

Community Homes of Intensive Care and Education Limited

Redlands

Inspection report

246 Leigh Road
Chandlers Ford
Eastleigh
Hampshire
SO53 3AW

Tel: 02380271222

Website: www.choicecaregroup.com

Date of inspection visit:

27 September 2022

28 September 2022

Date of publication:

23 November 2022

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

Redlands is a residential care home providing personal care to up to eight people. The service provides support to adults with learning disabilities, autism and other multiple needs. The service was a residential home which fitted into the environment like other domestic homes in the area. There were multiple shared spaces and bedrooms had ensuites. At the time of our inspection there were seven people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. The service could show how they met the principles of Right support, right care, right culture.

Right Support: People lead confident, inclusive and empowered lives where they were in control and could focus on areas of importance to them. The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred and enabled them to make meaningful choices.

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.

Right Care: Care and support plans were holistic and reflected people's needs. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments. Support focused on people's quality of life outcomes and met best practice. People were able to input into choosing their food and planning their meals. Staff offered people opportunities to be involved in preparing and cooking their food and drink. We saw positive interactions between people and staff. We observed staff engage with people in a respectful and kind manner.

Staff understood people's different communication support needs. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. People told us they enjoyed the activities available to them and that there was lots to do.

Right Culture: The needs and quality of life of people formed the basis of the culture at the service. Staff undertook their role in making sure that people were always put first with enthusiasm. They provided care that was genuinely person centred and directed by each person.

The management team had the skills, knowledge and experience to perform their roles and understood the service they managed. They had a vision for the service and for each person who used the service. They were

visible in the service and approachable for people and staff. The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed the registered manager and staff understood and cared for people in a manner that was in keeping with these principles.

People confirmed they felt safe and told us they were happy living at Redlands. People confirmed there were enough staff to meet their needs. Relatives and staff were in agreement. Relatives consistently told us there had been significant improvements to the service. Staff had a high degree of understanding of people's needs. People's care and support was provided in line with care plans. A system was in place to record and monitor all incidents. This was overseen by the registered manager to ensure appropriate actions were taken to support people safely.

Since the last inspection the provider had carried out an extensive refurbishment and redecoration programme. The registered manager told us how they had supported people and their relatives to be involved with this programme. The shared spaces had been designed to meet the needs of all the individuals living at the service.

Since our last inspection the registered manager had implemented a robust agency induction programme with detailed guidance on how people preferred to be supported, their likes and dislikes and how to support them. We found the provider had implemented robust systems and processes to monitor the service and drive improvements.

People, and those important to them, worked with managers and staff to develop and improve the service. Staff told us they were involved in developing the service and felt listened to. The provider sought feedback from people and those important to them and used the feedback to develop the service. People, relatives and staff all told us the service had improved and they were happy with the changes.

The provider had worked closely with other health and social care professionals and professionals confirmed there was effective partnership working with the provider which achieved positive outcomes for people.

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 inadequate (published 6 June 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out in response to the previous inspection where multiple breaches in regulation had been found. The provider had submitted an action plan and this inspection was to check they had followed their action plan and to confirm they now met legal requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Redlands

