed. It also enabled essential information about other matters such as health appointments, visiting and activities to be communicated between the staff team.

The provider had sought feedback from relatives via a survey in December 2015. The results were complimentary of the care and support given by staff. One relative commented, "Manor Lodge is making

good progress. It is still in its formative stage but has a core of excellent staff and ethos. Keep up the good work." Health and social care professionals had been sent surveys in February 2016, but these had not yet been returned. The provider intended to seek feedback from surveys at least on a yearly basis to continually improve the service.

The provider had quality monitoring arrangements in place. These included regular audits of care records, medicines management, people's personal monies and health and safety checks. As a relatively new service, the quality assurance systems had not yet been fully embedded in all areas of the service. However, the provider was aware this was an area for development and was in the process of doing this. For example, by improving the auditing system and including seeking feedback from staff.

The vision and values of the service was "To be a centre of excellence for understanding and caring for younger people with profound and complex needs." It was clear this was achieved by the service working in partnership with people and their relatives, developing relationships, seeking advice and working closely with other professional organisations. One health care professional said, "My impression is that, given they are a new service and have taken on at least one very complex and challenging person, they are doing pretty well." A relative said, "We see that Manor Lodge is still "work in progress" but have been impressed with how it has developed from just an empty house in September. (The provider) and his team should be greatly congratulated on what they have achieved in such a short space of time."