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Redlands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redlands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the manager had applied to become registered and was waiting for their application to be assessed. This assessment process was successfully concluded, and the manager was registered with CQC whilst the inspection was in progress.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with six people; getting their feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with effectively. We spoke with eight members of staff including the registered manager, deputy manager, assistant manager, positive behaviour support practitioners and support staff. We reviewed a range of records. This included support planning documentation, including medicines records, for four people. We looked at two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection we found the provider did not have effective systems and processes in place to safeguard people from the risk of abuse and had identified safeguarding incidents which had not always been reported on and acted on as required. At this inspection we found the provider had taken action to address these concerns. We saw evidence of the provider responding to safeguarding concerns and reporting appropriately. For example, where people had unexplained bruising.
- People confirmed they felt safe and told us they were happy living at Redlands. Relatives consistently told us there had been significant improvements to the service. One relative told us, "Things were so bad, and things were so poor I was thinking of moving him to somewhere else ... things have dramatically improved."
- Since our last inspection the registered manager had ensured all staff were aware of the safeguarding policies and procedures and had made these readily available within the service. They had implemented robust systems to protect people from abuse and ensured these processes had been embedded within the service. Professionals were positive about the safeguarding processes in place. One professional told us, "The manager and staff have done a fantastic job at keeping him safe, reporting and recording concerns."
- At our last inspection people had been at risk of financial abuse. At this inspection we found the provider had introduced a robust financial process with effective oversight by the registered manager and senior management.
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns, both within their organisation and beyond, should the need arise, to ensure people's rights were protected. Staff told us they were confident appropriate action would be taken if they had any concerns. Comments included, "[Registered manager's name] has always listened to our concerns and been amazing in responding to us", "I would raise concerns. I feel comfortable raising anything to [deputy manager's name] who would listen to me and respond" and "Absolutely action would be taken."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that is reasonably practicable to mitigate risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found care plans did not always ensure people were supported safely. At this inspection we found care plans and risk assessments were in date, personalised and detailed. We observed the support people received was reflective of their care planning documentation and people seemed comfortable with staff and their surroundings. One person told us they felt safe at the service. Relatives confirmed this. One relative told us, "[Relative's name] is much safer than he was before."
- Since our last inspection the provider had implemented various processes to respond to and manage risks. For example, a robust falls protocol which we saw evidence of having been used effectively.
- Staff had a high degree of understanding of people's needs. People's care and support was provided in line with care plans. Records we viewed, and staff confirmed, that people's needs were met through the use of supportive measures. The provider had a positive behavioural support (PBS) team who supported the people living at Redlands and their staff team. They reviewed support approaches and interactions to ensure they were appropriate and the least restrictive approaches. In addition, they provided role modelling, mentoring and coaching to the support staff and met with the registered manager regularly.
- Staff demonstrated their knowledge of people and how to support them to manage their individual risks. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking, led by the registered manager. For example, staff were encouraged to support people to explore new activities and experiences. The registered manager supported staff to positively risk assess and increased staffing levels to optimise success. Another example, one person had been supported to develop their independent living skills in the kitchen.

At our last inspection the provider had failed to ensure the premises was clean, properly maintained and secure. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At our last inspection we identified potential fire hazards and concerns about the providers approach to fire risk management. In addition, we found not all required health and safety checks were completed consistently. The registered manager told us how they had taken immediate action to address the health and safety concerns, including fire safety, following our last inspection. At this inspection we found the provider had made the improvements required. Fire systems, maintenance, and services were in place, with checks in relation to health and safety completed consistently.
- At our last inspection we found the building was poorly maintained with dirty fixtures and fittings. Since the last inspection the provider had made significant improvements to the environment. The home was visually clean, and the registered manager told us they had recruited a cleaner since the last inspection. The provider had carried out an extensive refurbishment of the service which we have reported on in more detail in the effective domain. Staff and relatives confirmed they felt the service was well maintained and clean. One relative told us, "It's definitely cleaner there and definitely better, more improved."
- The registered manager had implemented effective processes to ensure maintenance actions were reported and completed promptly.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 19.

- At our last inspection we found appropriate pre-employment checks had not always been undertaken prior to employment. Since the last inspection the registered manager had implemented additional documentation to ensure all relevant information was gathered.
- At this inspection we found staff files contained all the information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included employment histories, references, evidence of the applicant's identity and satisfactory disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People confirmed there were enough staff to meet their needs. Relatives and staff were in agreement. Comments included, "It's improved, before he was supposed to get 1:1 but up until CQC went in, he wasn't getting that" and "The care is better, even when I went up yesterday it was agency. One of the girls said, 'we're using the same agency staff' which is good."
- Staffing levels were based on the needs of the people living at the service. The registered manager told us how staffing levels were adjusted to meet people's changing needs. Staff mostly confirmed this and told us how responsive the provider were in supporting additional staffing when required. For example, supporting additional activities.
- We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. People were mostly supported with 1:1 support and were actively engaged in activities of their choice. The registered manager told us, and staff confirmed, when agency staff were required, the provider booked the agency staff who were familiar to people and knew how to support people in their preferred way.

Using medicines safely

- Medicines were administered in line with people's preferences by staff who knew people well. Staff followed systems and processes to safely administer, record and store medicines.
- People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing.
- There were effective medicines systems in place for the administration, storage and record keeping in relation to medicines.
- The registered manager and staff understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were observed following guidance in relation to PPE.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was visually clean and cleaning schedules confirmed cleaning took place regularly.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family members and friends. The provider facilitated visits for people living in the home in accordance with government guidance.

Learning lessons when things go wrong

- At our last inspection we found incidents and accidents were not always investigated. At this inspection we found a system was in place to record and monitor all incidents. This was overseen by the registered manager to ensure appropriate actions were taken to support people safely.
- The provider reviewed and analysed accidents and incidents to identify trends and patterns. The service recorded all incidents where people's behaviours could challenge themselves or others including where restrictive interventions were used. The registered manager and positive behavioural practitioners reviewed the incidents and offered debriefs to people and staff or informal opportunities to meet with the management or PBS team for a wellbeing check.
- At our last inspection we found the systems in place to promote staff learning and development following accidents and incidents were ineffective. At this inspection we found the registered manager ensured lessons learnt were shared with the staff team through effective communication. Such as in team meetings, supervisions, handovers and a communication book. The registered manager shared best practice and learning outcomes from other services within the organisation and outside of the organisation.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found the provider relied heavily on agency staff who did not have access to the relevant information to enable them to support people safely and who were not trained to meet all the needs of the people living at Redlands. At this inspection we found the provider had an established staff team in place, this included regular agency staff who the provider had trained and inducted into the service. We observed people being provided with consistent support in accordance with their care planning documentation.
- Since our last inspection the registered manager had implemented a robust agency induction programme with detailed guidance on how people preferred to be supported, their likes and dislikes and how to support them with personalised intensive interaction and sensory activities.
- Since our last inspection training had been a priority for the registered manager and the provider's training team had provided additional support to access bespoke training courses for the staff team. For example, autism awareness training. In addition, the regular agency staff were supported by the provider to attend the training. People confirmed they knew staff and relatives told us they felt staff were trained to meet people's needs. One relative told us, "Staff are so much better, they're more clued up now."
- Professionals confirmed staff were trained to meet the needs of the people living at the service. One professional told us, "Choice Care have provided specific training for staff to meet the young person's needs."
- The provider had a professional development fund available to the staff team to enable them to access additional external training relevant to their role or development. The registered manager was passionate about professional development for the staff team and we observed them promoting the opportunities available to staff and encouraging staff to explore what was available. Staff were positive about the training opportunities available to them and confirmed they were supported to access training for personal development and were supported to develop within their current roles. The registered manager had supported some of the staff to progress to a more senior role within the team; taking the time to develop their knowledge and understanding.
- Staff new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of

standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff had regular supervision and the registered manager told us how they worked flexibly to ensure they were accessible to all staff, including night staff. Some night staff told us how they would find it helpful to have team meetings where they could discuss agenda items specifically relevant to the night shift. The registered manager had just introduced team meetings for the night staff at the time of the inspection as they told us they wanted to make the team meetings accessible for all the staff team.

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

- Since our last inspection care planning documentation for all people had been reviewed and updated. Care and support plans were holistic and reflected people's needs. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. The registered manager told us how they had regularly updated a new person's care plans as new information was discovered and shared.
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans. We observed people and staff communicating effectively using people's preferred methods of communication in line with their care plan.
- People confirmed they were supported how they wanted to be supported and were happy with the support they received. We observed people making real choices in the structure of their day and the activities they took part in. People had access to a range of meaningful activities in line with their personal preferences. Support with self-care and everyday living skills was available to people and this was provided in a person-centred way.

Adapting service, design, decoration to meet people's needs

- At our last inspection we found some shared spaces of the service did not reflect the sensory needs of all the people living at the service. Since the last inspection the provider had carried out an extensive refurbishment and redecoration programme. The registered manager told us how they had supported people and their relatives to be involved with this programme. The shared spaces had been designed to meet the needs of all the individuals living at the service.
- The registered manager told us how they had engaged people where possible for their feedback as well as carrying out observations and using their knowledge of people to make informed design decisions based around the people living there. For example, the registered manager told us how they had observed some people liked spending time in the entrance way by the front door. In recognition of this, and to make the space more accessible, they added a sofa for people's comfort. Another example, the registered manager told us how they had observed people seemed to prefer spending most of their time in the lounge and so they swapped the shared spaces around and made the largest shared space the lounge. We observed people accessing this space and people confirmed they were happy with the change.
- Almost the entire home had been refurbished and redecorated. People had personalised rooms which met their individual sensory needs. We observed all the shared spaces being used by people throughout the inspection.
- Relatives had been invited to provide feedback and suggestions for the shared spaces. For example, the registered manager told us how some relatives had chosen to get involved in designing the garden to enable people to have a vegetable patch, green house and colourful flowers.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to input into choosing their food and planning their meals. Staff offered people opportunities to be involved in preparing and cooking their food and drink. For example, we observed one person being encouraged to make their own drink and another person to choose what they wanted to eat.
- The registered manager was passionate about people being enabled to access the kitchen and be involved in their own meal and drinks preparation. We observed staff encouraging and supporting people to do this throughout the inspection. The registered manager told us they were in the process of hiring a cook for the service to provide additional support but that this would not impact on people being involved in their meal and drinks preparation.
- The registered manager and staff team understood the risks of poor nutrition and were aware of key indicators to be observant for. Staff attended nutrition awareness training and the provider had access to additional resources if required. Such as the nutrition team and dietician support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had good access to physical healthcare and were supported to live healthier lives. We saw evidence of various professionals involved in ensuring people's needs were met. For example, appropriate referrals had been made to the community learning disabilities team.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, we saw evidence of mental capacity assessments (MCA) clearly recorded with detailed best interests meeting records evidencing who had been involved and whether the person had any relevant views about the decision being made.
- Professionals consistently told us the provider promoted least restrictive practices within the service. One professional told us, "The registered manager has often shared ideas in professionals meetings around how we can work in the young person's best interest and less restrictive way."
- DoLS authorisations had been applied for where necessary and we saw evidence of the manager applying for renewals in a timely manner.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- We saw positive interactions between people and staff. We observed staff engage with people in a respectful and kind manner; dedicate time to people and support people to enjoy a pace that suited them. For example, we observed one staff member offer a person a choice and enabled them time and space to process the choices, waiting patiently for the person to respond when they were ready. Relatives confirmed they felt staff were caring. Comments included, "I think they are caring" and "They have definitely got better."
- Staff protected people's privacy and dignity and understood people's needs. For example, we observed staff knocking on people's bedroom doors before entering.
- Staff spoke about people with genuine interest and affection. Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. Staff knew people and could describe people's likes, dislikes and interests.
- People's cultural support needs were identified and provided for. For example, one person's dietary preferences were supported. In addition, the provider ensured visitors cultural preferences and needs were accommodated. For example, when a BBQ was held at Redlands and friends and family were invited to attend, vegetarians were catered for and the provider took care to ensure no cross contamination took place and that there was a variety of vegetarian options available.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices for themselves and staff ensured they had the information they needed. From observations and records viewed we saw a large range of activities were made available to people. The service had an activities board which met individuals needs and preferences. For example, some people preferred to plan their activities for the day, others preferred to choose what they were doing 'now' and 'next' and one person preferred to choose at the time. All these preferences were accommodated by the activities board. The registered manager told us, and staff confirmed, these choices were flexible and if a person changed their mind this was accommodated.
- Staff understood people's different communication support needs. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication. Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.
- The registered manager told us how they had involved people in their care planning documentation and

personalised them to the individual. Care plans utilised pictures to make them more relatable and accessible for people and the registered manager told us the difference this had made to people's engagement in the process.

- Where people were not able to fully communicate their preferences and feedback, the provider carried out observations and observed people's body language. For example, when choosing the décor, such as pictures for shared spaces, the registered manager told us how they printed out lots of different options and left them out accessible to people. They then observed to see if anyone reacted to any of the options. This was successful and they were able to identify the choices from people. For example, one person carried one picture around the home for a few days. The registered manager purchased the picture for the home and hung it in the hallway near the person's bedroom.

Respecting and promoting people's privacy, dignity and independence

- Care planning documentation promoted people's privacy, dignity and independence. The registered manager was working with the staff team to ensure the daily notes reflected the support people received and detailed the choices people made and their independence. We saw this was becoming embedded within the practice of the team. The registered manager told us this was a work in progress and that the management team reviewed these notes monthly and continued to develop staff in supervisions and team meetings. This was supported by the positive behavioural team who carried out regular observations and provided instant feedback to people and role modelled best practice.
- The registered manager told us how they had worked with people, the staff team and the PBS team to identify SMART goals for people to build on and develop skills. This was in progress at the time of the inspection and they shared how they had planned to review, monitor and track the progress of the goals.
- We observed staff were friendly and caring when supporting people. They ensured people had the time to express themselves, offered reassurance and actively promoted people's independence. For example, we observed one person requesting a drink and being encouraged by the staff member to go to the kitchen to make it themselves.
- Staff supported people to maintain links with those that are important to them. Family members were supported to visit people in the home. In addition, the registered manager told us how people had been supported to strengthen their relationships with friends and family and had been encouraged and supported to meet up with their friends and loved ones socially away from the house.
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. Care records were held securely in the service and confidential information was respected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; 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

At our last inspection the provider had failed to ensure care and support was appropriate to meet people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we found people had not always been supported in an open, inclusive and empowering way. At this inspection we found people were treated with respect and staff were responsive to people's needs and engaged with people continuously.
 - We observed people being supported using their preferred communication methods. The registered manager told us, and the evidence seen on display around the home supported this, about the use of pictorial symbols and Makaton signs to support communication. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate. For example, there were weather and clothing symbols by the front door to support people when they were making decisions about what clothing accessories to take out with them. For example, a rain symbol, a coat symbol or a hat symbol.
 - People told us they enjoyed the activities available to them and that there was lots to do. Throughout the inspection we observed activities being offered to people. For example, sensory session, reading, walks in the New Forest, lunch out and the park. People were supported to make choices and staffing was available to facilitate their choices. The registered manager told us how they had recognised opportunities to support people to spend time with their relatives outside of the service. For example, they had supported one person to meet up with their mum for a coffee locally which was successful and was planned to become a regular activity. Relatives had been involved in supporting people to make decisions about the changes to the service and some relatives had been involved in planting flowers, preparing a vegetable patch and with growing fruit.
 - Relatives told us they had seen positive changes in the service. Comments included, "[Relative's name] is out most days now", "[Relative's name] goes out every day, it is lovely" and "He went to the forest for a picnic and they've managed to get passes for Monkey World ... he loves it."
- The provider had recruited an activities coordinator for the service. They had supported them to attend an activities training course which would support people with positive risk taking and personalised activities. It

was a week's long course designed to support the activity coordinator with positive risk taking approaches, how to support people to identify meaningful personalised activities and how to support the staff team. As part of the training course the activities coordinator had planned a personalised activity for one person and the person had been invited to do the activity with the activities coordinator and a trainer as a learning experience for the activities coordinator. The registered manager told us how the person was excited to be offered this experience.

- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out.
- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom with access to their own toilet and shared bathrooms. People could personalise their room and keep their personal belongings safe. People had access to quiet areas for privacy. The service's design, layout and furnishings supported people and met their individual needs. During the refurbishments the provider had ensured to minimise disruption to people as much as possible. The registered manager told us how they had increased staffing levels and drivers to enable people to go out more during this period. They also worked with the contractors to minimise the time on site required.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support.
- People's communication needs were met. People had access to information in appropriate formats. Such as Easy Read and social stories. Easy Read is where information is presented in plain, simple English and easy-to-understand images. A social story is a story that shares social information in an accessible way. Social stories were prominently used by the service to support people in understanding various topics of information. For example, in internet safety, CQC inspections, fire evacuations and keypads use.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. Relatives confirmed they felt listened to by the registered manager and staff team. One relative told us, "I can complain to [registered manager's name]."
- The provider had a complaints policy and procedure in place. They had a clear process in place to investigate all complaints and learn lessons from the results. The registered manager told us any learning would be shared with the whole team and the wider organisation.

End of life care and support

- At the time of the inspection no one living in the service was receiving end of life care.
- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection the provider had failed to have systems in place, or robust enough, to demonstrate safety was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found the provider's oversight and governance of the service was ineffective. The previous manager left the service and the registered manager took on the day to day management and oversight of the service. They told us there had been management oversight of the service consistently since our last inspection.
- At our last inspection there had been significant concerns and failings identified. At this inspection we found the registered manager and provider had made significant improvements and had addressed the failings and concerns. The registered manager told us how they had used the feedback from the last inspection, as well as the feedback and actions from other professionals to inform their action plan. They had achieved many of their identified actions and had clear plans in place to achieve the remaining actions on their current action plan. As new actions were identified the registered manager had a process to ensure they were completed in a timely manner. The registered manager could evidence continuous learning and improvement.
- We found the provider had implemented robust systems and processes to monitor the service and drive improvements. The registered manager was supported by the provider and their quality team to track progress of their action plan and ensure actions were completed.
- Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.
- At our last inspection we found there was ineffective risk management within the service. At this inspection we found the registered manager had reviewed all the risks within the service and ensured there were appropriate risk assessments and mitigation in place. As part of this process they had identified changes which had reduced some of the restrictions in place within the service for people.
- At our last inspection we found poor record keeping. At this inspection we observed there had been an improvement in record keeping within the service. For example, in cleaning schedules, temperature

recordings and behavioural observational charts. Whilst the daily observation records had some gaps, the registered manager told us they had processes in place to identify concerns with records and raised this with staff individually within supervisions and explored common themes in team meetings.

- At our last inspection audits and checklists had not always been completed consistently or were not in date. At this inspection we found audits and checklists had been consistently completed.
- The registered manager had implemented a robust management team and knew the strengths and weaknesses of each member of the senior team. They told us how they had recruited to the posts to ensure they complimented each other. To ensure effective oversight and to develop the senior team, the manager had implemented 'lead roles' which enabled them to develop their staff in key responsibilities.
- The management team had the skills, knowledge and experience to perform their roles and understood the service they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff.
- The registered manager told us about the different initiatives and improved documentation they had implemented within the service and how this had been adopted across the organisation to improve outcomes for other people.

At our last inspection the provider had failed to notify the Care Quality Commission of significant events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection the provider had not notified CQC of significant events that had happened in the service as required by law. At this inspection we found statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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 service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager told us how they had been open with people, relatives and staff about our last inspection. They made themselves available to anyone who wanted to discuss our last inspection report and were open about what they had done, and planned to do, to address the concerns identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection care was not personalised and there was poor leadership. At this inspection we found the management team had the skills, knowledge and experience to perform their roles and understood the service they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff.
- People, relatives and staff told us they felt the changes had been positive for people. Comments from relatives included, "My son is a lot happier than before. He used to pull at his jumper and felt anxious...we can see it's better, he's not so agitated now" and "The atmosphere is a lot better."
- The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed the registered manager and staff understood and cared for people in a manner that was in keeping with these principles. Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-

centred care plans and risk assessments to facilitate them in providing care to people the way they preferred.

- Professionals told us they felt the service had improved. Comments included, "I think the service is brilliant. The communication the manager has with us has been fantastic ... the manager has good knowledge of his complex needs and always has the young gentleman at the focus of delivering care" and "I think the service is very well led ... The manager knows the residents well and advocates for their rights, needs and wants in multi-agency meetings."
- The registered manager promoted an open-door culture and we saw this in practice. People knew the registered manager and we observed warm interactions between the registered manager and people. Staff told us the registered manager was supportive and made themselves available to support people when required. We saw this in practice; when people approached the registered manager, the registered manager spent time with them responding to their needs.
- The registered manager told us how they had used team meetings, supervisions and informal conversations, to have open discussions with the staff team to develop their knowledge, awareness and understanding whilst also promoting best practice. For example, exploring the risks of closed cultures and being able to recognise what they can look like. They told us how they utilised resources from external organisations to inform these discussions. They told us how they implemented this from the beginning of managing the service as they recognised the importance of ensuring good practice was embedded within the service to ensure the best outcomes for people.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available.
- The provider understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.
- Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People, relatives and staff all told us the service had improved and they were happy with the changes. Comments included, "It has improved greatly since the last inspection. I'm really happy about that" and "Things have improved since CQC went in, regulations and so on. They've decorated it now and there's new furniture and a new bathroom and he's definitely getting more attention now."
- Relatives told us communication from the service and registered manager had improved since our last inspection. They all knew who the registered manager was and felt he was approachable. Comments included, "[Registered manager's name] is doing very well" and "I send him emails and he replies; that he's done that, done that and so on."
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. The registered manager told us about the different initiatives the provider had introduced to support staff with the rising costs of living. For example, making food and personal hygiene products accessible to staff.
- Staff told us they were involved in developing the service and felt listened to. Staff shared examples of suggestions they had made which had been incorporated into the running of the service.

Working in partnership with others

- The service had links with other resources and organisations in the community to support people's preferences and meet their needs. For example, GP's and dentists.
- The provider had worked closely with other health and social care professionals to ensure people's needs were met. Following our last inspection the local authority provided Redlands with additional support, the registered manager told us how they had developed close links with these professionals and how they had utilised this to share best practice, access resources and to get advice and support. They also told us how they shared this information with the wider organisation to ensure best outcomes for others.
- Professionals told us there was effective partnership working with the provider which achieved positive outcomes for people. One professional told us, "I would go as far to say that the partnership work from the manager at Redlands with me, the LD team (health) and all the professionals involved as the best I have seen in over 10 years of practice."